



# **Nevada Substance Abuse Working Group 2015 Report**

**January 15, 2015**

**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 2014 report of the Attorney General's Substance Abuse Working Group (SAWG) that was forwarded to the Director of the Legislative Counsel Bureau for distribution to the 78<sup>th</sup> (2015) 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).<sup>1</sup>

The original Working Group on Methamphetamine Use was created by Executive Order, which expired on December 31, 2010. During the 77<sup>th</sup> (2013) Session of the Nevada Legislature, 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 2014 Report by no means represent an exhaustive or comprehensive overall solution to the substance abuse problem

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<sup>1</sup> 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.

In preparation for the 2014 Report, the 10 member SAWG studied the previous reports, and met in February, May and August of 2014, 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. Additionally, the SAWG Impaired Driving Sub-Committee met on March 14, 2014.

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 for 2013 and 2014. 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  
Linda Lang, Ex. Director, NV Statewide Coalition Partnership (SWCP)  
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 (Retired)  
Richard Varner, Washoe Tribe Chief of Police  
Richard Whitley, Administrator, DHH, Behavioral and Public Health

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

**Dr. Tracey Greene**, State Health Officer, DHHS, Nevada Division of Public and Behavioral Health  
**Marti Washington**, Grants & Projects Analyst, Office of the Attorney General  
**Liz MacMenamin**, Director of Government Affairs, Pharmacy and Healthcare, Retail Association of Nevada  
**Brett Kandt**, Special Deputy Attorney General, Executive Director NVPAC  
**Chris Ferrari**, President/CEO, Ferrari Public Affairs  
**Joanna Jacob**, Ferrari Public Affairs for Consumer Health Products Association  
**Larry Pinson**, Executive Director, Nevada State Board of Pharmacy  
**Paul Edwards**, Nevada State Board of Pharmacy  
**Stacy Woodbury**, Director, Nevada State Medical Association  
**Erin Albright**, General Counsel, Nevada State Board of Medical Examiners  
**Chad Westom**, Bureau Chief, DHHS, Division of Public and Behavioral Health  
**Mary Wherry**, DHHS, Division of Public and Behavioral Health  
**Lesley Dickson, M.D.**, Chair, Governor's Committee on Co-occurring Disorders  
**Eric Fleischer**, SCRAM of Nevada

## **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. During 2014, the SAWG focused its efforts on combatting prescription drug abuse in Nevada.

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

### **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.

Under federal law pursuant to 21 USC 822, there is a closed system of distribution for prescription drugs from the manufacturer to the patient. Every person who manufactures, distributes, dispenses or proposes to dispense any controlled substance is required to register with the United States Drug Enforcement Agency (DEA). Oversight of each registrant is monitored and controlled by the DEA through an automated system known as ARCOS (Automation of Reports and Consolidated Orders System). The DEA has 1,520,855 registrations in the United States of which 10,568 are located in Nevada. Nevada ranks first for oxycodone and hydrocodone distribution by a practitioner or pharmacy when compared to Utah, Kansas, and New Mexico (similarly populated states).<sup>2</sup>

Although tightly monitored, the closed system of distribution for prescription drugs can be exploited. There are several methods for diverting prescription drugs that include doctor-shopping, forged prescriptions, theft, employee pilferage, internet sales, and illegal distribution. Additionally, rogue pain management clinics are operating throughout the U.S. The DEA has identified three major rogue clinics in Houston, Texas, Los Angeles, California and the Tri-county area of South Florida: Broward, Miami-Dade and Palm Beach.<sup>3</sup>

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<sup>2</sup> Paul A. Rozario, ASAC, USDEA, Las Vegas District Office, "Prescription Drug Abuse – America's Newest Epidemic" February 19, 2014.

<sup>3</sup> Ibid

## Overdose Deaths

According to Paul A. Rozario, Assistant Special Agent in Charge, DEA, Las Vegas District, “Drug overdose death rates in the United States have more than tripled since 1990. Opioid pain relievers were involved in more overdose deaths than cocaine and heroin combined.”<sup>4</sup>

In Clark County, the number one cause of accidental deaths is overdose, not vehicle accidents. According to P. Michael Murphy, the Clark County Coroner, “prescription drugs and their use continue to be a growing epidemic indiscriminate to age, race, social class, economic status or geographic location.” In 2013, 1148 deaths in Clark County were related to substance use or abuse. A majority of the individuals were between the ages of 35 to 60 years. Those who were sixty years of age or more were taking an average of eight different prescription drugs daily. The top five substances involved were oxycodone, alprazolam, hydrocodone, morphine and methadone.<sup>5</sup>

Opioid pain relievers are the most widely misused or abused controlled prescription drugs. 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.

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 49 states have prescription drug monitoring programs.

To prevent drug overdose deaths, many states are enacting Good Samaritan laws and naloxone use laws. In a white paper on both subjects, Kevin Quint, Bureau Chief, SAPTA, Nevada Division of Public and Behavioral Health wrote,

“Good Samaritan immunity laws are designed to encourage people to take action to prevent overdose. For example, in many cases drug overdoses occur in settings where other people are using drugs, resulting in many overdose witnesses being reluctant to seek help or call 911 due to fears of being arrested and/or prosecuted for: drug possession; possession of paraphernalia; and/or being under the influence. In contrast, bystanders or witnesses are rarely worried about being arrested or prosecuted for

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<sup>4</sup> Ibid

<sup>5</sup> P. Michael Murphy, Coroner, Clark County Nevada, “Impact of Prescription Drugs: A Coroner Perspective,” August 19, 2014.

calling 911 when an individual suffers a heart attack. A recent study conducted in Washington State found that opiate users reported that awareness of the Good Samaritan law would make them more likely to seek help for individuals experiencing overdose symptoms. Overdose Good Samaritan immunity laws seek to ensure life-saving strategies are employed, thereby decreasing deaths. Basically, the overdose Good Samaritan law places higher priority on saving lives over arrests and punishment.”

New Mexico was the first state to pass the Good Samaritan law in 2007. Seventeen states and D.C. have a law in place to provide a degree of immunity from criminal charges or mitigation of sentencing for an individual seeking help for themselves or others experiencing an overdose.<sup>6</sup>

Naloxone (brand name Narcan), on the other hand is an opioid antagonist with no addictive properties and can be used to counter the effects of prescription painkiller overdose. It has been approved by the FDA. Administration of naloxone counteracts life threatening depression of the central nervous system and respiratory system, allowing an overdose victim to breathe normally. It may be injected in the muscle, vein or under the skin or sprayed into the nose.<sup>7</sup> Although naloxone is a prescription drug, it is not a controlled substance and has no abuse potential. It can also be administered by minimally trained lay people.

Kevin Quint, Bureau Chief, SAPTA wrote , “To prevent overdoses, many states have enacted or amended laws to allow prescribers or pharmacists to: prescribe naloxone to third parties or non-patients with no liability risks; allow lay people to administer naloxone without fear of being sued; and ensure that emergency, fire, and police can carry and administer naloxone. Both the American Medical Association and Public Health Association have given their support to expanding access to naloxone and administration by non-medical personnel. Recently, Governor Cuomo announced that the State of New York will sponsor a no-cost opioid overdose training for the general public and first responders and free naloxone rescue kits will be distributed at the end of the training (August 8, 2014). The training will include signs and symptoms of overdose, rescue breathing, opiate/opioid dependence, and how to administer naloxone. This is just one example of what one state is doing to address overdoses to increase access and expand the use of naloxone.”<sup>8</sup>

For more information on relevant state laws and regulations in all 50 states, D.C., Guam, and Puerto Rico see [here](#).

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<sup>6</sup> Trust for America’s Health, “[Prescription Drug Abuse: Strategies to Stop the Epidemic 2013](#)”, October 2013.

<sup>7</sup> Ibid

<sup>8</sup> Kevin Quint, Bureau Chief, SAPTA, Nevada Division of Public and Behavioral Health, White Paper on Opiate/Opioid Overdose & Naloxone



# 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.

Through the work of the statewide DEC coordinator, all seventeen counties have protocols for DEC response in their communities.

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. The DECSYS program was launched on June 10, 2013 in Nevada, currently being piloted in Carson, Douglas and the Washoe Tribal police. As of April 2014, 48 children were identified in drug involved homes and referred to DCFS for intervention. There is hope to expand DECSYS beyond the pilot region during the coming months. The next venues for expansion are Clark, White Pine and Eureka County, but it is hoped to eventually be statewide.

Training is an important tool in the prevention and intervention of drug endangered children. In partnership with the UNR School of Medicine, training for medical personnel and CMEs was conducted in Winnemucca on September 12th, Reno on September 11th, and Las Vegas on August 6th. In Conjunction with the National DEC Alliance a large-scale training on DEC Evidence Collection took place in Northern Nevada (April 29<sup>th</sup>) and Southern Nevada (May 1<sup>st</sup>). Several disciplines were in attendance including medical, child welfare, education, law enforcement, prosecution, prevention, treatment, social work.

## **Enforcement/Regulation:**

Since the late 1970's the DEA has used Tactical Diversion Squads (TDS) to investigate, disrupt and dismantle those suspected of violating the Controlled Substances Act or other federal, state or local laws pertaining to the diversion of controlled substances. Additionally, the Office of Diversion Control within the DEA has investigators that are responsible for the criminal, civil and administrative actions against registrants and non-registrants who divert controlled substances from the legitimate market.<sup>9</sup> The DEA works closely with state and local authorities in these investigation and enforcement actions.

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<sup>9</sup> Paul A. Rozario, ASAC, USDEA, Las Vegas District Office, "Prescription Drug Abuse – America's Newest Epidemic" February 19, 2014.

On Friday, August 22, 2014, DEA published in the *Federal Register* the final rule moving hydrocodone products from Schedule III to the more restrictive Schedule II. The Nevada Board of Pharmacy has begun the process of changing its regulations to include hydrocodone products in Schedule II to mirror federal law.<sup>10</sup>

The Nevada Board of Pharmacy has implemented a new prescription monitoring software that links Nevada's PMP with 24 state prescription monitoring programs as of May 2014. Authorized PMP users in these states are able to see a more complete history of a patients' controlled substance prescriptions, helping health care providers identify possible misuse or abuse.<sup>11</sup>

## **Prevention:**

### **Nevada Statewide Coalition Partnership:**

Nevada is one of very few states to have a statewide collaborative specific to community coalitions with a focus on substance abuse prevention. The Nevada Statewide Coalition Partnership was formed in 2001 out of a need to enhance the coordination of planning, service development, and delivery of prevention services. Through the Partnership, community-based coalitions work together to address statewide issues, share information, provide up to date training, and facilitate the development of statewide strategies, while being consistent and strategic as a group. Currently, the twelve [coalitions](#) that are members of the Partnership work closely with tribal, state, and local officials to collect data specific to methamphetamine so decisions are strategic and evaluated for effectiveness. Community-level partnerships with key stakeholders drive the prioritization of evidence-based programs, practices, and strategies that are best for individual communities yet always look to the goals of the statewide partnership.

### **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. On October 9, 2014, the Drug Enforcement Administration (DEA) final rule on drug disposal took effect. The rule creates pathways by which drugs that have been dispensed to the ultimate user may be securely submitted to authorized collectors for disposal.<sup>12</sup>

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.

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<sup>10</sup> Nevada State Board of Pharmacy [Newsletter](#), October 2014

<sup>11</sup> [NABP](#), May 28, 2014

<sup>12</sup> Nevada State Board of Pharmacy [Newsletter](#), January 2015

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

### **Student Contest to Fight Prescription Drug Abuse**

On September 2, 2014, Nevada Governor Brian Sandoval and Nevada Attorney General Catherine Cortez Masto announced a video contest for middle and high school students to help fight prescription drug abuse and overdose deaths. All students enrolled in grades six through 12 or youth involved with a community-based team in Nevada were eligible to enter and create short original public service announcement videos on the topic of prescription drug abuse prevention. The categories were 30 second YouTube, 15 second Instagram, and 6.5 seconds VINE. Contest partners included the Nevada Statewide Coalition Partnership, Nevada Division of Public and Behavioral Health, Nevada Board of Pharmacy and Solutions Recovery, Inc.

The winners were announced on December 10, 2014. Five Nevada high school students whose videos were selected out of nearly 200 entries were honored at a luncheon at the Governor's mansion. The winning entries in each category received \$1,000; while second-place earned \$750, and third-place won \$500, donated by Nevada Division of Public and Behavioral Health, the Nevada Statewide Coalition Partnership and the Nevada State Board of Pharmacy. In addition to prize money the first place winners received certificates of recognition. The students were joined at the event by their families, friends, principals, counselors, and teachers.

The winning PSAs are posted on the Attorney General's website at <http://ag.nv.gov/RXAbuse>. To learn more about the contest and to see all the entries visit [www.nv-psa.com](http://www.nv-psa.com).