Nevada Substance Abuse Working Group
2013 Report

January 15, 2013

Catherine Cortez Masto
Attorney General
Chairwoman

NRS 228.800 Creation; composition; officers; terms; service without compensation; members employed by State or political subdivision; administrative support. [Effective through June 30, 2015.]

1. The Substance Abuse Working Group is hereby created within the Office of the Attorney General.

2. The Working Group consists of the Attorney General and nine members appointed by the Attorney General.

3. The Attorney General is the ex officio Chair of the Working Group.

4. The Working Group shall annually elect a Vice Chair and Secretary from among its members.

5. Each member who is appointed to the Working Group serves a term of 2 years. Members may be reappointed for additional terms of 2 years. Any vacancy occurring in the membership of the Working Group must be filled not later than 30 days after the vacancy occurs.

6. The members of the Working Group serve without compensation and are not entitled to the per diem and travel expenses provided for state officers and employees generally.

7. Each member of the Working Group who is an officer or employee of this State or a political subdivision of this State must be relieved from his or her duties without loss of regular compensation so that the officer or employee may prepare for and attend meetings of the Working Group and perform any work necessary to carry out the duties of the Working Group in the most timely manner practicable. A state agency or political subdivision of this State shall not require an officer or employee who is a member of the Working Group to make up the time the officer or employee is absent from work to carry out duties as a member of the Working Group or use annual leave or compensatory time for the absence.

8. The Attorney General shall provide such administrative support to the Working Group as is necessary to carry out the duties of the Working Group.

NRS 228.810 Meetings. [Effective through June 30, 2015.]

1. The Substance Abuse Working Group created by NRS 228.800 shall meet at least once every 3 months at the times and places specified by a call of the Chair and may meet at such further times as deemed necessary by the Chair.

2. The Chair of the Working Group, or in the absence of the Chair, the Vice Chair of the Working Group, shall preside at each meeting of the Working Group.

3. A member of the Working Group may designate a person to represent him or her at a meeting of the Working Group if it is impractical for the member of the Working Group to attend the meeting. A representative who has been so designated:

(a) Shall be deemed to be a member of the Working Group for the purpose of determining a quorum at the meeting; and

(b) May vote on any matter that is voted on by the regular members of the Working Group at the meeting.

NRS 228.820 Duties; reports. [Effective through June 30, 2015.]

1. The Substance Abuse Working Group created by NRS 228.800 shall study issues relating to substance abuse in the State of Nevada, including, without limitation:

(a) The effect of substance abuse on law enforcement, prisons and other correctional facilities;

(b) The sources and manufacturers of substances which are abused;

(c) Methods and resources to prevent substance abuse;

(d) Methods and resources to prevent the manufacture, trafficking and sale of substances which are abused;

(e) The effectiveness of criminal and civil penalties in preventing substance abuse;

(f) The effectiveness of criminal and civil penalties in preventing the manufacture, trafficking and sale of substances which are abused;

(g) Resources available to assist substance abusers to rehabilitate and recover from the effects of abuse;

(h) Programs available to educate youth about the effects of substance abuse;

(i) Programs available to educate family and friends of substance abusers about the manner in which to provide support and assistance to substance abusers; and

(j) The effect of substance abuse on the economy.

2. On or before January 15 of each odd-numbered year, the Working Group shall submit a report of its findings and recommendations to the Director of the Legislative Counsel Bureau for distribution to the next regular session of the Legislature.

INTRODUCTION

The following is a summary of the 2013 report of the Attorney General's Substance Abuse Working Group (SAWG) that was forwarded to the Director of the Legislative Counsel Bureau on January 15, 2013 for distribution to the 77th Session of the Nevada Legislature. SAWG was created by legislative enactment on July 1, 2011 to study the issues relating to substance abuse in Nevada, including:

- Impacts on law enforcement, prison, and detention resources.
- Sources and manufacture of abusive substances.
- Preventative and punitive measures against manufacturers and suppliers of abusive substances.
- Rehabilitation and recovery options for substance abusers.
- Youth and family education and awareness programs.
- Impacts on the economy

The purpose of this Report is to provide the Legislature with information and recommendations to address the negative impacts substance abuse is having in our state. This Report is a continuation of the report submitted in 2007 by the original Governor's Working Group on Methamphetamine Use. The sixteen members of the Governor's Working Group, commissioned through Executive Order by Governor Jim Gibbons on January 22, 2007, dedicated eleven months to studying the problems associated with methamphetamine use and developing a comprehensive response, outlined in their Final Report (2007).[1]

The original Working Group on Methamphetamine Use was created by Executive Order, which expired on December 31, 2010. During the last session, Assembly Bill 61 created a permanent Substance Abuse Working Group (SAWG), required to study specific issues relating to substance abuse throughout the state, meet quarterly, and report on its findings and recommendations to each regular session of the Legislature. Additionally, the scope of the SAWG was expanded beyond methamphetamine to include all drugs of abuse. The SAWG 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 2007 report was intended to be "a working document to guide all Nevadans committed to eradicating methamphetamine in our state."

Therefore, rather than creating a new report, this report focuses on the recommended action items developed by the first Working Group targeting methamphetamine and adapted to include other substances of abuse. Although the 2007 Working Group Report was intended to address methamphetamine, most of the action steps articulated apply to other substances of abuse as well.

The work of the SAWG will continue until June 30, 2015, at which time its existence will cease by legislative limitation. The findings and recommendations in the 2013 Report by no means represent an exhaustive or comprehensive overall solution to the substance abuse problem

[1] The Governor's 2007 Strategic Approach to Reducing Methamphetamine Use in Nevada report can be accessed at: http://ag.state.nv.us/issue/drugs/meth/group/Gov%20Final%20Report%20PDF%20.pdf.

in Nevada. The issues studied in this report were chosen by the SAWG based upon the imminent negative impact they were currently posing to the communities in Nevada. The SAWG will continue to explore these issues and others over the next 2 1/2 years.

In preparation for the 2013 Report, the 10 member SAWG studied the 2007 report, and met three times during 2011 and 2012, at which time the SAWG heard testimony from various organizations, groups, and individuals detailing the tremendous problem and toll substance abuse is extracting on our society. The SAWG also heard about promising prevention, education, and treatment programs that are being used successfully in Nevada and in our nation to combat Substance Abuse.

The SAWG recognized four broad categories to which resources could best be applied to make initial progress in the fight against substance abuse: Prevention and Education, Treatment, Law Enforcement, and New Legislation. The SAWG then identified the specific areas of substance abuse to focus its efforts on. They include prescription drug abuse, synthetic drug abuse, marijuana, and methamphetamine. Members of the SAWG conducted research in each of these areas.

MEMBERS OF THE SUBSTANCE ABUSE WORKING GROUP

Catherine Cortez Masto, Attorney General of Nevada, Chair
Kathlyn Bartosz, Nv Statewide Coalition Partnership (SWCP) representative, and Enforcing Underage Drinking Laws (EUDL) Program Coordinator
Kent Bitsko, Director, Nevada High Intensity Drug Trafficking (NV HIDTA)
Kevin Gehman, Chief, Fallon Police Department
Mark Jackson, Douglas County District Attorney
Peter A. Mansky, M.D., Director, Nevada Professionals Assistance program
David Marlon, President, Solutions Recovery, Inc.
Rory Planeta, Chief, Carson City Department of Alternative Sentencing
Richard Varner, Washoe Tribe Chief of Police
Mike Willden, Director, Nevada Department of Health and Human Services

The members of the SAWG would also like to recognize and thank the following individuals who were asked to make presentations to the SAWG about the impacts of substance abuse use in Nevada:

Kevin Quint, Executive Director, Join Together Northern Nevada
Wayne Howle, Solicitor General, Office of the Attorney General
Marti Washington, Grants & Projects Analyst, Office of the Attorney General
Larry Pinson, Executive Director, Nevada State Board of Pharmacy
Carolyn Cramer, Legal Counsel, Nevada State Board of Pharmacy
Lesley Dickson, M.D., Chair, Governor's Committee on Co-occurring Disorders
Darcy Edwards, Substance Abuse Program Director, Nevada Department of Corrections
Chris Ferrari, President/CEO, Ferrari Public Affairs

SCOPE OF THE PROBLEM IN NEVADA

Cognizant of the magnitude of substance abuse in Nevada, the SAWG laid out an ambitious plan to highlight and improve drug prevention, treatment, and law enforcement conditions in the areas of methamphetamine use and trafficking; synthetic cannabinoids and cathinones abuse, marijuana, and prescription drug/heroin abuse.

In order to make recommendations regarding prevention, education, treatment, law enforcement, and legislation to assist the Legislature in combating the abuse of these substances in Nevada, it is important to have an underlying understanding of their impact in the communities throughout Nevada.

According to the Nevada Department of Health and Human Services, Substance Abuse Prevention and Treatment Agency (SAPTA), treatment admissions have remained consistent over the past six years. In state fiscal year 2011, the following treatment admissions occurred based upon the user's primary drug of choice: 36% for Alcohol, 22% for Amphetamines and Methamphetamines, 18% for Marijuana/Hash, 10% for heroin, 8% Prescription Drug Misuse, and 5% Cocaine/Crack. (Attachment A)

Methamphetamine Abuse

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. It is indicated for the treatment of narcolepsy (a sleep disorder) and attention deficit hyperactivity disorder; but these medical uses are limited, and the doses are much lower than those typically abused.

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, and distributed through a highly sophisticated drug trafficking organization called the Mexican Nationales. 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. [2]

From SFY 2007 to SFY 2011 there was a 44% decline in admissions where Meth was the drug of choice. However, the number of methamphetamine related admissions exceeded all other drug types. Further, opiate/synthetic opiate admissions increased 112%; benzodiazepine (valium) admissions increased 341%; and heroin admissions increased 104%. (Attachment B)

Although treatment admission for Methamphetamine use is down, according to Nevada law enforcement methamphetamines remain the biggest drug problem in the state. The manufacturing of methamphetamine in Nevada remains low with only five labs reported in 2010, down from 10 in 2009. The 2011 Nevada High Intensity Drug Trafficking Area (HIDTA) Assessment indicates that Mexican methamphetamine trafficking and abuse in Nevada is widespread and there has been a rebound in the drug's availability. Methamphetamine is coming into Nevada from Mexico through both Arizona and California. Law enforcement reports a significant increase in the seizures of methamphetamines and that the street price for the drug has declined to 2006 levels.[3]

As a local example of the methamphetamine problem, in Carson City, there has been an increase in the number of probationers testing positive for methamphetamine. In fact, positive methamphetamine tests have been higher than positive marijuana tests October and November 2012. In December methamphetamine positives were only one less than marijuana. The TRI-net Narcotic task force, based in Carson City, reports methamphetamine cases are the only cases they have worked the last quarter or 2012. They have not conducted a heroin investigation in the last quarter. Community Counseling Center reports the number of admissions with methamphetamine as the primary drug of choice has risen from 21% in 2011 to 27% in 2012. Methamphetamine admissions peaked in 2006 at 42% and have decreased every year, until 2012, where they rose by 6%.

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[2] Sources: *'The Partnership for a Drug Free America: Facts About Meth;'* The National Institute on Drug Abuse – *'Methamphetamine Abuse and Addiction;'* and NRS 453.166.)

[3] Nevada HIDTA Threat Assessment 2011

Synthetic Cathinones(Bath Salts)

Synthetic cathinones (Bath Salts) are central nervous system stimulants. They are chemically similar to cathinone, a Schedule I controlled substance that occurs naturally in the khat plant (*Catha edulis*). The category of synthetic cathinones includes a number of drugs, such as **MDPV** (3,4-methylenedioxypyrovalerone) and **mephedrone** (which have been identified by the FDA Office of Criminal Investigations in illicit "bath salt" products).[4]

MDPV is a drug variant of pyrovalerone and was first detected in Germany in 2007. It is commonly available as a gray-colored substance with a granular consistency (the chemical form of its free base), a white powder (hydrochloride salt form), or as a tablet. Effects usually occur 15–30 minutes after ingestion and last approximately 2–7 hours. After snorting, effects are usually experienced in 5–20 minutes and last approximately 2–3.5 hours. Abuse of pyrovalerone has been reported in drug addicts, so MDPV addiction may be possible.[5]

Mephedrone (commonly known as 4-MMC, Bubles, Drone, M-Cat, Meow Meow and Meph) typically has little or no odor. It is commonly available as a fine, white, off-white, or yellow powder; in crystal form; as a tablet; or in capsules. Mephedrone is sold in retail (1, 5, or 10 grams) and/or in bulk quantities. Effects are usually experienced 15–45 minutes after ingested and last approximately 2–5 hours. After snorting, effects are usually experienced in 30 minutes and last approximately 2–3 hours. After an intravenous injection, the effects last approximately 10–30 minutes.[6]

The National Drug Intelligence Center (NDIC) uses the term *synthetic cathinone products* to refer to synthetic cathinones packaged as authentic commercial products. These products include purported beauty and household goods such as "bath salt" products sold as Bliss, Blizzard, Blue Silk, Charge+, Hurricane Charlie, Ivory Snow, Ivory Wave, Ocean Burst, Pure Ivory, Purple Wave, Red Dove, Snow Leopard, Star Dust, Vanilla Sky, White Dove, White Knight, White Rush, and White Lightening. Synthetic cathinone products are also marketed as plant food/fertilizer, insect repellant, pond cleaner, and vacuum fresheners.

Synthetic cathinones are commonly distributed in powder, crystal, and liquid forms, but they are also available and abused in tablet and capsule forms. Abusers typically ingest, inhale, inject, smoke, or snort (insufflate) synthetic cathinone products to experience effects similar to those of amphetamine abuse. Some abusers dissolve the drugs in water or other solvents and proceed to atomize and inhale them, while others apply the solutions to their mucus membranes by placing drops in their eyes or spraying the solutions in their noses.

The products are generally sold in retail establishments such as adult stores, independently owned convenience stores, gas stations, head shops, and skateboard shops. The products, as well as their raw chemical components, are also sold on many Internet sites,

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[4] USDOJ National Drug Intelligence Center, *Synthetic Cathinones(Bath Salts) an Emerging Threat*, July 2011
[5] USDOJ National Drug Intelligence Center, *Synthetic Cathinones(Bath Salts) an Emerging Threat*, July 2011, Appendix A
[6] USDOJ National Drug Intelligence Center, *Synthetic Cathinones(Bath Salts) an Emerging Threat*, July 2011, Appendix A

including popular Internet auction sites. Additionally, synthetic cathinones have been sold by independent dealers as ecstasy—in powdered form, in single-component tablets and capsules, and in tablets and capsules containing cathinones combined with MDMA (3,4-methylenedioxymethamphetamine) or other illicit controlled substances.

Manufacturers and distributors of synthetic cathinone products evade federal regulation and enforcement because synthetic cathinones are not scheduled under the Federal Controlled Substances Act (CSA). However, possession and distribution of the synthetic cathinones may be prosecuted, albeit with greater difficulty, under the Federal Controlled Substance Analogue Enforcement Act of 1986 (as amended) of the CSA. Further, distributors deceptively market synthetic cathinone products as "not for human consumption" to evade U.S. Food and Drug Administration (FDA) scrutiny. Congress has introduced legislation to nationally ban the sale of certain synthetic cathinones, and, as of April 2011, all 50 states and the District of Columbia have introduced or announced plans to introduce legislation banning or restricting the distribution and possession of certain synthetic cathinones and cathinone derivatives. As synthetic cathinones become more regulated, abusers will likely use the Internet with greater frequency to purchase cathinone products, the raw chemicals used in their production, and products that contain cathinones not specifically prohibited by enacted legislation.[7]

Synthetic Cannabinoids(Marijuana)

Synthetic cannabinoids are chemically similar to THC, the psychoactive ingredients in marijuana. The synthetic compound is sprayed on a mixture of herbs and spices and commonly sold as a product under the names like Spice, K2, Wicked X, Head Trip, Bliss, Black Mamba, Bombay Blue, Fake Weed, Genie and Magic Kush. These products are then consumed by drug users as legal marijuana.

The chemical compounds typically include HU-210, HU-211, JWH-018 and JWH-073. They interact with the CB1 and CB2 receptors in the body. CB1 receptors are found mostly in the central nervous system, while CB2 receptors are responsible for pain mediation and immune modulation. The most well-known synthetic cannabinoids is JWH-018; which has a fourfold higher affinity for CB1 receptors than THC, and is the most common chemical component in Spice and similar products.[8]

These products are generally sold on the internet, in head shops, and other retail establishments specializing in products of interest to drug users nationwide. They look like dried plant material and are primarily ingested by smoking. Adverse reactions include anxiety, panic attacks, paranoia, agitation, elevated blood pressure, hallucinations and seizures. It appears to be stored in the body for long periods of time.

In an effort to protect the public from this health hazard, the DEA exercised its emergency scheduling authority to temporarily place five synthetic cannabinoids into Schedule I of the Controlled Substances Act in March of 2011. They included JWH-018, JWH-073, JWH-200, CP-47,497, and the C8 homologue of CP-47,497. This action makes possessing and selling

[7] USDOJ National Drug Intelligence Center, *Synthetic Cathinones(Bath Salts) an Emerging Threat*, July 2011
[8] DEA, Drug Intelligence Report, *Spice*, December 2011

these chemicals or products that contain one or more of these chemicals illegal in the United States while the DEA and HHS study whether the chemicals should be permanently placed under Schedule I of the CSA. As soon as these five synthetic cannabinoids were regulated, the chemical composition of Spice and similar products were altered to circumvent their illegality.[9]

SAPTA does not currently capture admissions statistics specific to the use of synthetic cannabinoids and cathinones. However, state and local law enforcement officials are seeing an increase in the illegal manufacture and distribution of synthetic drugs. As an example, in December 2012, the Nevada Divison of Investigation's Fallon narcotic task force conducted an investigation which resulted in the identification of an active lab which was producing synthetic cannabinoids (aka Spice) and synthetic cathinones (aka Bath Salts). The search warrant resulted in the recovery of 34 pounds of bath salts and 12 pounds of spice.

MARIJUANA

The term "it's just marijuana" is a misnomer. This term and the increase in states with a medical marijuana law may have lead to the acceptance of marijuana by the general public. Both Colorado and Washington have passed new laws regarding marijuana and its recreational use. Marijuana is still illegal federally. The U.S. Attorney General is expected to release a statement regarding Colorado and Washington recreational use laws.

The marijuana of today is more potent then ever. As the potency increases, the medical use effects decrease. There were 3,538 medical marijuana cards issued last year. Over 3,200 were for pain issues, even though no medical research has proven THC is effective for pain. Most were issued for persons under 40 years of age.

In Carson City, the trend for admissions into a recovery program with marijuana as the primary drug of choice seems to fluctuate. There was a 2% increase from 2011 where it was 17% to 2012 where it was 19%. While marijuana may or may not be considered a "gateway" drug, one significant fact seems to stand out in most Substance Abuse Evaluations; the first illegal drug used by persons diagnosed with a substance abuse problem is marijuana, usually started at an early age.

In Las Vegas, 60% of the weapons (guns) seized were from marijuana grows. From 146 indoor grows, 189 weapons were seized. It is estimated that the drug cartels receive 25 to 60% of their income from marijuana sales. Marijuana is a cash crop. An indoor grow of 150 plants can be worth $900,000 to 1.5 million dollars. Last year, four deaths were directly related to marijuana grow operations, including a child that was present in a house where marijuana was being grown.

Nevada does not have a "cultivation law". Large marijuana grows are charged as possession for sales cases, a probationable offense. For trafficking other schedule I controlled substances (marijuana is a schedule I controlled substance by federal standards) defendants punished by mandatory prison, unless other criteria is met.

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[9] DEA, Drug Intelligence Report, *Spice*, December 2011

Nevada Law enforcement has identified emerging trends with marijuana growers. In Southern Nevada there has been an explosion in the number of indoor grows with 108 in 2009, 134 in 2010 and 129 in 2011.[10] The prevalence of empty houses in Clark County contributes to the problem. It is also believed by Nevada law enforcement that the number of indoor grows in Southern Nevada is directly related related to the explosion in marijuana dispensaries.

For calendar year 2012, the Nevada Division of Investigations supervised and/or participated in cases which resulted in the eradication of 32,867 marijuana plants. The largest outdoor grow operations occurred in Lincoln, White Pine, Humboldt and Douglas Counties.

There has been an increase in the violence connected to the marijuana grow industry in Clark County over the past two years. Eight homicides were connected to Drug Trade Organizations selling marijuana, including the death of a 12- year old girl during a home invasion motivated by a monetary debt her father owed to the suspect from marijuana sales.[11]

Prescription Drugs/ Opioids

Controlled prescription drug (CPD) abuse is one of the fastest growing problems in the country; it is second only to the abuse of marijuana in scope and pervasiveness in the United States. According to the 2011 Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health, more than six million Americans abuse prescription drugs. That same study revealed more than 70 percent of people abusing prescription pain relievers got them through friends or relatives, a statistic that includes raiding the family medicine cabinet.

It is estimated that 30-40% of opiates are not properly used. In 2010 over 7,000,000 million people illicitly used prescription drugs, or 2.7% of the U.S. population. Seventeen states now report that prescription drug abuse is the number one cause of death. In Clark County, the number one cause of accidental deaths is overdose, not vehicle accidents. According to the Clark County Coroner, Nevada is in the top 10 for non-medical use of opiates. Clark County has seen a 73% increase in overdose by prescription drugs. There has been a 700% increase in accidental deaths due to prescription drugs or alcohol of persons over 60 years of age. The coroner believes this increase is due to several issues;

- The increase in pain management clinics
- Social perception that since it is a prescription drug, it must be safe
- Aggressive marketing and advertising (ie; the blue pill)
- Internet Pharmacies

The problem is particularly acute among adolescents. A recent study revealed that 1 in 12 high school students have used vicodin non-medically and 1 in 20 has used Oxycontin. Approximately 70% of the students report they obtained the drugs from a friend or family member.

[10] Ibid.
[11] Nevada HIDTA Threat Assessment 2011.

The negative consequences associated with CPD abuse, including overdose deaths has substantially increased.[12] The increase is partly because individuals take the drugs in combination with other controlled or noncontrolled prescription drugs, illicit drugs, or alcohol.[13]

According to the National Drug threat Assessment 2011, 13.9 percent of the state and local law enforcement agencies surveyed reported CPDs as their greatest drug threat in 2010, an increase from 9.8 percent in 2009; 51.2 percent reported street gang involvement in pharmaceutical distribution, up from 48.0 percent in 2009.

Opioid pain relievers are the most widely misused or abused CPDs. According to statistics from the Centers for Disease Control and Prevention, the number of opioid-related deaths increased steadily over the past decade.

Law enforcement also reports a significant increase in the use of heroin which can be tied directly to pharmaceutical abuse. Adolescents are getting addicted to pain killers and then escalating to heroin as a cheap alternative. Nevada law enforcement uncovered two operations in Nevada in 2008 and 2009 where heroin dealers were specifically targeting affluent high schools and offering samples of heroin to the kids.

Controlled prescription drug abuse is the fastest growing area of concern for law enforcement in Nevada. According to the Clark County Coroner, more people die from prescription drug overdoses than from illicit drugs and automobile accidents combined.

The U.S. consumes 80% of the opiates produced worldwide and 99% of the vicodin. Doctor shopping, going to more than one doctor to obtain multiple prescriptions, is a problem. Prescription drug monitoring programs help fight doctor shopping. Currently 43 states have prescription drug monitoring programs.

The Nevada State Board of Pharmacy reports that Nevada is ranked second in the nation for the amount of hydrocodone (Vicodin & Lortab) and oxycodone (Percodan & Percocet) consumed per 100,000 people. Nevada is also ranked fourth for methadone consumption, seventh for codeine consumption and seventeenth for meperidine (Demerol) consumption.

[12] USDOJ, National Drug Treat Assessment 2011
[13] Ibid

OVERVIEW OF CURRENT STRATEGIES

Statewide Drug Endangered Children Initiative

The Nevada Attorney General's Office of Drug Endangered Children was authorized by the 2009 Legislature, but remained unfunded until February 2011, when the Attorney General's Office was awarded a Justice Assistance Grant. With these funds, the Office was able to hire a Statewide Coordinator to implement an approach to creating a system that addresses the needs of children who are endangered due to exposure to drugs by their parents or caregivers and to create a Statewide Alliance to formalize this approach.

In August 2012, Nevada was chosen as the second state in the nation to utilize the DECSYS tool. DECSYS is a web-based application that enables communication between law enforcement and child protective services in our effort to identify and bring services to children endangered by exposure to drugs. It also helps to quantify this issue, has built-in accountability, and provides for the easy collection of historical information.

Treatment:

In state fiscal year 2011, the Nevada Substance Abuse Prevention and Treatment Agency (SAPTA) budget totaled nearly $24.7 million, including approximately $14.6 million in federal support and approximately $10 million in state funds. (Attachment C) For federal fiscal year 2012, Nevada will receive nearly $13.7 million from the SAPTA Block Grant, and by federal requirement, 20% of the block grant is allocated to prevention programming and 75% is allocated to treatment programming.

Substance Abuse Treatment Programs:

In state fiscal year 2011, SAPTA funded 23 treatment organizations providing services in 71 locations throughout Nevada. Together, these providers had 11,131 treatment admissions. Services consist of intervention, comprehensive evaluation, detoxification, residential, outpatient, intensive outpatient, and transitional housing services for adults and adolescents, and opioid maintenance treatment for adults. Providers are required to give admission priority to pregnant women and women with dependent children, injection drug users, and provide counseling and education regarding HIV/TB, risks of sharing needles, and risks of sexual behavior while under the influence of mood altering drugs. (45 CFR 96.131) Additionally, SAPTA funded four organizations providing TB/HIV testing services in State Fiscal year 2011.

In state fiscal year 2011, SAPTA supported services including 2,460 detoxification admissions, 2,084 residential treatment admissions, and 6,646 outpatient admissions; adolescents accounted for 10.6% of total admissions. Needing treatment 1,240 individuals had to wait for admission an average of 19 days.[14]

[14] Source: Nevada Department of Health and Human Resources – Substance Abuse Treatment Agency - http://mhds.state.nv.us/index.php?option=com_content&view=article&id=61&Itemid=72.

Prevention:

Substance Abuse Prevention Programs:

In state fiscal year 2011, SAPTA funded 12 community-based coalitions serving all 17 Nevada counties. Coalitions use the Strategic Prevention Framework (SPF) Five Step Model to create Comprehensive Community Prevention Plans. The SPF was created by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is built on science-theory, evidence-based practices, and the knowledge that effective prevention programs must engage individuals, families, and entire communities. The process involves building infrastructure and mobilization within a geographic area.

An essential aspect of the Five Step Model requires convening key stakeholders, service providers and citizens to plan and implement sustainable prevention efforts.

Sub-grantees are funded to provide one or more of the six Center for Substance Abuse Prevention (CSAP) prevention strategies. The six strategies include: information dissemination, prevention education, alternative activities, problem identification and referral, community-based processes and environmental strategies.

In state fiscal year 2011, the coalitions managed 82 direct service providers who served 24,128 participants (18,391 youth; 5,737 adults), with funds from various grants. Additionally, the SAPTA funded providers disseminated approximately 400,000 pieces of literature. The State Meth Education and Awareness Funds have resulted in numerous events, including the statewide "Most of Us Media Campaign" reaching estimates in the millions. From the "Most of Us Media Campaign," the "I am One of Many Campaign" evolved. Additionally, the Nevada Statewide Coalition Partnership held a conference on Marijuana attended by all of the substance abuse prevention coalitions as well as youth coalitions throughout the state.

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 (Attachment D) 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.

The Partnership's current efforts include:

Consumer Education – The community at large is generally unaware of the issues associated with prescription drugs. Most consumers do not think of the environment or youth abusing drugs when they fill a prescription or dispose of unused drugs. The Partnership is promoting the P.A.S.S campaign to educate consumers on:

P – Proper disposal of old/unused medications
A – Awareness of prescription abuse
S – Secure storage of prescription medications
S – Safety for children and teens

Statewide Collaboration and Training – The Partnership successfully hosted the 1st Annual Statewide Drug Summit on October 1-2, 2012, to convene key stakeholders to educate them on the most recent data and trends related to drugs. Another summit is planned for 2013.

Prescription Monitoring Program – The Nevada Prescription Monitoring Program is viewed as one of the best in the nation, yet it is underutilized by Nevada prescribers. In conjunction with the Nevada Board of Pharmacy, the Partnership is in the process of creating a survey to ascertain why the system is not being used and to develop strategies to increase usage, with a goal of compiling the results by March, 2013. A plan to address the findings will be presented to the SAWG.

Prescription Drug Round-Up Initiatives:

The Drug Enforcement Administration (DEA) published its Notice of Proposed Rulemaking for the Disposal of Controlled Substances in the Federal Register Dec. 21, 2012. The proposed regulations seek to implement the Secure and Responsible Drug Disposal Act of 2010.[15]

Studies show that people abusing prescription pain relievers get them through friends or relatives, a statistic that includes raiding the family medicine cabinet. Medicines that languish in home medicine cabinets are highly susceptible to diversion, misuse, and abuse. Rates of prescription drug abuse in the U.S. are alarmingly high—more Americans currently abuse prescription drugs than the number of those using cocaine, hallucinogens, and heroin combined.

The DEA rule proposes requirements to govern the secure disposal of controlled substance medications by both DEA registrants and what the Controlled Substances Act refers to as "ultimate users" of these medications (patients and animals). The proposed regulations seek to expand the options available to collect these medications from ultimate users for the purpose of disposal, to include take-back events, mail-back programs, and collection box locations. The proposed regulations contain specific provisions that:

[15] The public can review an electronic copy of this document at: http://www.gpo.gov/fdsys/pkg/FR-2012-12-21/pdf/2012-30699.pdf and has 60 days to submit comments, until February 19, 2013. The DEA encourages interested parties to comment on this important proposed rule.

- Continue to allow law enforcement agencies to voluntarily conduct take-back events, administer mail-back programs, and maintain collection boxes;
- Allow authorized manufacturers, distributors, reverse distributors, and retail pharmacies to voluntarily administer mail-back programs and maintain collection boxes;
- Allow authorized retail pharmacies to voluntarily maintain collection boxes at long term care facilities.

The Nevada Statewide Coalition Partnership regularly participates with law enforcement agencies in conducting prescription drug round-ups throughout the state.

ACTION TAKEN ON PRIORITY RECOMMENDATIONS FROM THE 2007 WORKING GROUP REPORT

The 2007 Working Group Report divided recommendations from the subcommittees into three categories: Needing immediate action/accountability, a budget/fiscal study, or further study that may not produce a fiscal impact. This section provides an update and status on the recommendations needing immediate action/accountability in the following areas: Drug Endangered Children, Law Enforcement, Treatment and Prevention.

DRUG ENDANGERED CHILDREN

Addressing the circumstances of drug endangered children continues as a priority and significant achievements have occurred addressing the recommendations from the 2007 report:

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.*

Following is the update for items a – d:

Update: Since the 2007 report, , there has been great progress in laying a firm foundation for the vital social change of the Drug Endangered Children (DEC) initiative throughout Nevada. The Statewide Coordinator has visited with and presented to many key stakeholders in each county throughout the state and statewide tribal leadership, ensuring solid education of what the DEC initiative is and why it is fundamental to institutionalize in every community.

In addition, the Statewide Coordinator has begun the process of formalizing the DEC initiative in every county by assisting counties with templates for MOUs and Protocols that have proven to be very effective. There are several counties that have both a DEC MOU and Protocol in place and many more counties that are in the process of formalizing. The Statewide

Coordinator will continue to facilitate many training and protocol development sessions and continues to work with each community toward this systemic change throughout the state. A statewide MOU is also in the process of being formalized with all statewide representatives of the major agencies and systems throughout the state.

Another tool recently developed that can be utilized throughout the state is the Nevada DEC website (www.decnevada.org). This website provides unification and centralization for our statewide effort. Among the many tools are templates for formalization of DEC, information about the Nevada Alliance, DEC education, current DEC events throughout the state, statewide coalition information, and links to such vital websites as the National DEC and the Nevada Attorney General's Office.

In addition to these valuable tools, another main aspect of institutionalizing DEC is to continue to educate first responders so that they are aware of the protocols in place and DEC best practices. A Statewide Summit was held in September 2011 in an effort to bring together individuals from various sectors who are first responders in situations where children endangered by drugs present themselves: school personnel, medical personnel, child welfare, prevention professionals, law enforcement, prosecution, treatment. One hundred twenty professionals from these sectors attended to learn how to move from crisis intervention to true social change.

In December 2011, the Statewide Coordinator has also formalized the Nevada Alliance for Drug Endangered Children, including a multi-disciplinary Advisory Committee which meets quarterly. Nevada is now recognized as the newest and 25th state to establish a state alliance affiliated with National DEC. This national alliance provides a great deal of support and training to their state alliance members which has proven to be very useful.

Nevada's successful application for a DECSYS presents a valuable opportunity for Nevada. Here is how it works: Law Enforcement enters all felony drug arrests (you can set the system up for other crimes too as long as they are drug-involved) into DECSYS, which then sends an automatic report to the child protection services. CPS can then look into this family; do they have an open case and now they know about a drug arrest? This information can be invaluable in case planning or placement decisions. The report may indicate that they need to have a frank conversation with this family about the impact drug use has on their children. CPS may also decide no action needs to be taken at this point, but now they have a paper trail should another incident occur.

Why is it important?:

During the pilot program in Colorado, 130 children were identified as endangered, but only 8 of them were present at the time of the arrest. Without DECSYS, they would have missed the opportunity to intervene with 122 children!! Many times, there are no signs of children at the time of an arrest: arrest could take place in a car, outside, no toys around, etc. DECSYS allows CPS to look into the situation to see if children are endangered. And the rapport between CPS and law enforcement is strengthened with the use of this predictable and reliable method of communication.

Here in Nevada, a recent arrest in the Wal-Mart parking lot for distribution of methamphetamine brings the importance of DECSYS home. The arrestee never mentioned the fact that he left his 4 and 7 year old children at home alone to 'run down the street and complete the drug sale.' He did not want the authorities involved and possibly intervene with his children. These children had to fend for themselves until someone came home after their dad was taken into custody. If DECSYS had been in place, the arrest would have been entered and a report would have been sent to CPS and the children's existence would have been discovered.

We have just completed the process of customizing DECSYS for Nevada and will pilot it in Carson City and Douglas County, including Washoe Tribal Police, in February 2013. We hope to have it in place statewide by the end of 2013.

Benefits include:

- Encourages institutional change by making increased communication the way of doing business.
- Ensures continuity, with personnel changes, etc.
- Improved collaboration, as DECSYS results in identification of more children in need of services.
- CPS can look through history of families for placement decisions (is grandma a good choice??)
- If the case is not a current CPS case, it gives them an opportunity to have a conversation with the parent about the impact on children of caregiver drug use.

Status: Needs further action: While it is evident that progress has been made, it is vital that we are able to continue this great work throughout the state. Some future goals for the DEC initiative in Nevada include each community as a whole truly understanding the benefits of the DEC initiative; each community having the support it needs to advance the DEC initiative; achieving systemic change in every community throughout the state so that the DEC multi-disciplinary practices are the way business is done; and the Nevada Alliance in partnership with the Office of Drug Endangered Children becoming a well-established resource to help sustain DEC practices, given natural attrition, with ongoing awareness and maintenance of the systemic change achieved. Grant funds are extremely competitive, so it becomes increasingly important to strategize on ways to continue to fund these efforts.

LAW ENFORCEMENT RECOMMENDATIONS

1. Measurably reduce methamphetamine manufacturing, trafficking, and distribution networks, and related criminal activity.

e. *Continue and enhance the use of investigative canines to support the interdiction of drug trafficking.*

Update: The training efforts for K-9 dogs in the State of Nevada have been fragmented with individual agencies doing their own training and not working with neighboring agencies. In July of 2011

members of the Washoe County Sheriff's Office, Reno Police Department, and Nevada Department of Public Safety began meeting and coordinating their training. This has created a very cohesive relationship between the agencies as the dogs and handlers are used interchangeably.

In Southern Nevada a similar cooperation has taken place. The Las Vegas Metropolitan Police Department has taken a lead role in the dog training for them and Nevada Department of Public Safety. This system is still not perfect, but the regional approach to dog training has been a head-and-shoulder improvement on what passed for a collaborative effort in the past.

Status: Need further action: Local law enforcement agencies need to continue collaborative efforts to train canines in the interest of limited funding and resources.

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.*

Status: Need further action.

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.*

Update: The Nevada HIDTA has continued to expand by adding multijurisdictional task forces as new drug threats emerge. There are currently 177 state, local, and federal officers/agents participating in the NV HIDTA task forces. Methamphetamine is still identified as the biggest drug threat to Nevada and the amount of meth seized in Clark and Washoe Counties has increased exponentially with 375 kg seized in 2012. All of the major law enforcement agencies in Clark and Washoe County participate in the Nevada HIDTA.

The Nevada Department of Public Safety Investigation Division continues to supervise narcotic task forces which conduct investigations into the manufacture, possession, sale and trafficking of illicit and prescription controlled substances. We supervise task forces located in Cason City, Fallon, Winnemucca, Elko, Washoe County and Ely. The task forces are operated under Memorandums of Understanding with allied law enforcement agencies (sheriff offices and local police agencies). The Investigation Division also has one Detective assigned to the Reno Drug Enforcement Agency's HIDTA task force.

Status: Needs further action: Significant gains in collaboration have occurred, HIDTA /DPS should continue current efforts with Tribal law enforcement.

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.*

Update: The Nevada HIDTA Investigative Support Center (ISC) has 15 analysts from five different agencies (Drug Enforcement Administration (DEA), Las Vegas Metropolitan Police Department, HIDTA, Federal Bureau of Investigation, and Nevada National Guard.) The physical location for the ISC is in the DEA district office in Las Vegas with a satellite office in Reno's DEA office. This group of analysts provides investigative support to all of the NV HIDTA task forces every time they open a potentially long-term investigation. They also collect intelligence information gleaned from all of this case support and disseminates it to the law enforcement community in Nevada. This is done in the form of bulletins, newsletters, and intelligence reports. They also have a working relationship with the Southern Nevada Fusion Center.

Over the past twelve years the NV HIDTA has contracted with LA Clear to provide deconfliction support, both case/subject and events for the law enforcement community in Southern Nevada. This will change effective in February 4, 2013, when the NV HIDTA, in partnership with Rocky Mountain Information Network (RMIN), opens a watch center. This watch center will handle deconfliction services for the entire State of Nevada. To date (January 14, 2013) RMIN, in partnership with NV HIDTA, has trained over 700 officers and agents throughout Nevada. In addition to narcotics deconfliction, RISS Intel will provide case/subject deconfliction and in the not-so-distant future will provide case deconfliction for all felony crimes.

In 2006 the NV HIDTA Executive Board created and funded the Pharmaceutical Narcotic Enforcement Team (Pharm-Net) task force. This task force is a multi-agency endeavor supervised by a DEA group supervisor. They have the responsibility of policing doctors who are involved in the criminal diversion of pharmaceuticals. They are also responsible for the policing of pharmacies which are engaged in illegally disseminating pharmaceuticals.

Status: Needs further action: Law Enforcement agencies need to continue collaborative efforts.

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.*

Update: To review PSIs a central reporting location would be required to extract information and record the information provided. One possibility is a web based application so information may be collected from all counties.

Status: Further study and recommendations are needed.

c. *Ensure participation by law enforcement in the drug courts to avoid drug traffickers from being allowed into that process.*

Update: The Division of Parole and Probation currently participate in drug courts, however it is post conviction. P&P does complete a PSI on most potential participants.

Status: Needs further action. Law Enforcement agencies need to continue collaborative efforts.

d. *Implement an "all crimes/all hazards" approach to information sharing by enhancing and expanding the Fusion Centers.*

Update: The Fusion Centers often send bulletins to all agencies and information and officer safety. Since their inception, the Fusion Centers continue to be a valuable source of information.

Status: Need further action. Continue to track the information sharing system through Fusion.

e. *Develop information sharing protocol involving not only law and judiciary enforcement, but also mental health, physicians, nurses, and hospitals.*

Update: The Nevada Sheriffs and Chiefs Association has formed a Communications Committee to address this same issue. They have created a website with a link for a secure discussion and question/answer forum.

Status: Needs further action: There is a need to develop a Drug Diversion Task Force in Northern Nevada like the PharmNet task force in Southern Nevada.

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.*

Status: Needs further action.

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.*

Update: NV HIDTA is working on a deconfliction program along with RMIN and WSIN (information sharing Law Enforcement groups) to address the problem of working the same offenders while investigating drug crimes.

Status: Needs further action. Law Enforcement agencies need to continue collaborative efforts.

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.*

Update: P.O.S.T curriculum include course of study on "Drug Laws and Current Trends."

Status: No further action needed.

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.*

Update: The NV HIDTA has taken a lead role in training law enforcement officers and agents across the State of Nevada with a concentration on Clark and Washoe Counties. In calendar year 2012 the NV HIDTA hosted 65 training schools resulting in training 3310 individuals.

NV DPS has conducted yearly training in Carson City specifically aimed at drug investigations, the Nevada Drug Investigation School. This is a free two week course that began in 2001. Since the

course beginning, DPS has trained over 400 students. Additionally, DPS has developed training from law enforcement and the general public on Synthetic substances and presented in multiple venues.

The Nevada Threat Analysis Center publishes and distributes information via bulletins distributed to law enforcement agencies in Nevada and to agencies outside the state. (See Attachment E)

Status: Needs further action. Law Enforcement agencies need to continue collaborative training efforts.

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.*

Update: Each of the twelve community prevention coalitions includes a local law enforcement representative in their membership. These officers provide guidance to the coalition, and participate actively in local coalition community education programs. Officers have assisted with Responsible Beverage Server Training classes, DUI Prevention in the high schools, and presentations on emerging substance of abuse. Each coalition keeps a log of law enforcement engagement for their state and federal reports.

Status: Need further action: Coalitions will continue to engage law enforcement in community education, including presentations on drug and alcohol use impact on health and safety to specific population such as teachers, physicians, etc.

b. *Encourage local law enforcement to support the revised Drug Abuse Resistance Education (D.A.R.E.) II program in their schools.*

Update: Clark County School District has eliminated the sixteen D.A.R.E. officer positions from their budget due to serious funding restrictions. There are still 67 active D.A.R.E. Officers still instructing statewide.

Status: Need further action: Local law enforcement should evaluate the efficacy of supporting D.A.R.E. in their jurisdictions as an evidence based model, and work with the local school district to identify funds to support the program.

c. *Provide support for training materials to local law enforcement to enable them to provide local training.*

Update: There is not any state level process for procuring materials for law enforcement other than what the prevention coalitions are able to provide for them on a jurisdiction by jurisdiction basis. The Enforcing Underage Drinking Laws (EUDL) program was able to support training 40 officers statewide in the Drug Identification Training and Education Program, intended for educators but could be used for social service and juvenile justice professionals as well. A training binder was given to each officer trained that can be copied for participants in their training. EUDL will be able to conduct additional DITEP training for officers over the next two years.

Status: Need further action: Local coalitions should work with community resource officers to identify other training resources available free through state and federal sites to assist their local law enforcement with community awareness strategies.

TREATMENT

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.*

Status: Needs further action.

c. *Support parity between public and private health insurances for substance abuse treatment.*

Status: Needs further action.

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.

Update: The Governor's Committee on Co-Occurring Disorders report is in progress and will be completed in January, 2013.[16]

Status: Needs further action.

b. *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.*

Status: Needs further action.

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.*

Status: Needs further action.

[16] Division of Mental Health and Developmental Services: http://mhds.nv.gov/index.php?option=com_content&view=article&id=51&Itemid=34.

c. *Enhance mentoring, internship, and clinical training programs for students in the substance abuse counseling field.*

Status: Needs further action.

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.*

Status: Needs further action.

e. *Increase video and Internet based class offerings accessible from rural community colleges.*

Status: Needs further action.

7. **Make funding available for early intervention services using an overarching systemic approach.**

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.*

Update: The merger of the Health Division and the Mental Health Division into one under Administrator Richard Whitley will emphasis a broader view of substance abuse treatment, allowing for a family systemic approach. The administration is looking at current substance abuse treatment program structures in the wake of health care reform, to ensure clients are receiving the full benefit of an environmental and comprehensive assessment, and result treatment plan, engaging other community services.

Status: Need further action. The state will continue to assess current substance abuse treatment practices, and make recommendations to enhance services though an environmental, family system of care.

d. *Support and fund the development of community-based early identification and referral systems for first-time juvenile and adult offenders, prior to adjudication.*

Update: The new Health/Mental Health administration is studying how juveniles first enter the system and identifying opportunities for early intervention for substance abuse. One such study is a review of the Families First Drug Dependency Court, serving clients who are at risk of losing custody of their children due to substance abuse.

Additionally, the Health/Mental Health Division completed a study of Carson City jail inmates and discovered 22% had also been seen by mental health services in the last year. A review of current practices revealed these individuals were not accessing recommended health treatment, and staying with a medication protocol initiated in jail upon their release. A pilot project, Forensic Assessment System Triage has been initiated that will conduct a full assessment in the jail, and the treatment recommendations will be followed up by a case manager immediately upon release to ensure medications, and health/ mental health/ substance abuse treatment regimes are followed to avoid reoffending. The

Health/Mental Health Division has already initiated a similar process through the Washoe Jail, and the successes in reduced recidivism have already been noted.

Status: Need further study; Continue to monitor the progress of community based interventions occurring in the courts, such as Specialty Courts, engaging Juvenile Justice services in the development of interventions for their population.

PREVENTION

1. Ensure that all prevention strategies are broad-based, cover multiple drugs, and are available to local communities.

b. *Work with the Nevada Statewide Coalition Partnership (SWCP) 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.*

Update: Many of the local coalition members of the SWCP have established websites for the purpose of providing information to their communities, with an emphasis on adults/parents. Several of the sites include social media opportunities and sites specific to encouraging youth engagement in substance abuse education and abstention. Additionally, the SWCP is in the process of creating a website as another community resource, and linking viewers to other informative local, state and national sites.[17]

Status: Completed. Continue to create local websites, and build the SWCP update.

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.*

Update: Each of the twelve prevention coalition members of the SWCP creates a Community Coalition Prevention Plan that is available for community viewing. The plans are available in hard copy as well as on their websites for viewing by interested parties. Plans are unique to each area, and usually include a variety of data describing the substance abuse related issues in their community, their prevention priorities, and strategies for achieving positive outcomes. Copies of the plans can be acquired by contacting the state Substance Abuse Prevention and Treatment Agency, or the local coalition.

Status: Completed. Continue to develop and make available the Community Coalition Prevention Plans.

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.

[17] For a sample local coalition site, visit www.partnershipcarsoncity.org.

Update: To date, there is no formalized process between state agencies related to substance abuse prevention funding and service delivery collaboration. However, independently, more state agencies are using the local expertise and efficiency of the SWCP community based prevention coalitions to initiate and implement these programs. For example, The Juvenile Justice Programs Office within the Division of Child and Family Services sub contracts with the coalitions to work with their local law enforcement and city/county governing bodies to implement the federally funded Enforcing Underage Drinking Laws(EUDL) program. In fact, the SWCP serves as the Task Force for the EUDL program. As a result of coalition support, over 90% of the state's local law enforcement agencies are engaged in EUDL operations such as alcohol sale to minors compliance checks, alcohol server training, fake identification interception, special events control, third-party purchaser apprehension, and DUI prevention. Because there is no state level beverage control agency, local governments have the ability to create and improve their own liquor ordinances, which many have through the EUDL program. This successful collaboration between the state agency and coalitions has warranted national attention, and contributed to Nevada receiving over 2.5 million dollars in additional discretionary funds over other states for the EUDL program since 2007.

The Nevada Health Division is another funding source that has used the coalitions to implement programs at the local level such as tobacco use prevention, Community Health Workers to reach the local Latino populations, family planning, and community wellness. Additionally, the new Administrator for both the Health and the Mental Health Divisions, Richard Whitley, is in process of merging those two divisions into one Behavioral Health Division. Along with this progressive merger, Mr.Whitley has meet with the coalitions on numerous occasions to orchestrate more community based, and accessible health and mental health services by using the coalitions.

The Office of Traffic Safety makes funds available to the coalitions to address substance abuse problems related to traffic safety such as impaired driving, and the Office of Criminal Justice Assistance supported the 2012 Gang Symposium, the 2012 Drug Summit, and a community drug related crime reduction program through the Carson City coalition that empowers neighborhoods to engage in healthy and safe practices for families and children.

The Attorney General's Office supported efforts to address Drug Endangered Children and the 2012 Drug Summit through the coalitions using funding available through the United Health Litigation.

The popularity of using local substance abuse prevention coalitions is spreading because: they are community owned and supported; service delivery is more cost effective than programs that would otherwise require expensive state personnel and overhead costs; strategies are more creative and tailored to local populations; data reflects locally driven projects are more effective and sustainable.

Status: Needs further action. State agencies with substance abuse prevention funding should formalize a process of creating a list of funding and specific intent to avoid duplicity, and parallel application processes through collaboration. State agencies should consider using the local coalition process as an effective means of coordination of service delivery, as well being able to coordinate funds from a variety of state and federal funding sources to enhance effectiveness.

b. Define the role of faith-based communities in the prevention process and their involvement at the state level.

Update: The role of faith- based communities at the state level has not been addressed since the release of the Working Group's 2007 report; however, most of the local community prevention coalitions include faith- based representation among their coalition members. The community based selection process supports being able to work with local faith coalitions and associations.

Status: Needs further action: A state level attempt should be initiated to educate the faith-based community about substance abuse, the impact on their communities and how the faith community can assist. This may mean a letter encouraging they contact their local coalitions, or a regional or statewide seminar to engage them.

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.

Update: There has not been any minimum state substance abuse education standards instituted, but federal guidelines requiring K – 12 substance abuse education are the responsibility of each school district. Unfortunately, federal Safe and Drug Free School funds are no longer available to assist with costs related to programs. This is not to say that free programs are not available such as the "Brain Power" program created by the National Institute of Drug Abuse (NIDA) that has units for K – 12, and is a science based approach to substance abuse education that can be imbedded in the curriculum of most academic subjects.

The popular Drug Abuse Resistance Education program (D.A.R.E.) used in many fifth grade classrooms across the state has been discontinued in Clark county due to cuts in the Las Vegas Metropolitan Police Department budget. Other districts are still trying to retain their D.A.R.E. officers, but often the community education programs are at risk in times of law enforcement agency budget restrictions. The. Revised D.A.R.E. program was deemed an evidence-based program within the last two years.

Most of the community prevention coalitions partner with their school districts to provide community guest speakers and activities for free to educate children about the dangers of drug abuse, but this cannot replace a more sophisticated, embedded and adequately funded curriculum adopted by school districts.

Status: Needs further action: Each local community coalition should be encouraged to meet with their local school district to identify current K-12 substance abuse education curriculum, and how well they believe it is working. This information should be compiled into one summary document and presented to the SAWG for review and recommendations.

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.

Combined response to the three action items under #3:

Update: The 2012 Nevada Drug Summit organized by the SWCP brought together 212 key stakeholders from across the state. The Summit was different from "traditional" conferences, in that each of Nevada's 17 counties were represented by a team of community leaders from various disciplines, invited by the local coalitions. The first day focused on marijuana and the second day on prescription drugs and synthetics. Since the Summit, the coalition teams have used the information to educate and train community groups, gather support for local policy changes, and prepare for the 2013 legislative session. The Summit was well received, with 98% of attendees rating it very good or excellent.

Three entities supported the Summit financially: Office of the Attorney General, Office of Criminal Justice Assistance, and the Substance Abuse Prevention and Treatment Agency. Nine entities endorsed the Summit: Nevada Advisory Council for Prosecuting Attorneys, Nevada Alliance for Drug Endangered Children, Nevada Association of Counties, Nevada Board of Pharmacy, Nevada District Attorney Association, Nevada League of Cities and Municipalities, Nevada Sheriffs' and Chiefs' Association, Nevada Tribal Chiefs' of Police Association, and the Nevada Prevention Resource Center.

Information acquired from the Drug Summit has been used to create trainings for local law enforcement agencies, direct service providers, city supervisors and county commissioners, youth groups, service clubs, probation departments and parent organizations.

The information has also been used to gather local support for the prescription monitoring system, engage law enforcement in installing prescription drug lock boxes, and train youth teams to conduct community forums and school-based presentations. Quite a bit of controversy was generated by the marijuana information, resulting in some lively discussions with those in favor and against the legalization of marijuana.

To accommodate Clark County professionals, a second Drug Summit was conducted by HIDTA and Solutions, Inc. again focusing on Marijuana and Prescription Drugs. Over 200 people were in attendance.

Requirements for, and availability of substance abuse education and identification for social workers and professionals within the judicial system exist but are limited. However, in 2012 in collaboration with the coalitions, the EUDL project trained 40 law enforcement officers statewide to instruct the Drug Identification Training and Education Program (DITEP). DITEP is an 8 to 16 hour program designed for educators and other professionals to learn about substances of abuse, and how to identify potential indicators of substance abuse. The program received approval for 8 – 16 hours of Continuing Education Units for teachers. Schools may now schedule training for their staff. DITEP would also be appropriate for anyone working with youth.

The Nevada Statewide Coalition Partnership (SWCP) collaborated with the University of Nevada School of Medicine to host a prescriber training in conjunction with the Summit. Four speakers from the Summit presented to 155 prescribers on October 1, 2012. Even though prescription drugs were the focus, the marijuana information was the most shocking to prescribers who admitted they know very little about today's marijuana. Due to the number of requests to reoffer this training, the Partnership is working with the UNR School of Medicine to host trainings in Reno on February 26 and in Las Vegas on February 28. These trainings will also address usage of the Nevada Prescription Monitoring Program and opportunities for prescribers to register to use the site.

In May of 2012, Carson City piloted a substance abuse training for the district attorney's office and local public defenders. Over 35 attorneys attended, and indicated the training was very valuable to them in understanding the psychology and physiological implications of drug use. Due to the

overwhelming response, the Carson City prevention coalition will continue to offer the program periodically, and assist other coalitions in replicating the training free for attorneys.

Status: Needs further action: The state should continue to fund an annual Drug Summit to support a statewide understanding of current drug threats, and a cohesive response between the state and local strategic prevention plans.

The SAWG should further survey current substance abuse training available, and training that is currently available for health care professionals, social workers, teachers, law enforcement, attorneys, and judges. From this information, the SAWG should construct recommendations that will strengthen and institutionalize substance abuse training for these professionals.

d. Be inclusive of youth, who are vital to the community-based model, to conduct and participate in substance abuse prevention trainings.

Update: In 2012, the coalitions and EUDL program supported a two day training in community substance abuse education prevention attended by 22 youth program coordinators from around the state. The Coordinators learned about youth substance abuse trends, educational campaigns, and messaging techniques for different audiences. The Leaders now have the tools to assist their youth teams in constructing educational seminars and media campaigns tailored for their communities.

Status: Needs further action:

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.

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.

Update: The prevention coalition model includes representation from 12 different sectors within the community: law enforcement, youth, College/University, Criminal Justice/Judicial, Parents/Primary Care Givers, Social Service Providers, Coalitions, State/Local/Tribal Government, Military/Veteran's, Healthcare/Medical, Treatment Providers, Faith-based organizations, Elected Officials, Education, Civic/Volunteer Group, Business Community, and Media. This is the minimum standard for coalitions, and provides them with diversity in experience and education to the table.

The goal of the 2012 Drug Summit was to provide a broad base of information to selected leaders from across many disciplines, network with statewide partners, and receive commitments from attendees to further their local community level efforts and support statewide efforts in the coming year. Some of the sectors represented included judges, chiefs of police, sheriffs, district attorneys, legislators, principals, counselors, deans, probation officers, drug enforcement agents, drug and alcohol counselors, city attorneys, prevention providers, court personnel, state health division employees, university staff, students, medical personnel, and tribal representatives.

Status: Completed. Existing process should continue.

5. Develop strategies to support prevention workforce development.

(No action/accountability items identified in the 2007 report for this item)

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.

(combined response to both items under #6)

Update: The Substance Abuse Prevention and Treatment Agency received a Partnership for Success grant from SAMHSA that provided funding to create a data warehouse. This system will allow for the collection of substance abuse related prevention and treatment data to be collected and made available to the public.

Status: Completed. Continue to develop the SAPTA data warehouse, and monitor effectiveness.

NEW AREAS OF FUTURE STUDY

Proposed Legislation to Implement NPLEx E-Tracking System:

During the 2007 Legislative session, Assembly Bill 148 and Senate Bill 112 (codified as NRS 453.352-.359) were enacted to control the sale of over the counter drugs that could be used in the manufacture of methamphetamine. These methamphetamine precursors – previously sold as over the counter medications - were subsequently placed behind the drug counter and retailers were required to adhere to certain restrictions in their sale. State and federal laws limit the amount of nonprescription pseudoephedrine (PSE) consumers can buy, with the goal of preventing the diversion of PSE for meth production.

SAWG has found substantial evidence of continued methamphetamine production and abuse around the state, and has determined that a more effective way to enforce limits on the sale of PSE is necessary. Criminals are coordinating teams that make purchases at multiple stores to bypass the sales restrictions and acquire illegal quantities of PSE to use these precursor drugs to manufacture meth.

In order to better combat the ongoing problem of methamphetamine production and abuse, SAWG determined that one possible solution may be a multi-state electronic PSE sales blocking system – funded by the manufacturers of medicines containing PSE – that blocks unlawful PSE purchases at the point of sale. NPLEx is an electronic real-time logging system used by pharmacies and law enforcement to track sales of PSE. The technology is available to any state that mandates electronic blocking of illegal PSE sales.

To date, 25 states have adopted real-time, stop-sale technology. The blocking technology monitors all nonprescription PSE purchases in real time to prevent meth criminals from exceeding legal limits. It also tracks purchases among all participating states so that meth producers are unable to simply cross state lines to illegally obtain PSE. This technology not only stops illegal sales in real time, it also provides law enforcement with an effective way of using the records already required by state and federal law to identify meth producers.

Enabling legislation for the NPLEx real-time electronic tracking system has been proposed in Assembly Bill 39.

Medical Marijuana:

Art 4, Section 38 of the Nevada Constitution requiring the Legislature to provide by statute for medical marijuana use was proposed by initiative petition and authorized by voters in 1998 and 2000. Thereafter, the Legislature enacted Assembly Bill 453 (codified as NRS chapter 453A) in 2001 to implement this constitutional mandate. On March 2, 2012, Clark County District Court Judge Mosley ruled NRS 453A.300 and .310 (regarding prohibited acts and affirmative defenses) unconstitutional, on the basis that the statutes fail to provide a method for legally obtaining/supplying medical marijuana, thereby frustrating the constitutional mandate (State v. Hamilton, Clark County Dist. Ct. Case. No. C-11-276187-1,2). SAWG will monitor any legislation proposed to remedy these constitutional deficiencies during the 2013 Session.

Marijuana Legalization Initiatives:

SAWG will monitor the social, economic and criminal justice impact of voter initiatives legalizing marijuana for recreational use in CO and WA.

Regulation of Synthetic Cathinones, Cannabinoids and Phenethylamines:

In 2012 the Nevada Board of Pharmacy adopted regulations listing certain synthetic compounds as controlled substances. The SAWG will monitor the collaboration between law enforcement and the Pharmacy Board to revise the listed compounds as synthetic drug producers alter their compound formulas in an effort to avoid regulation.

Impaired Driving:

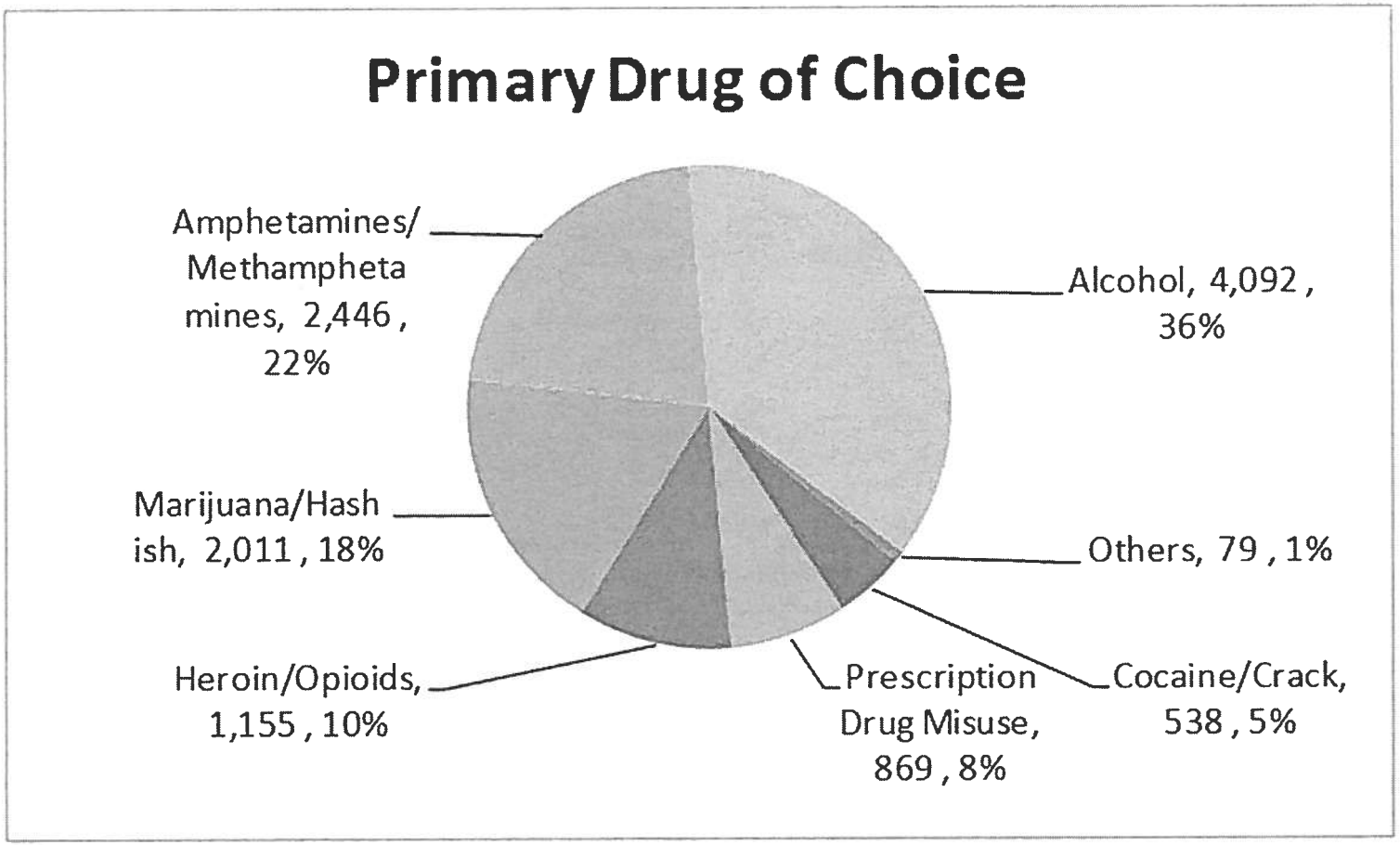
SAWG created an impaired driving subcommittee to review any gaps in Nevada's existing efforts at prevention and enforcement of DUI laws during the next biennium.

Treatment Services for Pregnant Women:

The SAWG heard testimony that substance abuse treatment providers may not be giving preference in admissions to pregnant women in accordance with federal law. (45 CFR 96.131) The SWAG will further assess treatment services for pregnant women during the next biennium.

ATTACHMENT A

State Fiscal Year 2011
Major category



ATTACHMENT B

Primary Drug of Choice

Admissions to SAPTA Treatment Providers

Substance	SFY 07	SFY 08	SFY 09	SFY 10	SFY 11	2007 - 2011 % Chng
Alcohol	4,242	4,794	5,249	4,446	4,092	-4%
Amphetamines/Methamphetamines	4,402	3,294	2,507	2,276	2,446	-44%
Anabolic Steroids	21	3	3	4	2	-90%
Barbiturates	17	7	6	4	8	-53%
Benzodiazapine	17	28	27	48	75	341%
Cocaine (powder)	323	306	305	225	163	-50%
Crack	636	743	624	520	375	-41%
Ecstacy (XTC), MDMA	24	21	46	39	26	8%
Ephedrine/Psuedophedrine	0	2	0	0	0	0%
GHB/GBL/1,4 Butanediol	0	2	0	2	0	0%
Hallucinogens	6	13	20	23	14	133%
Heroin	564	763	1,044	1,024	1,148	104%
Inhalants	3	16	6	12	15	400%
Ketamine	2	0	0	1	1	-50%
Marijuana/Hashish	1,918	1,905	1,880	1,831	2,011	5%
Non-Rx Methadone	7	6	4	7	7	0%
Other	49	25	24	19	16	-67%
Other Opiate/Synthetic Opiate	346	484	609	605	734	112%
Other Sedatives/Hypnotics	14	7	22	19	33	136%
Other Stimulants	2	1	3	1	6	200%
Over-the-Counter Drugs	12	7	11	13	9	-25%
PCP	11	15	26	12	8	-27%
Tranquilizers	2	2	3	0	1	-50%
Rohypnol	0	0	1	0	0	0%
Total	**12,618**	**12,444**	**12420**	**11,131**	**11,190**	**-11%**

Primary, Secondary & Tertiary Drug of Choice

Admissions to SAPTA Treatment Providers

Substance	SFY 07	SFY 08	SFY 09	SFY 10	SFY 11	2007 - 2011 % Chng
Alcohol	7,131	7,530	7,731	6,667	6,345	-11%
Amphetamines/Methamphetamines	5,753	4,644	3,657	3,322	3,658	-36%
Anabolic Steroids	8	5	3	9	3	-63%
Barbiturates	32	21	28	16	16	-50%
Benzodiazapine	100	169	187	224	342	242%
Cocaine (powder)	1,235	1,335	1,198	977	833	-33%
Crack	1,027	1,284	989	822	609	-41%
Ecstacy (XTC), MDMA	113	157	219	163	147	30%
Ephedrine/Psuedophedrine	-	2	1	0	1	0%
GHB/GBL/1,4 Butanediol	2	5	7	3	2	0%
Hallucinogens	98	91	93	114	85	-13%
Heroin	769	1,033	1,297	1,271	1,425	85%
Inhalants	15	30	27	25	24	60%
Ketamine	6	1	3	1	2	-67%
Marijuana/Hashish	4,816	4,679	4,220	4,142	4,338	-10%
Non-Rx Methadone	20	10	15	25	23	15%
Other	77	47	66	49	66	-14%
Other Opiate/Synthetic Opiate	647	985	1,111	1,214	1,357	110%
Other Sedatives/Hypnotics	75	44	88	91	127	69%
Other Stimulants	12	8	10	11	9	-25%
Over-the-Counter Drugs	23	21	35	40	32	39%
PCP	25	31	42	22	24	-4%
Tranquilizers	8	16	19	5	6	-25%
Rohypnol	2	0	1	0	0	0%
Total	21,994	22,148	21,205	19,213	19,636	-11%

ATTACHMENT C

SAPTA STATE FUNDING

			SFY ($)							
Cat		Description	SFY2006	SFY2007	SFY2008	SFY2009	SFY2010	SFY2011	SFY2012	SFY2013
	10	Treatment	2,717,583	2,758,873	4,032,415	4,758,502	5,028,856	5,046,429	5,202,405	5,188,960
	11	Meth Education			971,794	900,000	447,863	525,932	447,863	447,863
	12	Prevention			2,099,719	2,497,828	2,282,923	2,497,828	2,170,923	2,170,923
	14	Co-Occurring			626,762	1,472,077	1,493,801	1,489,768	986,070	986,070
	50	Marijuana							700,000	700,000
	14	Alcohol Tax	815,000	937,309	1,089,319	1,050,000	799,896	1,050,000	957,521	957,521
		State Total ($)	3,532,583	3,696,182	8,820,009	10,678,407	10,053,339	10,609,957	10,464,782	10,451,337

ATTACHMENT D

NEVADA STATEWIDE COALITION PARTNERSHIP – MEMBER LIST
Updated – December 2012

NAME	COALITION	ADDRESS	PHONE	E-MAIL/WEBSITE
MEMBERS				
Adams, Anna	Care Coalition	2764 N. Green Valley Pkwy., #550 Henderson, NV 89014 (mailing only)	702-463-1415	anna@carecoalitionnv.org www.carecoalitionnv.org
Bartosz, Kathy	Partnership Carson City	1711 N. Roop Street Carson City, NV 89706	775-841-4730	bartosz4@sbcglobal.net www.partnershipcarsoncity.org
Bricker, Cheryl	Partnership of Community Resources	P.O. Box 651 Minden, NV 89423	775-782-8611	pcrbricker@partnership-resource. org www.partnership-resource.org
Manning, Polly	NV Community Prevention Coalition	401 Martin Luther King Blvd. Las Vegas, NV 89106	702-385-3330 ext. 230	polly.manning@nv-cpc.org www.nv-cpc.org
McAdoo, Cathy	Partners Allied for Community Excellence	1645 Sewell Drive, Suite 41 Elko, NV 89801	775-777-3451	pacecoalition@frontiernet.net www.pace-coalition.org
McGill, Christy	Healthy Communities Coalition of Lyon and Storey Counties	P.O. Box 517 Dayton, NV 89403	775-246-7550	cmcgill@healthycomm.org www.healthycomm.org
Munk, Jeff	Frontier Community Coalition	P.O. Box 1460 Lovelock, NV 89419	775-273-2400	pershingfcc@yahoo.com www.frontiercommunity.net
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STAFF				
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Morss, Kevin	NV Community Prevention Coalition	401 Martin L King Las Vegas, NV 89106	702-385-3642 Ext. 245	kevin.morss@westcare.com
Washington, Martie	Office of the Attorney General	100 N. Carson Street Carson City, NV 89701	775-684-1110	mwashington@ag.nv.gov

ATTACHMENT E

NEVADA THREAT ANALYSIS CENTER

ADVISORY

Date: 02/16/2012 Number: 11-002-FOUO

This ADVISORY contains time sensitive, topical information and intelligence related to a single emergent issue of importance to state and local stakeholders. The contents may provide a list of indicators, a current analytical assessment, identify intelligence gaps, or context for other national or regional products.

(U) Nevada Bans Substituted Cathinones aka Synthetic Cocaine aka Bath Salts

(U//FOUO) In effort to curb rapidly increasing use of "substituted cathinones" – also known as "synthetic cocaine" or "bath salts" – as an intoxicant, the State of Nevada has banned the possession of six forms of the drug. On 15 February 2012, the Nevada Legislative Committee on Regulations approved an amendment by the Nevada State Board of Pharmacy to NAC 453.510 to include the following substituted cathinones as prohibited Schedule-I controlled substances[1]:

- Butylone
- Fluormethcathinone
- Mephedrone
- Methedrone
- Methylenedioxypyrovalerone
- Methylone

(U) Methylone "Bath Salt"

(U//FOUO) Substituted cathinones are similar in appearance to bath salts one would purchase at retail stores. Users ingest or inject these drugs for a "Cocaine" type high.

(U) Substituted Cathinones

(U//FOUO) Substituted cathinones aka synthetic cocaine are commonly referred to and sold as "bath salts" due to their similar appearance to actual bath salts available at retail stores. These drugs are chemically manufactured to mimic the effects of cocaine when ingested, snorted, or injected into the body. Substituted cathinones are primarily sold in the underground market but are sometimes offered at smoke (tobacco) shops.

(U) Identifying Substituted Cathinones

(U//FOUO) According to the Nevada State Board of Pharmacy, substituted cathinones are manufactured in make-shift chemical labs in the United States and various countries throughout the world. While most of these drugs do not have standardized markings, some have been discovered wrapped in small sections of aluminum foil and marked with the warning, "Not for Human Consumption."[2] Due to the lack of standardized markings, the only way to conclusively identify synthetic cocaine is through laboratory testing. Moreover, while some companies are currently marketing "mobile testing kits" for synthetic cocaine, the NTAC does not have any information pertaining to the accuracy and reliability of these products.