



Methamphetamine Briefing

Governor's Methamphetamine
Working Group

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Maria D. Canfield, Agency Director
Substance Abuse Prevention and Treatment Agency
Mental Health and Developmental Services

Topics to be Addressed

- Contents of Briefing Books
- Substances of Abuse in Nevada
- Methamphetamine Use in Nevada
- SAPTA's Role in Addressing Methamphetamine
- Treatment Best Practices
- Prevention Best Practices
- SAPTA's Budget
- SAPTA's Decision Units

Contents of Briefing Books

- 5 Tabs
 - Substance Abuse Prevention and Treatment
 - SAPTA Biennial Report
 - Legislative Briefing Fact Sheets
 - SAPTA Historical Overview PowerPoint
 - Substance Abuse Resource Lists
 - SAPTA Advisory Board
 - State Incentive Grant Advisory Board
 - Statewide Epidemiological Workgroup
 - Certified and Funded Treatment Programs
 - Certified and Funded Prevention Programs including Coalitions
 - Law Enforcement
 - Nevada Association of Counties
 - Other



Substances of Abuse in Nevada

SAPTA Funded Providers Admissions by Primary Drug of Abuse, SFY 2006

Substance	All Adults		All Adolescents		Total Admissions		If Pregnant*	
	No.	%	No.	%	No.	%	No.	%
Alcohol	3,782	38%	278	19%	4,060	36%	29	8%
Methamphetamine/Other Amphetamine	3,307	33%	384	26%	3,691	32%	237	69%
Marijuana/Hashish	871	9%	704	47%	1,575	14%	42	12%
Cocaine/Crack	852	9%	33	2%	885	8%	24	7%
Heroin/Morphine	651	7%	27	2%	678	6%	3	1%
Other	402	4%	63	4%	465	4%	11	3%
Total	9,865	100%	1,489	100%	11,354	100%	346	100%

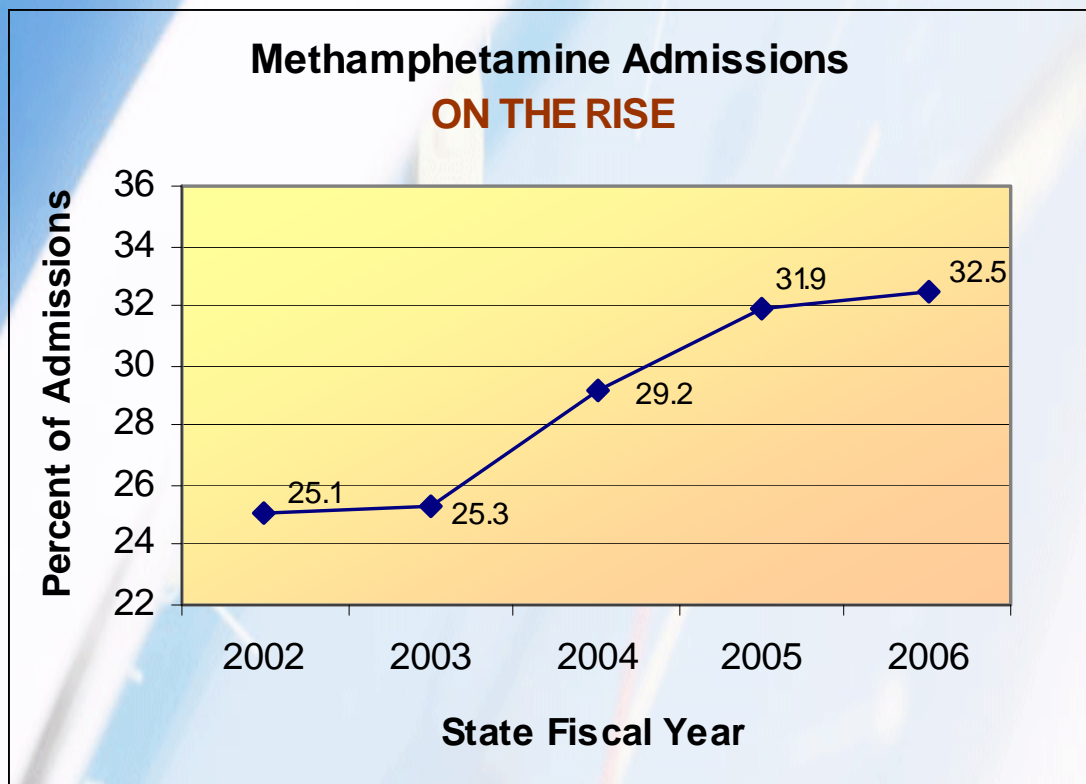
Primary Drugs of Abuse (drugs of abuse include the top three substances that an individual is using)

- Adults - Alcohol = 38%
- Adolescents - Marijuana = 47%
- Pregnant and Parenting Women - Amphetamines/Methamphetamine = 69%



Methamphetamine Use, Abuse and Dependence in Nevada

SAPTA Funded Providers Methamphetamine Admissions as Primary Drug of Abuse, SFY 2002 - 2006

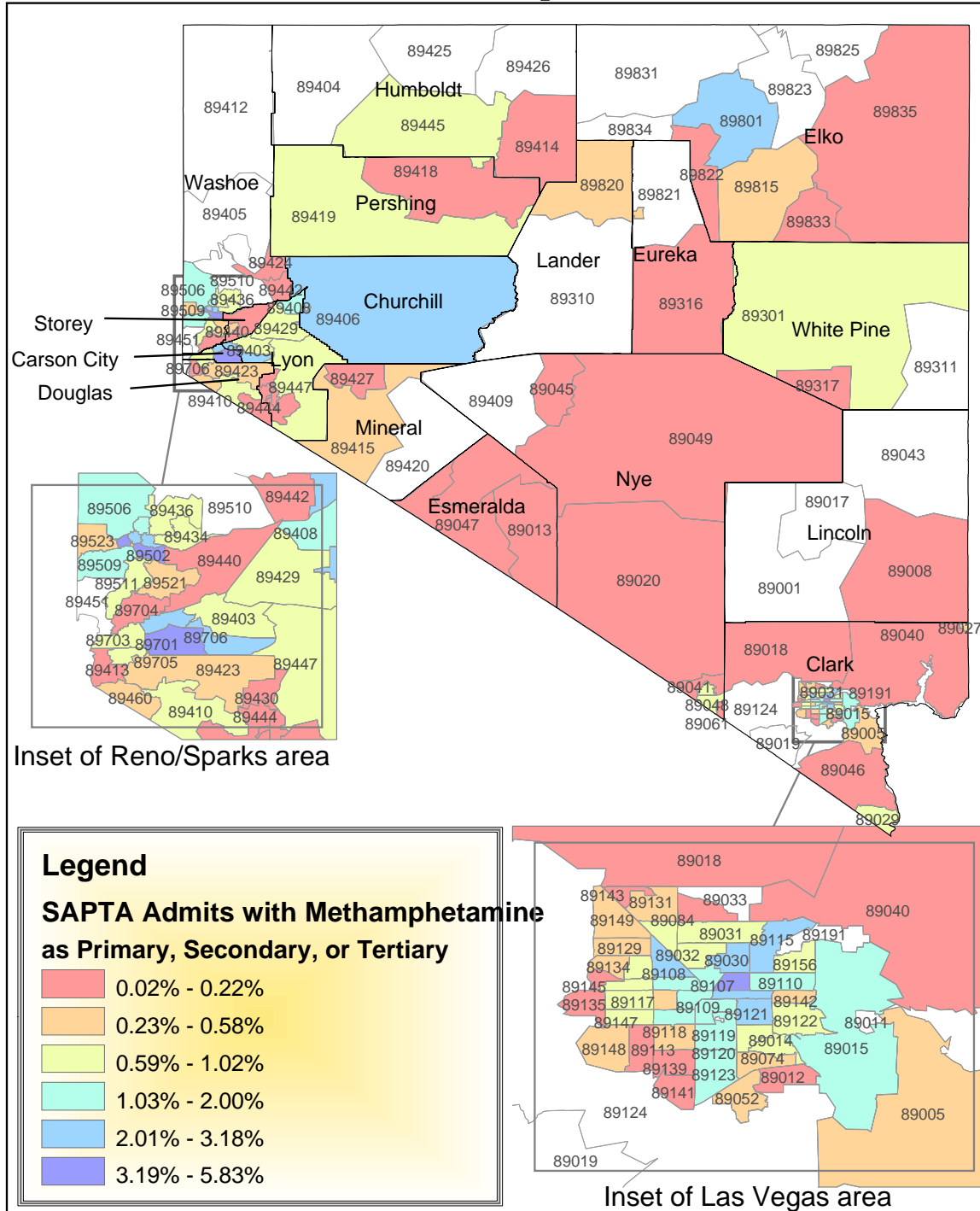


ANY Methamphetamine

(1st, 2nd, or 3rd Drug of Abuse)

- Total Admissions = 45%
- Adolescents = 41%
- Pregnant and Parenting Women = 81.5%⁷

Treatment Provider Admissions for Methamphetamines / Amphetamines in SFY 2006 by Client Zip Code

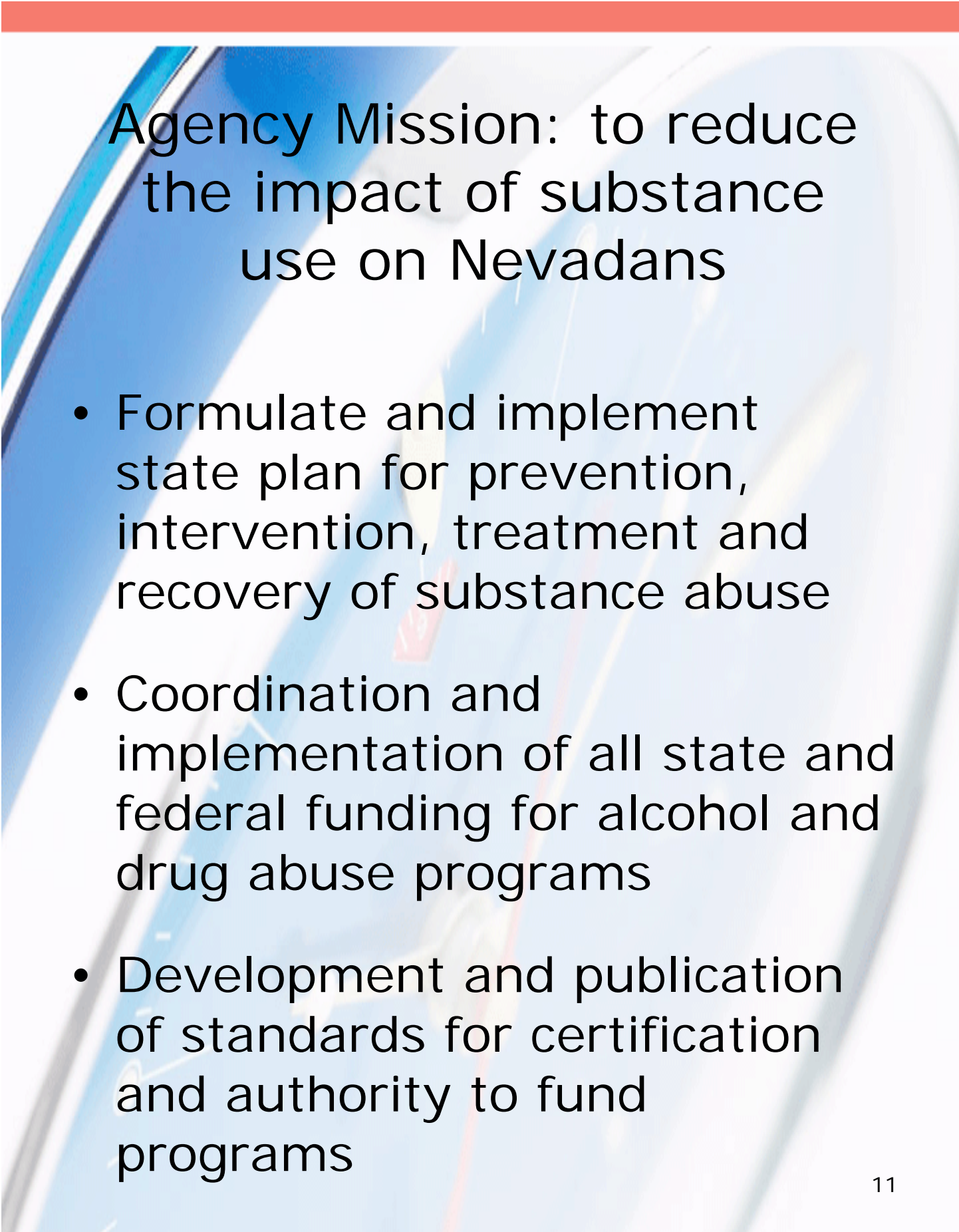


Profile of Methamphetamine using Clients

- 52% were males and 48% females
- 36% were living independently; 35% were homeless living with friends or relatives; and 6.2% were living on the street
- 19% were married or living together as married; 54% were single and never married; and 25% were divorced, separated or widowed
- 84% were White; 5% were Black; 5% were Alaskan Native or Native American; 2% were Asian; and 4% were listed as other race
- Average client age was 30 years of age and the median age was 29
- 57% were initially admitted to outpatient services and 27% were initially admitted to residential services
- 80% had no health insurance, 48% reported no source of income and 43% were unemployed
- Vast majority were admitted for multi-drug use



SAPTA's Role in Addressing Methamphetamine



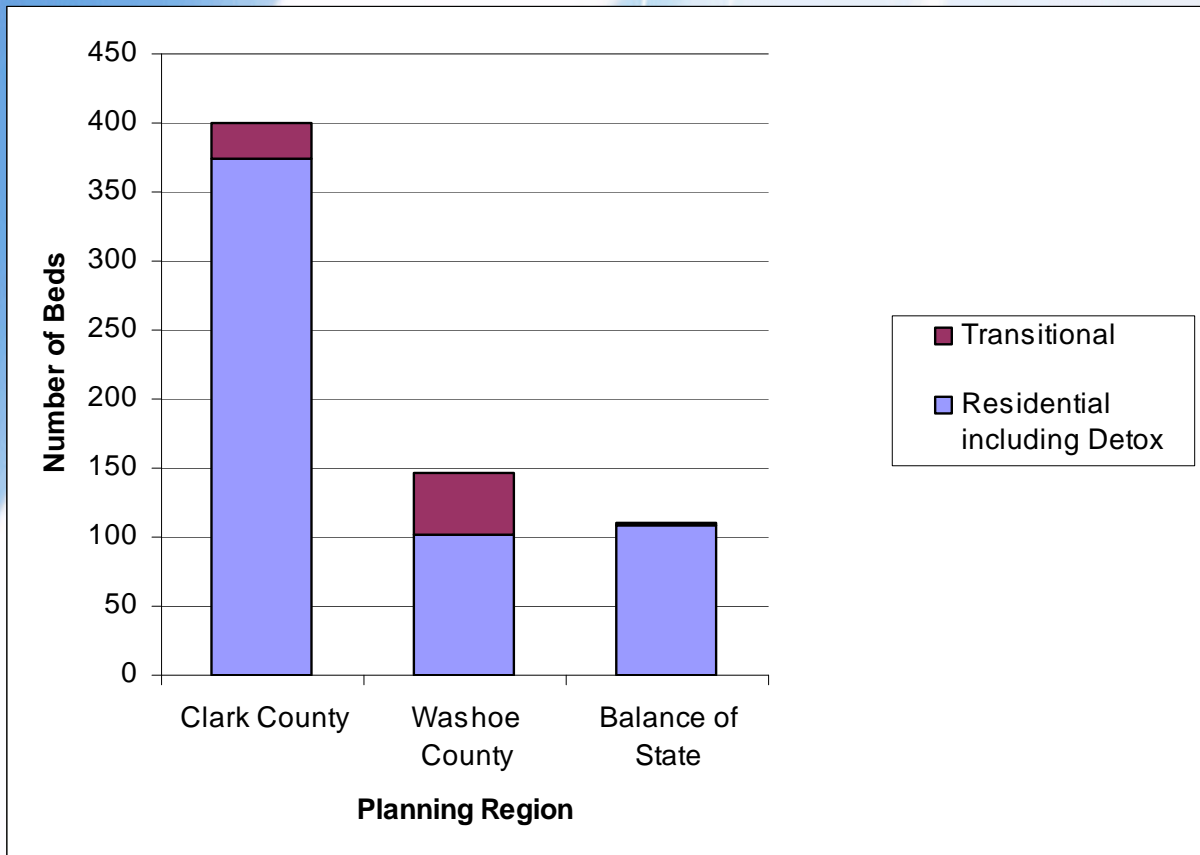
Agency Mission: to reduce the impact of substance use on Nevadans

- Formulate and implement state plan for prevention, intervention, treatment and recovery of substance abuse
- Coordination and implementation of all state and federal funding for alcohol and drug abuse programs
- Development and publication of standards for certification and authority to fund programs

Funded Programs SFY 2006

- 26 non-profit or governmental treatment providers, services in 61 sites in 26 towns and cities
 - 11,354 admissions
- 30 primary prevention providers
 - 12,877 youth and families
- 13 coalitions with 51 sub-recipient programs
 - 8,100 youth and families

Residential Treatment SA Beds in Nevada, February 2007



Notes: Clark County total includes Community Triage Beds not supported by SAPTA (52).
Balance of State includes 24 beds in South Lake Tahoe California.

- Total beds available to Nevadans = 659
- Since SFY 2005, this represents a loss of 69 beds
 - 53 residential and 16 transitional



Treatment Best Practices

Treatment Works

- Treatment Works in Nevada
 - 90% completed treatment with no substance use at discharge
- Treatment must be designed to meet the needs of the individual client, not the program, cookie cutter treatment doesn't work
- Longer lengths of treatment engagement are expected and encouraged
- Recovery support services are essential

National Institute of Drug Abuse 13 Principles of Effective Treatment

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.
4. Treatment needs to be flexible and to provide ongoing assessments of patient needs, which may change during the course of treatment.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.

National Institute of Drug Abuse

13 Principles of Effective Treatment (2)

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.
9. Detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective.
11. Possible drug use during treatment must be monitored continuously.
12. Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place them or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.



Prevention Best Practices

Effective Substance Abuse Prevention (1)

- Must touch not only the individual but the whole community (comprehensive broad based approaches that focuses on multiple strategies across multiple sectors).
- Universal Prevention: Those programs, strategies, and practices that are designed to reach entire populations (e.g. all students in a school, mass media campaigns, all families, etc.).

Effective Substance Abuse Prevention (2)

- Selective Prevention: Those programs, strategies, and practices that are designed to target populations or groups that are at increased risk (e.g. children of alcoholics or drug addicts, poor school achievers, etc.).
- Indicated Prevention: Those programs, strategies, and practices that are designed to identify individuals that exhibit high risk behaviors (e.g. initial use of alcohol, tobacco, or other drugs, delinquency, school failure or drop out, etc.).

Effective Substance Abuse Prevention (3)

- Must be a balance of early primary prevention and intervention to stop the progression of addiction in all populations before it starts.
 - Historically, many programs have focused on creating laws and policies to regulate precursor drugs that are used in the manufacture of methamphetamine, the investigation and removal of methamphetamine production labs, and enforcement issues.
 - These strategies are critical.
 - Keep in mind that a change in knowledge does not necessarily result in a change in behavior.
- Prevention programs that are add-ons, tacked onto one corner of a curriculum or aimed at one segment of the population, are unlikely to succeed.
- Must cut across disciplines and across categories of kids.
 - They must extend into the homes, neighborhoods, businesses, agencies, churches, recreational programs, and service organizations that make up the surrounding community.
 - They must reach across all sectors of the population in ways that are culturally responsive

Effective Substance Abuse Prevention (4)

- Some prevention efforts can backfire, actually encouraging kids to experiment with drugs.
- What doesn't work - skimming the surface with one-time assemblies, information or education only programs, and scare tactics.
- Examples of effective programs: six evidence-based strategies:
 - information dissemination
 - prevention education
 - Community-based processes
 - environmental strategies
 - alternative activities
 - early problem identification and referral
- Prevention must also focus on high risk behaviors and groups, community norms, and causal factors that increase vulnerability to initiating methamphetamine use, such as: social norms favorable to use, low perception of risk, binge drinking, academic failure and school drop out, delinquency, early use of alcohol, tobacco, or marijuana, etc.

Effective Substance Abuse Prevention (5)

- **All Stars™** is a school or community-based program designed to delay and prevent high-risk behaviors with middle school-age adolescents (11 to 14 years old).
- **CASASTART** (Striving Together to Achieve Rewarding Tomorrows): community-based, school-centered program designed to keep high-risk preadolescents (8 to 13 years old) free of drug and crime involvement.
- **Creating Lasting Family Connections (CLFC)**: comprehensive family strengthening, substance abuse, and violence prevention curriculum that has scientifically demonstrated that youth and families in high-risk environments can be assisted to become strong, healthy and supportive people.
- **The Leadership and Resiliency Program (LRP)**: school and community-based program for high school students (14 to 17 years of age), that works to enhance youths' internal strengths and resiliency, while preventing involvement in substance use and violence.
- **Positive Action (PA)**: integrated, comprehensive, and coherent program that has been shown to improve academic achievement and behaviors of children and adolescents (5 to 18 years old) in multiple domains.
- **Too Good For Drugs (TGFD)**: school-based prevention program designed to reduce the intention to use alcohol, tobacco, and illegal drugs in middle and high school students.

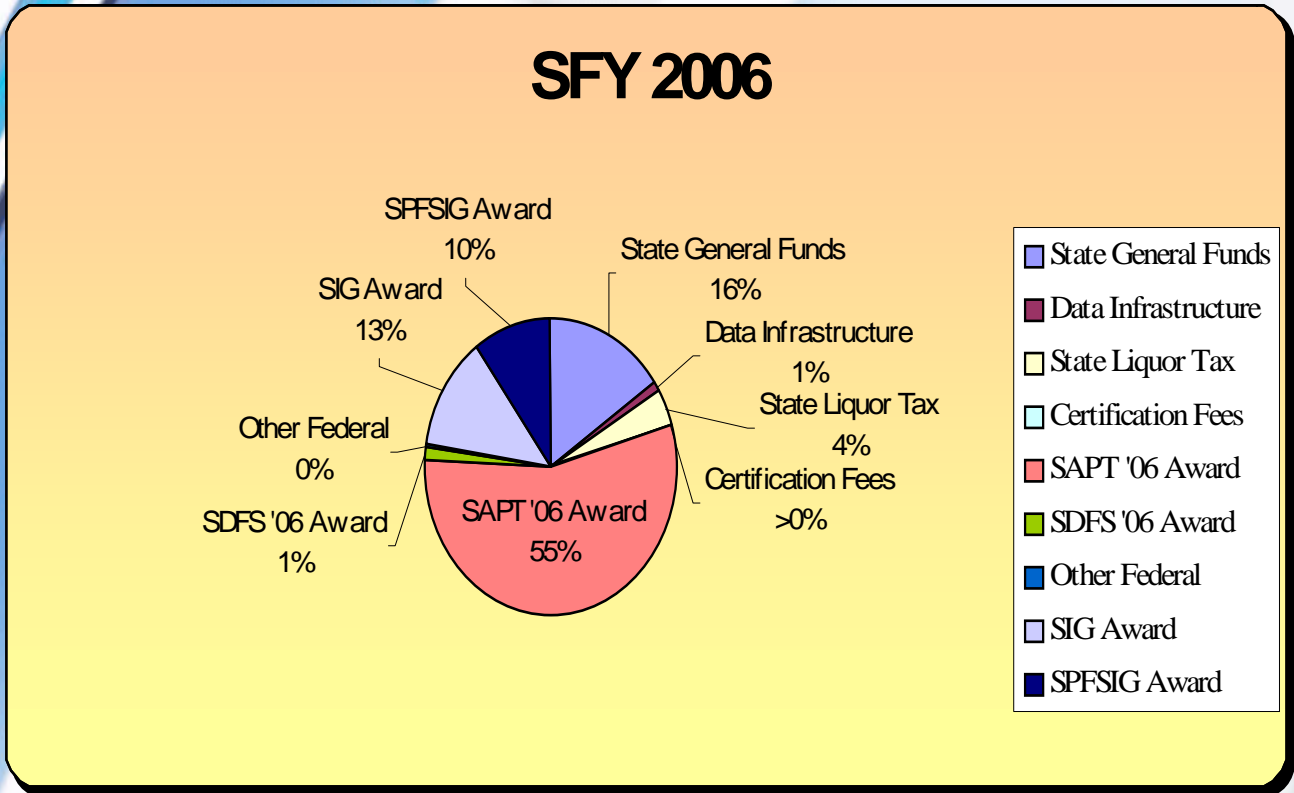
13 Substance Abuse Coalitions

- All Coalitions:
 - actively involved in methamphetamine prevention activities. One of the newest coalitions, which serves White Pine, Eureka, and Lincoln counties, is just beginning its involvement because it is in the process of building infrastructure and overall organizational readiness
 - take part in the Statewide Coalition Partnership, an organization comprised of Nevada's substance abuse coalitions. Through the Partnership the coalitions share information on methamphetamine issues and plan statewide prevention activities
 - develop and disseminate information on the issue to educate and increase awareness in their communities
 - collect data on the issue to develop plans and logic models on combating the problem
- A number of coalitions have distributed public service announcements (PSAs) through local television, radio, and print media.
- Seven coalitions have held town hall meetings and/or developed task forces to discuss and plan methamphetamine prevention.



Where SAPTA Gets its Funding and How it is Spent

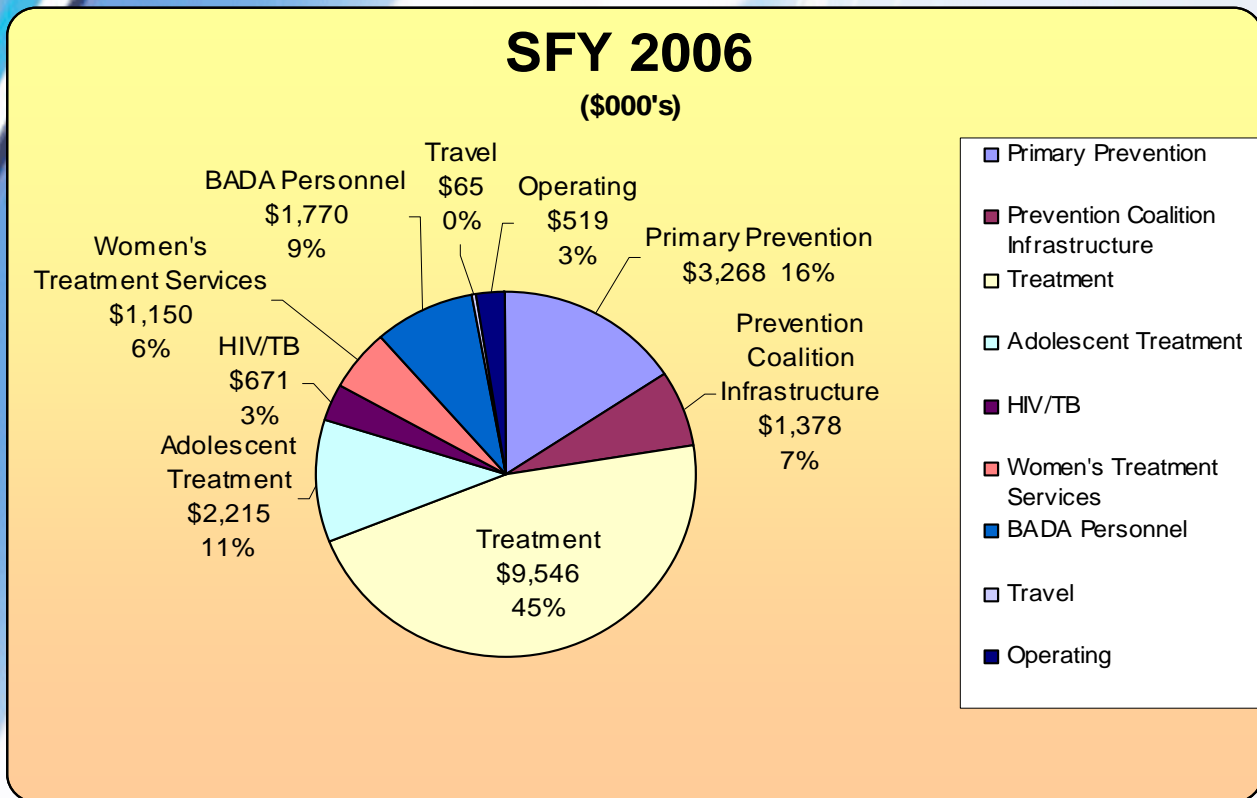
SAPTA Revenue, SFY 2006



SFY 2007 Budget ~ \$21.5 million

- \$16.8 million Federal
- \$ 4.7 million State
- \$15 million Treatment
- \$ 6.5 million Prevention

SAPTA Expenditures, SFY 2006



Total Expenditures in SFY 2006
were \$20,583,000

- Treatment - 65%
- Prevention - 23%
- Operating including personnel and travel - 12%



SAPTA's Decision Units

E-412: Substance Abuse Prevention Coalitions

- Replaces lost federal State Incentive Grant (SIG) funds.
- 13 substance abuse coalitions working across the state and serving each county in Nevada plus a statewide Native American Coalition and a Southern Nevada Latino Coalition.
- Funded to develop local comprehensive community prevention plans including needs and resource assessments.
- Membership organizations that serve as regional prevention centers of excellence that enhance and expand local substance abuse prevention capacity.
- Each local coalition acts as the local methamphetamine coalition with the exception of Carson City where they have a separate coalition. The local funded substance abuse coalition is an active partner in the Carson City Methamphetamine Coalition.
- Amount of funding requested is \$2,300,000 in 2007-2008 and \$3,000,000 in 2008-2009.
- Estimates that up to 50 percent of this funding supports methamphetamine prevention (\$1,150,000 in FY 2008 and \$1,500,000 in FY 2009).
- 8,100 children and adults will be served each year of the biennium.

E-413: Treatment Waiting List Reduction

- Reduces Agency waiting lists for treatment services
- In SFY 2006, there were 2,226 individuals on waiting lists that waited an average of 24 days for treatment services
- Request is \$1,532,250 in 2007-2008 and \$2,298,375 in 2008-2009
- Agency has 26 grantees, each of them treats methamphetamine addiction
- 45% of adult clients admitted to Agency supported treatment programs had methamphetamine as a drug of abuse
- 81.5% of pregnant and parenting women
- 41% of adolescents
- The Agency estimates that 45 percent of these funds would directly impact methamphetamine abusing and dependent Nevadans (\$689,513 in FY 2008 and \$1,034,269 in FY 2009).
- At least 1,417 individuals will be served over the biennium (SFY 08 – 567 clients, 25.4% of 2006 waiting list; SFY 09 – 850 clients, 38% of 2006 waiting list)

E-413: Co-occurring Treatment Initiative

- Service pilot projects for adults and adolescents with both a serious and persistent mental illness or a serious emotional disturbance and a substance use related disorder
- \$1,000,000 in 2007-2008 and \$2,000,000 in 2008-2009
- Estimate that 45% of these funds would directly impact methamphetamine abusing and dependent Nevadans with a co-occurring disorder (\$413,625 in FY 2008 and \$862,756 in FY 2009)
- At least 135 individuals will be served over the biennium
- Adults and adolescents in first year in southern Nevada
- Add adults and adolescents in northern and rural Nevada in the second year
- Agency requesting one dually licensed analyst

We Don't do it Alone

- SAPTA relies heavily on advise from our partners:
 - SAPTA Advisory Board: 15 providers including a member from the Mental Health Commission
 - State Incentive Grant Statewide Advisory Committee: 17 members including representatives of state and local agencies and organizations
 - Statewide Epidemiological Workgroup: 15 members from a variety of disciplines related to substance abuse data

How to Contact SAPTA

Telephone Number: (775) 684-4190

Website: <http://health2k.state.nv.us/BADA/>

Thank you for your time today