



OFFICE OF THE ATTORNEY GENERAL

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PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

May 15, 2023

10:30 am

**1. CALL TO ORDER AND
ROLL CALL TO ESTABLISH
QUORUM**

Chair Johnson

1. Call to Order and Roll Call to Establish Quorum Cont.

Member	SURG Role	Committee Role
Jessica Johnson	Urban Human Services (Clark County)	Chair
Debi Nadler	Advocate/Family Member	Member
Angela Nickels	Representative of a School District	Member
Erik Schoen	SUD Prevention Coalition	Vice Chair

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

**3. REVIEW AND APPROVE
APRIL 6, 2023 PREVENTION
SUBCOMMITTEE MEETING
MINUTES**

Chair Johnson

4. PRESENTATION ON BARRIERS AND FACILITATORS OF IMPLEMENTING DRUG CHECKING SERVICES WITH SPECTROMETRY DEVICES

Dr. Traci Green

Professor and Director of the Opioid Policy Research Collaborative

Heller School for Social Policy and Management

Brandeis University

Disclosures

- I have no conflicts of interest to disclose.
- Our work on drug checking is funded by grants from the CDC, SAMHSA and the Commonwealth of Massachusetts

Introduction

- ✓ The drug supply is toxic. Drug supply is a major determinant of drug related death
- ✓ Knowing a drug's content informs our responses and helps people make safer decisions about where, how, and when they use a substance
- ✓ Contents of a drug are only known after a death, hospitalization, arrest, and often way too late to be informative, *rarely shared publicly*
- ✓ A strategy that boosts samples to toxicology and forensic labs risks overwhelming and delaying an already taxed and critical structural lab system
- ✓ **Field-based tools exist and people can be trained to use them. Ex. Fentanyl test strips**
- ✓ Protecting **consumer safety is a proven prevention** approach
- ✓ This approach is called **community drug checking.**

Issues

- *Technology exists for people to learn about the contents of drugs and these data can help people to stay safe. The same information, in aggregate, is helpful to public health to better respond to trends in the drug supply. Improved access to the technology of drug checking in the community is needed.*

Special Populations

All people who use drugs (PWUD) may benefit from community drug checking:

- a. Veterans, elderly persons and youth;
- b. Persons who are (*recently*) incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems;
- c. Pregnant women and the parents of dependent children;
- d. Lesbian, gay, bisexual, transgender and questioning persons;
- e. People who inject drugs;
- f. Children who are involved with the child welfare system, and
- g. Other populations disproportionately impacted by substance use disorders.

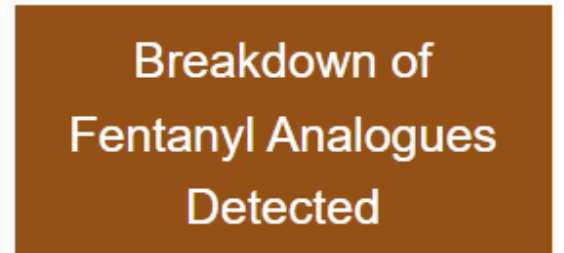
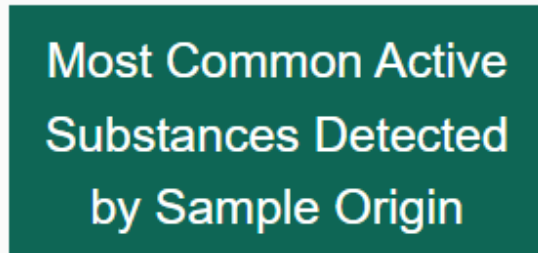
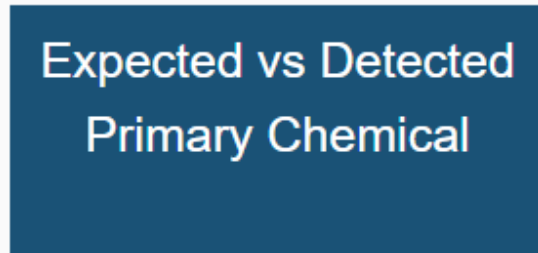
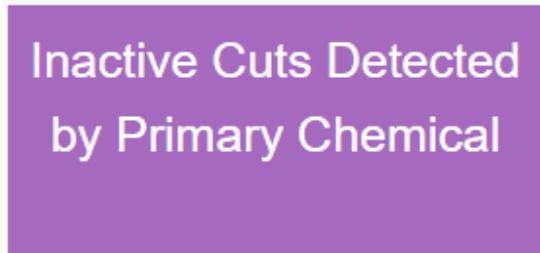
A strategy that liberalizes access to drug checking allows for the most helpful information.

How people use the data

“We use our results to **inform participants of trends**, **monitor above average fentanyl surges**, and **tailor or pivot our outreach** (ex. adding more wound care or focusing on an area with high overdose rates).”

Developing **new partnerships**, reaching **new demographics of PWUD** to share information, drug checking services, and **connecting to other harm reduction services and materials**

- More racially and geographically diverse groups of PWUD
- PWUD by different routes of administration (oral, insufflation) who may not otherwise attend SSPs



Interact with data (part 1)

Figures publicly accessible on [Streetcheck.org](https://streetcheck.org)

Downloadable data (aggregate)

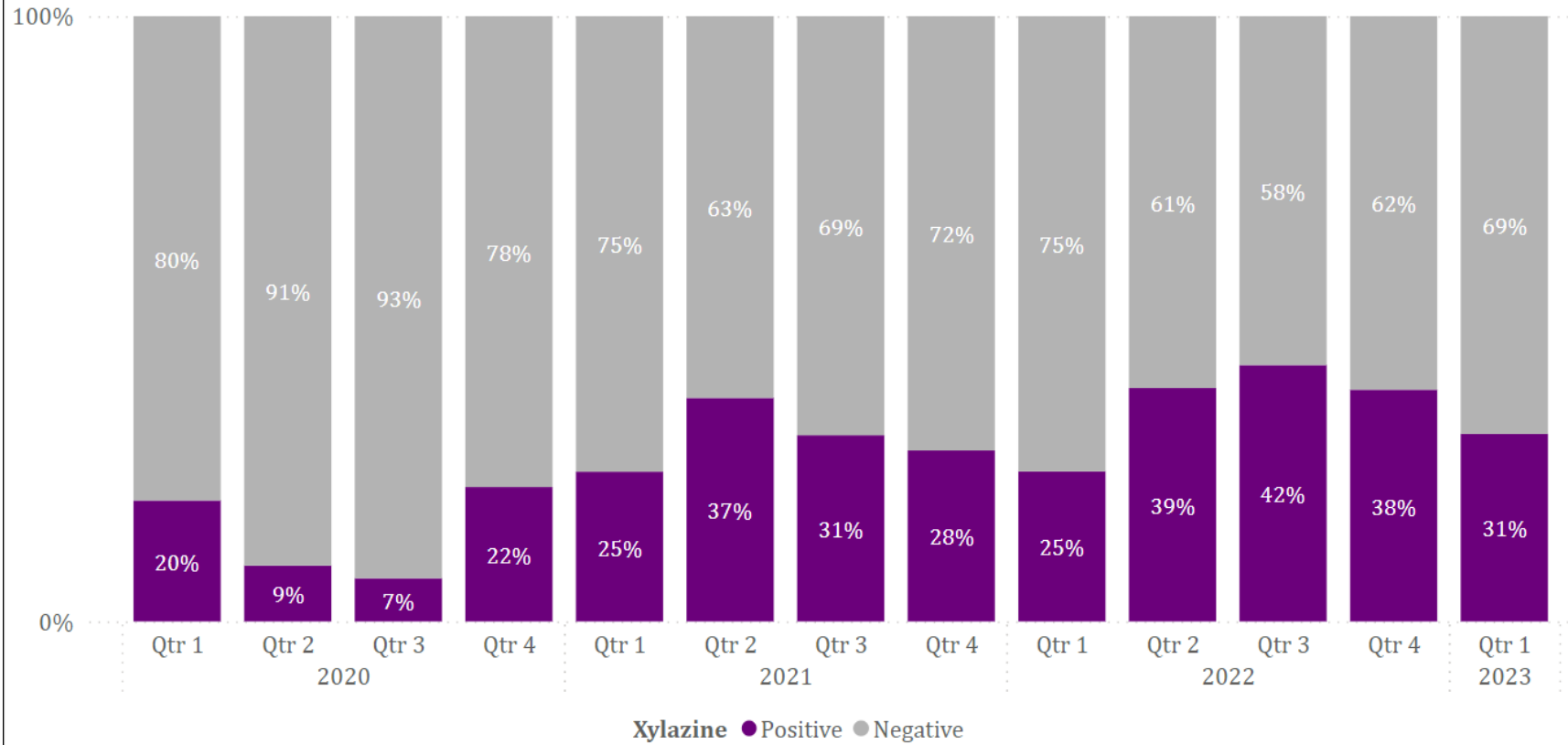
Harm reduction programs separate sign-in for more data

Can choose what is seen/shared

Data useful in taskforce meetings, metric tracking, evaluations, needs assessments, policy making, real-time data source

Presence of Xylazine in Samples - Over Time

Updated: 03/29/2023



Primary Chemical

- Etizolam
- Fentanyl
- Fentanyl Analogue
- Gabapentin
- Heroin

State

- Select all
- Connecticut
- Maine
- Massachusetts
- New Hampshire

Town/City

- Select all
- Amherst
- Boston
- Brockton
- Cambridge

Level of Testing Completed

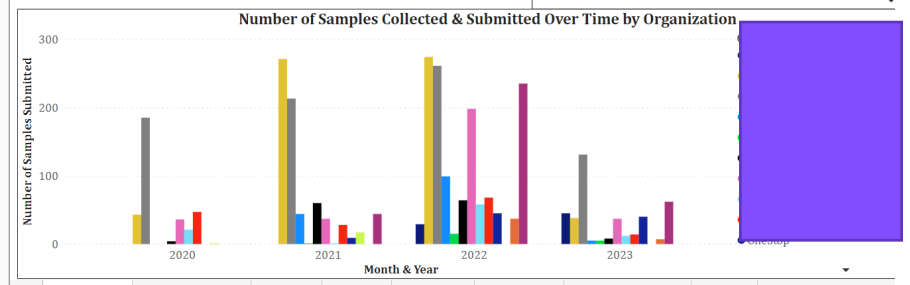
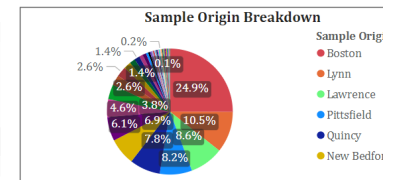
- Select all

Interact with data (part 2)

- Home
- Manage Portal
- Manage Roles
- Manage Users
- Manage Content Modules
- Manage Dictionary
- Manage Labels
- Manage Samples
 - Untested Samples
 - Initial Samples
 - Tested Samples
 - Complete Samples
 - All Samples
- Reporting

Massachusetts

Organization	Location	Count of Samples
[Redacted]	Fall River	3
	New Bedford	36
	Fall River	44
	Greenfield	154
	Northampton	187
	Total Samples	



COMMUNITY DRUG CHECKING
Massachusetts Drug Supply Data Stream (MADDS)
Street Drugs Alert: Xylazine

Xylazine is on the rise in fentanyl & heroin (dope)
 • The animal sedative xylazine has been found in dope samples more and more across Massachusetts.*
 • **Xylazine is a long-acting tranquilizer, but it is not an opioid.** Some samples had as much xylazine as dope or more xylazine than dope.

Nodding out from xylazine may look like an opioid overdose, but it won't respond to naloxone. If someone is breathing but doesn't respond when you try to wake them, **watch their breathing to make sure they're getting enough oxygen. Give naloxone, start rescue breaths, and call for help** if their breathing is raspy, or their skin is ashy or pale.



Xylazine has been found in street dope powder and in fake pain pills.

- Xylazine is a health hazard**
 Xylazine may lead to:
- **Extreme sleepiness**
 - **Nodding out for long periods of time**
 - **Slower heart rate**
 - **A higher chance of overdose or death** if used with dope and other downers
 - **Sores and serious infections**, even in places on your body away from where you inject
 - **Serious injury** if you pass out and lay in one position for too long
 - **Getting too hot or too cold** if you pass out outside

Some people who submitted samples with xylazine said it "made me sleep weird", "put me out for 6 hours", "made me pass out and I woke with vomit on me", and "skin on fire, teeth felt like they were going to fall out."

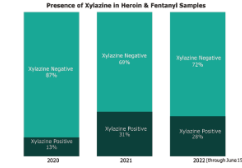


How xylazine can affect your skin
 Skin ulcers Rash Dying skin Pus

MADDS is a state-funded collaboration between Brandeis University researchers, the Massachusetts Department of Public Health, various town police departments, and local harm reduction agencies. [Click here](#), scan the QR code, or email us at maddsbroadbr@gmail.com for more information.

COMMUNITY DRUG CHECKING
Massachusetts Drug Supply Stream (MADDS)
Community Drug Supply Alert: Xylazine Present in Opioids July 2022

Xylazine is on the rise in fentanyl & heroin
 • Since initial reporting by MADDS in March 2021, the veterinary sedative xylazine continues to be detected in a substantial number of samples sold as fentanyl and heroin throughout Massachusetts.* In 2021, 21% of 298 opioid samples tested statewide contained xylazine. As of June 15, xylazine was detected in 28% of 263 opioid samples tested in 2022 (see graph).



Most samples with xylazine contained fentanyl and were sold as dope/heroin. The amount of xylazine found in samples sold as dope/heroin varied, but an increasing number have xylazine as a large component.
 • Samples tested from January to June 15, 2022 show that xylazine is more often found in drugs sold as heroin/dope/fentanyl in areas of Western Massachusetts than in Eastern Massachusetts (43% vs 21% of opioid samples).
 • Samples containing xylazine include counterfeit pain pills, brown and white powder residue in bags, and cookers or cottons used for injection.
 • In 2021, 7 of 131 samples found to contain xylazine (5%) were associated with a fatal or nonfatal overdose that also involved fentanyl.

Xylazine is commonly present in opioids.
 Xylazine can contribute to **overdosing** alongside opioids. Naloxone **WILL NOT** reverse the effects of xylazine, but **ALWAYS** administer naloxone in a suspected overdose. Naloxone will reverse the effects of any opioids present. The person may remain unresponsive if xylazine is involved. Call for help and give rescue breaths to support their breathing.

Xylazine is a health hazard
 • Xylazine is a long-acting, sedating medication, but it is not an opioid. Use experiences noted "made me sleep weird"; "put me out for 6 hours"; "very strong"; "made me pass out and I woke with vomit on me"; "skin on fire, teeth felt like they were going to fall out," and "causing holes (ulcers) where injected".
 • Xylazine can cause unresponsiveness or decreased consciousness, low blood sugar, low blood pressure, slowed heart rate, and reduced breathing. Because xylazine is often found in combination with other sedating drugs like opioids, there is an increased risk for overdose or death.
 • Using xylazine may increase risk of **skin ulcers** at the injection site and around other cuts. Skin ulcers from xylazine may quickly lead to infection or necrosis.
 • People may sustain **serious injuries** if overdosed and unresponsive for long periods. Falls; hypothermia or heat-related emergencies if using outside; and damage to muscles, nerves, and kidneys can result if blood flow is restricted to a part of the body for a long time.

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Xylazine has been found in powder residue and counterfeit pain pills. [Click or scan for more info.](#)

- Harm reduction and risk of overdose**
- The drug supply is unpredictable. It is safer to use when other people are present or can check on you frequently. People using together should take turns to prevent simultaneous overdoses.
 - In case of overdose, administer naloxone, give rescue breaths, and monitor until breathing resumes, even if the person remains unresponsive. You can get naloxone at harm reduction programs and retail pharmacies without a prescription. If someone is overdosed, put them in the recovery position, make sure their airway is clear, and monitor their breathing.
 - Use a sterile syringe and clean the site with an alcohol swab before every injection to prevent infection. Monitor injection site and other cuts or scratches, and seek medical attention in case of abscesses or skin ulcers. Rotate injection site to prevent vein damage and reduce the risk of infection.
 - Consider not injecting or switching to snuffing or smoking instead.
 - Contact a local harm reduction program for help with abscess or wound care, more advice on safer use, safer use supplies, fentanyl test strips, and drug checking with MADDS.

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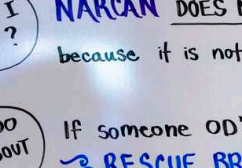


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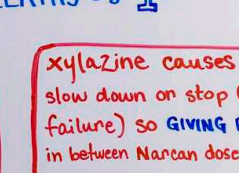
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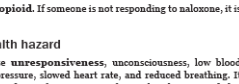
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COMMUNITY DRUG CHECKING
Massachusetts Drug Supply Data Stream (MADDS)
Street Narcotics Alert: Xylazine

Xylazine is on the rise in fentanyl & heroin (dope)
 • Since initial reporting by MADDS in 2021, the veterinary sedative xylazine has increasingly been detected in opioid samples in Massachusetts statewide as an active cut in fentanyl/heroin. About 1 in 4 heroin/fentanyl samples also contain xylazine.
 • Xylazine is a long-acting sedative, but it is not an opioid. If someone is not responding to naloxone, it is possible that xylazine is contributing.

Xylazine is an active cut in other drugs, primarily opioids, and people may not know that their drugs contain xylazine, which is why it's important to be aware of the harmful effects of xylazine, including overdosing, skin ulcers, infection, and other serious injuries.



Xylazine has been found in street dope powder and in fake pain pills.

- Xylazine is a health hazard**
 Xylazine can cause **unresponsiveness**, unconsciousness, low blood sugar, low blood pressure, slowed heart rate, and reduced breathing. It is typically found in drugs also containing fentanyl or heroin, and this mixture may increase risk of overdose or death.
 • Xylazine increases risk for **skin ulcers** in places on the body where people inject or have cuts. Skin ulcers from xylazine may quickly lead to infection or tissue death.
 • If overdosed or unresponsive for long periods, people may have serious injuries like damage to muscles, nerves, and kidneys if blood flow is restricted to a part of the body for a long time. If use occurs outside, overdosing may increase risk for hypothermia or heat-related emergencies.

How to identify xylazine
 • Xylazine appears as a brown or white powder and has also been found in counterfeit pain pills (see photos above).

- How to respond
 • Summon medical attention. Monitor oxygen levels and breathing if a person appears unresponsive. Give naloxone (see box at right). Start rescue breathing immediately if breathing stops or the person's oxygen levels get too low.
 • If you suspect someone has a **skin ulcer** or a **serious injury** from complications related to xylazine, encourage them to seek care immediately or offer to transport them to the nearest medical facility.
 • Talk to providers and community members about the harms of xylazine in the drug supply. When conducting post-overdose or community outreach, offer sterile syringes and wound care kits to help prevent infection.



Examples of xylazine samples collected by MADDS

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Xylazine and naloxone: Xylazine can contribute to overdosing alongside opioids. Naloxone WILL NOT reverse the effects of xylazine, but ALWAYS administer naloxone in a suspected overdose. Naloxone will reverse the effects of any opioids present. The person may remain unresponsive if xylazine is present. Give rescue breaths to support their breathing.

DID YOU KNOW? MASSACHUSETTS is seeing an increase of **XYLAZINE** in the drug supply.

WHY SHOULD I CARE? **NARCAN DOES NOT WORK** on **XYLAZINE**, because it is not an opiate.

WHAT DO I DO ABOUT IT? If someone OD's, give them Narcan **AND** **3 RESCUE BREATHS** **3** **1 BREATH** every **5 SECONDS**

pay attention to getting a person's breathing started again, rather than giving lots of Narcan doses that might be ineffective.

xylazine causes breathing to slow down or stop (respiratory failure) so **GIVING RESCUE BREATHS** in between Narcan doses is **NECESSARY!**

XYLAZINE

And some important stuff to know about it.

Xylazine is an animal tranquilizer. Xylazine is not intended for human use.

Xylazine is showing up in drug samples across Massachusetts as a cut with Fentanyl.

Xylazine being a cut is not new, it has caused overdose increases in Philly and Puerto Rico.

In humans it can cause breathing to slow down or stop, body temperature to go to high or low, coma, heavy sedation, kidney problems, heart failure or irregular heartbeat.

These risks increase when Xylazine is mixed with Fentanyl/heroin/percs and other opioids.

Xylazine is not an opioid.

If someone is unconscious or not breathing you should still always use Narcan.

You will not know if xylazine is in your drugs. Please don't use alone, carry Narcan, watch your friends closely.

Gaps

- Geography: rural areas need access to drug checking
- Training needs to be remote AND on-site
- Harm reduction/behavioral workforce staffing availability concerns
- State laws should be reviewed to identify gaps in protections and permissions
 - Memorandum of Understanding with local police depts, District Attorneys, and/or clarity from Attorney General conveying awareness and support of these programs can assist in implementation
- Cost of instruments (~\$50,000), off-site laboratory testing (range \$100-175 per sample)

Recommendation(s)

Expand access to community drug checking in your state

- Plan for a statewide initiative. Work with harm reduction community to identify partners and locations.
- Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
- Standardize data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.
- Articulate principles and plans for what will happen to the data.

References

- www.streetcheck.org
- Massachusetts program implementation

https://journals.lww.com/jphmp/Fulltext/2022/11001/Implementation_and_Uptake_of_the_Massachusetts.15.aspx

Contact Information

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Title	Professor
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Email	tracigreen@brandeis.edu

5. PRESENTATION ON DEA COMMUNITY OUTREACH

Ruth Morales, Community Outreach
Specialist, Drug Enforcement Administration



DEA Prevention Initiatives and Resources



Ruth Morales, Community Outreach Specialist

Primary Roles of DEA

ENFORCEMENT

Special agents investigate **illegal drug manufacturing, trafficking & distribution of drugs**, such as: cocaine, heroin, & ecstasy.



DIVERSION CONTROL DIVISION

Investigators enforce regulations related to pharmaceutical drugs and the illegal manufacturing, distribution & prescribing of such drugs.





Los Angeles
Field
Division

Los Angeles County

Orange County

Riverside County

San Bernardino County

Ventura County

Santa Barbara County

San Luis Obispo County

Nevada

Hawaii

Guam

Saipan

Operation Engage



WHAT IS OPERATION ENGAGE?

A comprehensive approach that will target the top drug threat identified by the local DEA division while continuing to focus on drug trafficking, violence, and crime reduction. Each division will designate a city or region and will customize their drug use prevention and community outreach efforts by identifying the drugs that affect individuals and families in the designated areas and identify evidence-informed strategies that best fit community needs.

GOALS

- Identify and affect local drug threat enforcement priorities and drug use trends
- Support and contribute to local drug use prevention efforts
- Bridge public safety and public health efforts

OBJECTIVES

- **Connect** DEA field offices with the communities they serve
- **Leverage** DEA intelligence and street knowledge to build awareness of local drug threats, either **opioids** or **stimulants**
- **Raise awareness** on local drug threats and change attitudes to reduce drug misuse
- As an entity representing one of the key community sectors (law enforcement), **support** local drug-free community coalitions to aid impact and lasting success



COMPREHENSIVE APPROACH

Each DEA office will collaborate with their local community stakeholders to implement several strategies and activities regarding drug use prevention and education. Our comprehensive approach will focus on the following:

1. Stakeholder Engagement
2. Adult/Community Engagement
3. Youth Engagement
4. Media Engagement
5. School Engagement
6. Workplace Engagement
7. Toolkit for Local Engagement



OperationEngage.com

Drug Enforcement Administration
Community Outreach and Prevention Support
community.outreach@usdoj.gov · (202) 307-7936

“One Pill Can Kill” Campaign

The **One Pill Can Kill Campaign** offers an opportunity for the media, parents, teachers, educators, and community organizations to raise awareness about counterfeit prescription drugs.

Materials available on the website include:

Social Media Campaign

Fact Sheets

Press Release

Graphics

PSA Video

What Every Parent and Caregiver Needs to Know About FAKE PILLS



DRUG ENFORCEMENT ADMINISTRATION • Public Safety Alert

What is fentanyl?

- It is a deadly synthetic opioid that is being pressed into fake pills or cut into heroin, cocaine, and other street drugs to drive addiction.

FENTANYL IS
50x
MORE POTENT
THAN HEROIN

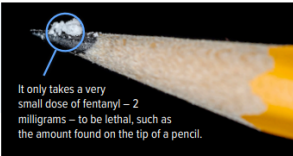
What are fake pills?

- The Sinaloa Cartel and Cartel de Jalisco Nueva Generacion are making fentanyl and pressing it into fake pills. Fake pills are made to look like OxyContin®, Xanax®, Adderall®, and other pharmaceuticals. These fake pills contain no legitimate medicine.
- Fentanyl is also made in a rainbow of colors so it looks like candy.



Why is fentanyl so dangerous?

- DEA lab testing reveals that four out of every ten fake pills with fentanyl contain a potentially lethal dose.



It only takes a very small dose of fentanyl – 2 milligrams – to be lethal, such as the amount found on the tip of a pencil.

What are the physical and mental effects of fentanyl?

- Fentanyl use can cause confusion, drowsiness, dizziness, nausea, vomiting, changes in pupil size, cold and clammy skin, coma, and respiratory failure leading to death.

Visit www.dea.gov/onepill for more information and resources for parents and caregivers



Data as of September 2022

*Photos of fake pills do not represent all available fake pills.



Drug Enforcement Administration

WHAT EVERY PARENT AND CAREGIVER NEEDS TO KNOW ABOUT FAKE PILLS

How would my child get fentanyl?

- Drug traffickers are using social media to advertise drugs and conduct sales. If you have a smartphone and a social media account, then a drug trafficker can find you. This also means they are finding your kids who have social media accounts.
- To learn about emoji codes used on social media, visit [Emoji Drug Code Decoded on www.dea.gov/onepill](http://www.dea.gov/onepill).

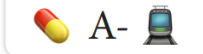
PERCOCET® & OXYCODONE®



XANAX®



ADDERALL®



Why you should be concerned.

- The drug landscape is dramatically different from when you grew up, or even from just a few years ago.
- All parents and caregivers need to be educated on current drug threats to be able to have informed talks with their kids.

Tips for Parents and Caregivers

- Encourage open and honest communication
- Explain what fentanyl is and why it is so dangerous
- Stress not to take any pills that were not prescribed to you from a doctor
- No pill purchased on social media is safe
- Make sure they know fentanyl has been found in most illegal drugs
- Create an "exit plan" to help your child know what to do if they're pressured to take a pill or use drugs
- For more tips on how to talk to your child about drugs, read Chapter 4 of Growing Up Drug Free: A Parent's Guide to Substance Use Prevention at www.getsmartaboutdrugs.com/publications



Visit www.dea.gov/onepill for more information and resources for parents and caregivers



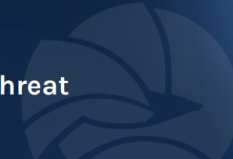
Data as of September 2022

*Photos of fake pills do not represent all available fake pills.



DRUG ENFORCEMENT ADMINISTRATION

SOCIAL MEDIA Drug Trafficking Threat



WHAT WE KNOW

With the growth of social media and the proliferation of smartphones, a dangerous and deadly new drug threat has emerged: criminal drug networks are abusing social media to expand their reach, create new markets, and target new clientele. This includes by selling deadly fake fentanyl and methamphetamine pills, often to unsuspecting teenagers, young adults, and older Americans, who think they are buying the real thing.

No longer confined to street corners and the dark web, criminal drug networks are now in every home and school in America because of the internet apps on our smartphones.

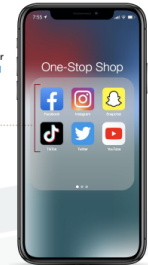
HOW IT WORKS

ONE-STOP SHOP

Drug traffickers have turned smartphones into a one-stop shop to market, sell, buy, and deliver deadly, fake prescription pills and other dangerous drugs. In just three steps, deadly drugs can be purchased and delivered to your home just like any other good or service.

1. Advertise

Drug traffickers advertise on social media platforms like Facebook, Instagram, Snapchat, TikTok, Twitter and YouTube. These advertisements are in disappearing, 24-hour stories and in posts, which are promptly posted and removed. Posts and stories are often accompanied by known code words and emojis, that are used to market and sell illicit and deadly drugs on social media. These code words and emojis are designed to evade detection by law enforcement and by the preset algorithms used by social media platforms.



ADVERTISE

JANUARY 2022

#ONEPILLCANKILL dea.gov/onepill

SOCIAL MEDIA Drug Trafficking Threat



COMMON EMOJI CODES

FAKE PRESCRIPTION DRUGS

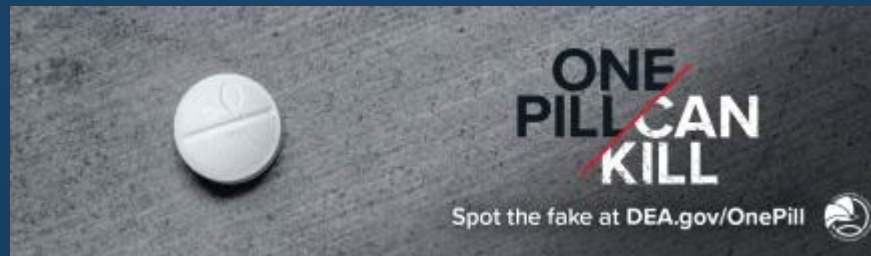
PERCOCET & OXYCODONE

XANAX

ADDERALL

DEALER SIGNALS

DEALER ADVERTISING



Family Summit



Family Summit Goals

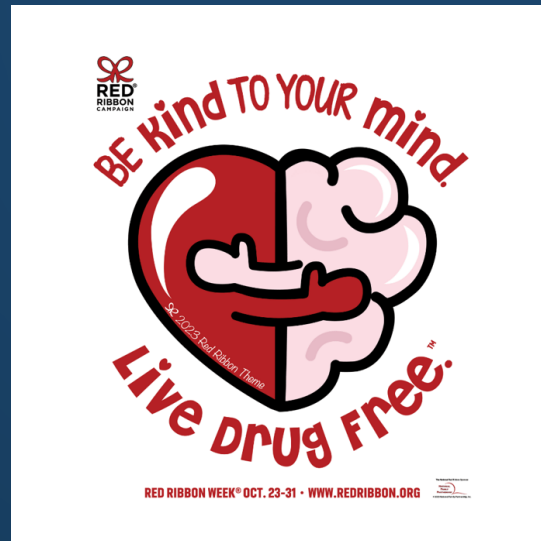
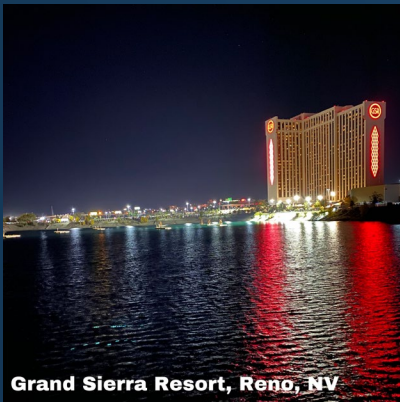
- Discuss the scope of current drug threats
- Learn how DEA can support family groups in their prevention work
- Provide opportunities for family groups to network with each other and create relationships
- Give family groups opportunities to share their stories through video testimonials that will be shared publicly
- Identify and foster areas of potential collaboration between family groups, DEA, and other sectors of their local community



CELEBRATE
RED RIBBON
OCTOBER 23-31



Red Ribbon Week



DRUGS & PARAPHERNALIA | RESEARCH | PUBLICATIONS | RESOURCES | UPCOMING EVENTS | THE STUDENT CENTER | MENU

2022 RED RIBBON WEEK CAMPUS VIDEO PSA CONTEST

This annual contest aims to promote the importance of living a drug-free lifestyle.

- What**
A Campus Video PSA Contest to promote the importance of preventing illicit drug use and legal drug misuse among college students. [Learn More.](#)
- How**
Create and submit a 30- to 60-second video PSA showcasing your campus's commitment to a healthy, drug-free lifestyle. Read the official rules [here.](#)
- When**
Users can submit their entries from September 12 to November 7, 2022.
- FAQs**
Get answers to the most frequently asked questions [here.](#)

Go to NASPA's website to submit your video PSA entry.

[Submit My Entry](#)

Operation Prevention

- Operation Prevention was created in 2016
- DEA partnered with Discovery Education
- Science-based program
 - Workplace Resources
 - Parent Resources
 - School Resources
- Real-life Stories
- English and Spanish

Discover • Connect • Prevent

OPERATION PREVENTION

This NO-COST, standards-aligned program for young people ages 8-18 is available in every school, home, and state in the nation to kickstart lifesaving actions TODAY.

Created in collaboration with the Drug Enforcement Administration (DEA) and Discovery Education, **Operation Prevention** is an award-winning educational program dedicated to preventing substance misuse in schools, workplaces, and communities nationwide.

Resources available on both English & Spanish websites

School Resources
A variety of digital lesson plans, activities, and three Virtual Field Trips help spark lively discussions about opioid misuse. Students learn the importance of staying safe, making healthy decisions, and the devastating effects substance misuse can have on their lives and communities.

Self-Paced Module
The Science of Addiction: The Stories of Teens tells the stories of real teens who share their firsthand experiences of how opioid misuse negatively impacted their futures and families. Students will build essential strategies for saying "No."

Parent Toolkit
Parents can join the conversation with a family discussion guide, featuring info on the warning signs of opioid misuse. A guide to prevention and intervention encourages families to take action NOW.

Multi-Drug Topic Series
A Multi-Drug Exploratory uses science-based animated videos to teach students about the most prevalent forms of substance misuse, including an Educator Guide to tie the videos together.

Workplace Resources
Educators, administrators, and other professionals can lead the way to stronger schools and communities by addressing opioid misuse in the workplace with a series of self-guided resources.

Culture-Based Resources
The wisdom of Native practices of wellness combined with the insights of modern science help empower Native and non-Native students to avoid the dangers of substance misuse.

Visit [OperationPrevention.com](https://www.operationprevention.com) to access additional no-cost resources.

Join the Conversation
@DEAHO @DiscoveryEd
#OperationPrevention



Thank you

Ruth Morales

Community Outreach Specialist

Ruth.M.Morales@DEA.gov



The graphic features the DEA logo in the top left corner. Below it, a list of resources is provided: DEA.gov, Justthinktwice.gov, GetSmartAboutDrugs.gov, and OperationPrevention.com. To the right, there is a smartphone displaying a cityscape and an Instagram logo with the text 'Follow us on Instagram' and 'DEALOSANGELES'. At the bottom left is the 'ONE PILL CAN KILL' logo, and at the bottom right is the text 'Twitter: DEA Los Angeles'.

DEA

DEA Resources

DEA.gov
Justthinktwice.gov
GetSmartAboutDrugs.gov
OperationPrevention.com

ONE PILL CAN KILL

Follow us on Instagram
DEALOSANGELES

Twitter: DEA Los Angeles

6. PRESENTATION ON THE ALCOHOL OUTLET DENSITY REPORT

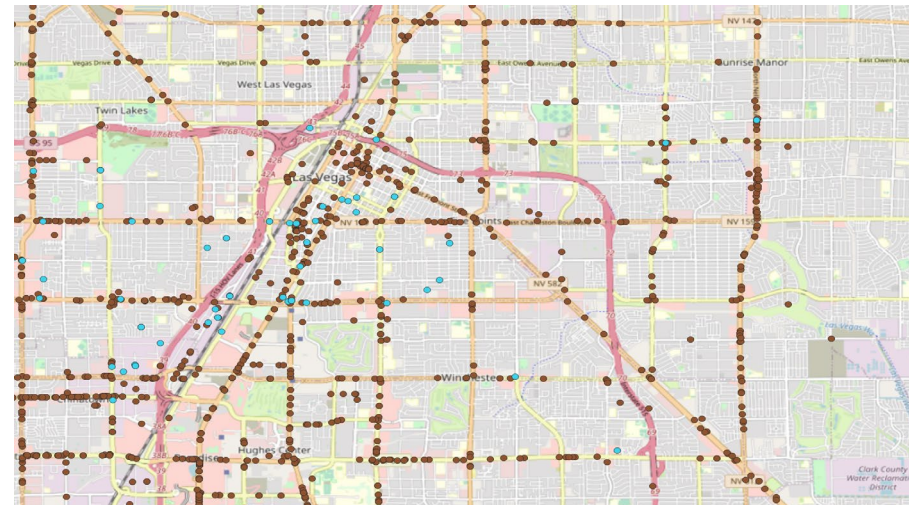
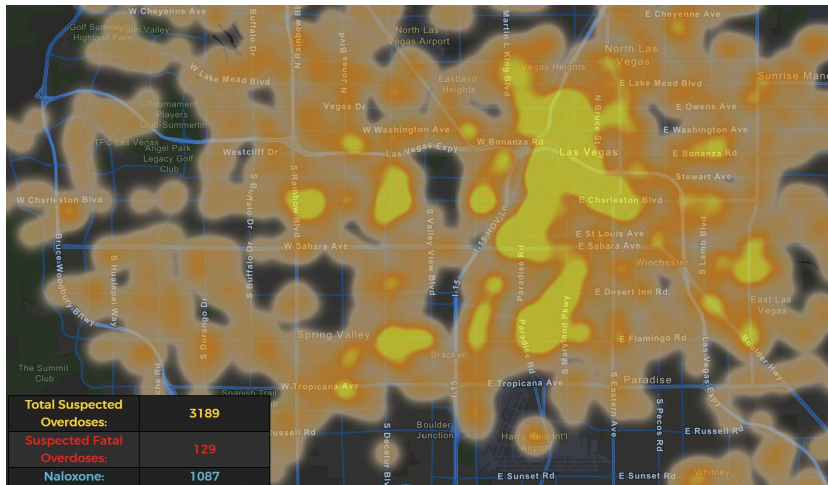
Jamie Ross, Executive Director, PACT Coalition

Alcohol Density

- Alcohol outlet density is the number and location of places that sell alcohol in a community
 - On Premise
 - Off Premise
 - Alcohol Delivery
- Alcohol outlet density is correlated to:
 - Increase alcohol use
 - Increase Violence
 - Lower socioeconomic areas
 - Social determinants of health
 - Underage Use
 - Increased Overdose Rates
 - Increased Child Abuse and Neglect

Alcohol Density Cont.

- 16% increase in neighborhood overdose rates for each additional alcohol outlet.
- Reduction in Nevada density over the last 3 Years (Last Measured 2020)- Impacted by Covid-19
- Policy



Alcohol Density: Resources

- Clark County map of alcohol outlet density as of 2020 can be found at: [QGIS Cloud - Clark County -- Alcohol and Marijuana Outlet Density Map](#)
- SAMHSA state comparison of alcohol policies can be found at: [NV State Reports Underage Drinking Prevention and Enforcement 2021 \(stopalcoholabuse.gov\)](#)
- Tomorrow, N. (n.d.). Nevada Tomorrow :: Indicators :: Liquor Store Density :: County : Washoe. [Www.nevadatomorrow.org](http://www.nevadatomorrow.org). Retrieved May 14, 2023, from <https://www.nevadatomorrow.org/indicators/index/view?indicatorId=298&localeId=1813>
- Nesoff, E. D., Milam, A. J., Morrison, C., Weir, B. W., Branas, C. C., Furr-Holden, D. M., Knowlton, A. R., & Martins, S. S. (2021). Alcohol outlets, drug paraphernalia sales, and neighborhood drug overdose. *International Journal of Drug Policy*, 95, 103289. <https://doi.org/10.1016/j.drugpo.2021.103289>

7. PRESENTATION ON PREVENTION PROGRAMMING IN SCHOOLS

Jamie Ross, Executive Director, PACT
Coalition/Nevada Statewide Coalition Partnership
& Anne-Elizabeth Northan, Executive Director of
Join Together Northern Nevada

Presentation on prevention programming in schools: Disclosures

- None

Prevention Programming in Schools

- Prevention coalitions provide evidence-based prevention programs for students in two ways
 - Coalition staff collaborating with schools and after school programs to provide programs directly
 - Coalitions funding school-teachers or after school programs to provide evidence-based programs themselves
 - Prevention knowledge within schools
 - Required curriculum in schools in all health classes 5 lessons

Prevention Programs Statewide

- Too Good For Drugs
- Mindfulness
- Positive Action
- LifeSkills
- Positive Alternative Activities
- This is Not About Drugs
- Catch My Breath
- Youth Teams
- Multi Tiered Systems of Support
- School wide screening tools, suicide, mental health, etc.
- Youth Mentoring Programs
- Peer to Peer Mentoring
- Statewide Prevention Summer Camp

Programs in Clark County

- All Stars – in 26 middle schools, after school, or during school time, rural and urban schools – next year – 1 school
- Positive Action – in 5 City of Las Vegas Safekey sites
- Too Good for Drugs – CCSD Police trained and working toward 20 schools
- This is Not about Drugs – Coalition staff trained to utilize if single presentations are requested
- Positive Action – in most Boys and Girls Clubs in Southern Nevada
- Substance Abuse Awareness Program - CCSD run (All CCDS Schools)
- Red Ribbon Week Activities (20 schools)
- Leader in Me – CCSD Elementary Schools (4)
- Catch My Breath – American Lung Association with CCSD Health Teachers (300 students)

Programs in Washoe County

- Substance Abuse Prevention Programs- WCSD ALL Schools w/in person and JTNN videos
- Too Good for Drugs- WCSD 6 Schools 2022-2023 School year
- Catch My Breath- WCSD 9 Schools 2022-2023 School Year
- Project Alert- WCSD 1 School 2022-2023 School Year
- Peer-to-Peer Mentoring- Catch My Breath and/or Too Good for Drugs After School Curriculum
- Positive Action- JTNN Subgrantees- ACCEPT and Boys and Girls Club of the Truckee Meadows
- Mentoring- JTNN Subgrantee Big Brothers Big Sisters of Northern Nevada
- Prevention Week and Red Ribbon Week Activities
- School Mental Health Professional PD Day – Appx 250 Professionals Trained
- Train-the-Trainer of all programs available in all schools
- Parent Project
- School Based Town Hall Meetings for Parents and Students
- Handle with Care

Strengths and Challenges

- Smaller communities easier implementation
- Pilot projects work well. Additional funding could scale programs
- Coalitions incubate programs
- Collaboration with MTSS and coalitions to improve collaboration
- Larger areas need more funding
- Relationships
- Education on Evidence Based Programs and Practices to community

Contact Information

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702.582.7228, ext. 101

8. 2023 LEGISLATIVE SESSION UPDATE

Chair Johnson

Legislative Update (part one)

Senate Bills that overlap with 2022 SURG Annual Report recommendations from Prevention subcommittee:

- **SB117** – Expands Medicaid coverage to community health workers
 - SURG Recommendation #6 to Expand Medicaid for preventive services and access to care
 - SURG Recommendation #15 to enhance compensation of health and behavioral health care workers; sustain/expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists.
 - **Status:** 4/18/23 – Passed Senate as amended; 4/19/23 – Read in Assembly
- **SB119** – Extends coverage for telehealth services
 - SURG Recommendation #11 to expand access to MAT, and SUD recovery support including telehealth.
 - **Status:** 4/25/23 – Passed Senate as amended; 4/26/23 – Read in Assembly
- **SB191** – Expands Medicaid coverage to behavior analysts, assistant behavior analysts and registered behavior technicians for recipients under 27 years of age.
 - SURG Recommendation #6 to Expand Medicaid for preventive services and access to care.
 - **Status:** 4/18/23 – Rereferred to Committee on Finance (Exempt)

Legislative Update (part two)

Assembly Bills that overlap with 2022 SURG Annual Report recommendations from Prevention subcommittee:

- **AB138** – Expand State Plan for Medicaid to cover evidence-based behavioral health services.
 - SURG Recommendation #6 to Expand Medicaid for preventive services and access to care.
 - **Status:** 3/21/23 – Rereferred to Committee on Ways and Means (Exempt)
- **AB156** - Ensure availability of medication-assisted Treatment in jails, detention centers, and correctional facilities, for people diagnosed with opioid use disorder, and continuation of treatment on release or transfer.
 - SURG Recommendation #11 to expand access to MAT and recovery support for SUD, including bridge MAT programs.
 - **Status:** 4/21/23 – Rereferred to Committee on Ways and Means (Exempt)

Legislative Update (part three)

- Please see “SURG Substance Use Bills Tracker May 2023” spreadsheet for full list of bills that have been identified that overlap with 2022 SURG recommendations and their status as of May 8, 2023
- Are there any other bills subcommittee members are tracking that should be added to this list?

9. OVERVIEW OF RECOMMENDATIONS RECEIVED AND NEXT STEPS

Chair Johnson

Recommendations Received and Next Steps

- **One new recommendation received since last subcommittee meeting** on increasing support for youth vaping prevention (Jessica Johnson recommendation)
 - *Presentation scheduled* for July 17 meeting from Malcolm Ahlo, Tobacco Control Program Coordinator, Southern Nevada Health District
- **Other Ideas to Discuss/Workshop?**
- **Presenter Suggestions?**
 - July 17 meeting will also include a presentation from Joseph Engle and Ari Chelli from TINHIH on adolescent peer support/prevention recommendations (Debi Nadler request)

Recommendations Received and Next Steps Cont.

- Prevention subcommittee meeting scheduled for Tuesday, June 20th at 2:00pm to further develop Harm Reduction recommendations from April meeting.
- Prevention subcommittee members will review and incorporate feedback from Harm Reduction survey that was distributed to all SURG members to further develop Harm Reduction recommendations.

10. DISCUSSION OF REPORT OUT FOR JULY SURG MEETING

Chair Johnson

11. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

12. ADJOURNMENT

**ADDITIONAL INFORMATION, RESOURCES &
UPDATES AVAILABLE AT:**

[https://ag.nv.gov/About/Administration/Substance
Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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