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PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

June 20, 2023

2:00 pm

**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
MAY 15, 2023 PREVENTION
SUBCOMMITTEE MEETING
MINUTES**

Chair Johnson

4. PREVENTION SUBCOMMITTEE RECOMMENDATIONS REVIEW AND DISCUSSION

Chair Johnson

PREVENTION SUBCOMMITTEE RECOMMENDATIONS

- 6 recommendations submitted in 2023, summarized on the following slide
- Please reference the *SURG Prevention Subcommittee Recommendation Submissions* document for the complete submission, posted here: [https://ag.nv.gov/About/Administratio n/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administratio n/Substance_Use_Response_Working_Group_(SURG)/)

2023 SURG Prevention Subcommittee Preliminary Recommendation Submissions

Recommendation #1	
Prevention Subcommittee Member Name:	Debi Nadler
<p>Please describe your recommendation. You will need to submit a new survey response for each subcommittee recommendation you would like to submit.</p>	<p>DEA recognizes that not only reducing the quantity (supply) of drugs is essential to a safe and drug free country, but also reducing the desire (demand) for illicit drugs is a vital component to effectively reduce drug use in our Nation. For that reason, DEA created the Community Outreach Section as a critical complement to our primary law enforcement mission and included drug use prevention as one of the seven priorities in DEA's vision:</p> <p>"Support initiatives to reduce the demand for drugs and give assistance to community coalitions and drug prevention initiatives."</p> <p>DEA's Community Outreach Section provides the public with current and relevant drug information about illicit drug use, the misuse of prescription drugs, drug use trends, and the health consequences of drug use.</p> <p>The Community Outreach Section also develops drug information brochures, drug fact sheets, pamphlets, and parent/teacher drug education guides to assist the community in identifying drug use and finding help.</p> <p>Another major component of the Community Outreach Section is collaboration with various drug use prevention partners. These partners include other federal agencies, national and regional prevention organizations, law enforcement organizations, community coalitions, fraternal and civic organizations, youth-serving organizations, state local governments, and schools.</p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>Nevada used to have DEA 360- it is no longer. Now the DEA has started a Community Outreach Program which is active in @15 states. California is one of those. I attended their family summit in November and was amazed at the outreach they are providing. They DEA's Community Outreach strategy is to develop and disseminate effective drug information for youth, parents, caregivers, and educators, and to increase the public's awareness about the dangers associated with using drugs. There are three major concepts of drug use prevention research at the core of this strategy:</p>

PREVENTION SUBCOMMITTEE RECOMMENDATIONS SUMMARY

- Recommendation #1: DEA Operation Engage
- Recommendation #2: Increase support for youth vaping prevention
- Recommendation #3: Accurate drug-testing resources into communities
- Recommendation #4: Revamped version of the old DARE program
- Recommendation #5: Create one or more recommendations regarding alcohol outlet density regulations
- Recommendation #6: Northstarcare

PREVENTION SUBCOMMITTEE RECOMMENDATION #1

- Recommendation #1: DEA Operation Engage
 - Presentation from Ruth Morales, Community Outreach Specialist from DEA, occurred during the May 15 Prevention subcommittee meeting.
 - Any discussion/suggestions to workshop this recommendation?
 - Recommend to DHHS/(or whoever oversees those dollars) to double the amount of investment in primary prevention programming every two years for ages 0-24.
 - Need more information on the baseline \$ (will reach out to Jamie Ross/state for estimate)
 - Subcommittee members to provide additional justification for age ranges and on the recommendation itself and primary prevention programming (can link to specific examples/resources) via survey monkey

PREVENTION SUBCOMMITTEE RECOMMENDATION #2

- Recommendation #2: Increase support for youth vaping prevention
 - Presentation from Malcolm Ahlo from the Southern Nevada Health District, scheduled for the July 17 Prevention subcommittee meeting.
 - Any discussion/suggestions to workshop this recommendation?

PREVENTION SUBCOMMITTEE RECOMMENDATION #3

- Recommendation #3: Accurate drug-testing resources into communities
 - Presentation from Dr. Traci Green, Professor and Director of the Opioid Policy Research Collaborative, Brandeis University, occurred during the May 15 Prevention Subcommittee meeting.
 - Any discussion/suggestions to workshop this recommendation?

PREVENTION SUBCOMMITTEE RECOMMENDATION #4

- Recommendation #4: Revamped version of the old DARE program
 - Suggestion to have Dennis Osborne, Regional Director, present at future meeting.
 - Any discussion/suggestions to workshop this recommendation?
 - [Integrate this into workshopped recommendation #1](#)

PREVENTION SUBCOMMITTEE RECOMMENDATION #5

- Recommendation #5: Create one or more recommendations regarding alcohol outlet density regulations, such as: create a statewide report on alcohol outlet density and associated outcomes, form state liquor control board to create statewide regulations regarding access, create guidelines on alcohol outlets including limiting advertising happy hour specials, and "all you can drink" promotions, ensure alcohol advertisement is not targeted children/youth under 21, regulating new alcohol outlets near areas of recreation for children, including schools.
 - Presentation from Jamie Ross from PACT Coalition and Anne-Elizabeth Northan from Join Together Northern Nevada, occurred during May 15 Prevention Subcommittee Meeting.
 - Any discussion/suggestions to workshop this recommendation?
 - [Recommendation to the DHHS \(Office of Analytics/or the appropriate entity\) to create a data dashboard or other type of regularly updated report on alcohol outlet density.](#)

PREVENTION SUBCOMMITTEE RECOMMENDATION #6

- Recommendation #6: Northstarcare - A wonderful approach to harm reduction. A program that encompasses all from nutrition to mental health science and compassion.
 - Suggestion to have Dr. Amanda Wilson present at future meeting.
 - Any discussion/suggestions to workshop this recommendation?
 - Include with general funding recommendation in #1
 - Potentially ask Dr. Wilson to present depending on Harm Reduction recommendation review

**5. HARM REDUCTION
RECOMMENDATIONS
REVIEW AND DISCUSSION**

Chair Johnson

HARM REDUCTION RECOMMENDATIONS

- 9 responses collected from SURG members following the April SURG Harm Reduction meeting, summarized on the following slides
- Prevention subcommittee tasked with further refining recommendations and reporting out suggested revisions at next SURG meeting on July 12
- Please reference *SURG Harm Reduction Recommendation Submissions* document for the full survey responses, posted here:
[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)

HARM REDUCTION RECOMMENDATION – BAD BATCH APP

ANSWER CHOICES	# Responses
1. Support for expansion of services across Nevada (5 behavioral health regions?)	6
2. Integration with quantitative drug checking services to alert end users of potentially lethal batches	5
3. Support for app maintenance/administration (e.g., person to review data and push notifications to end users)	4
4. Support to deploy public health and harm reduction resources into potential spike areas	4
5. If you would like to combine any of these into one recommendation/add additional details, please do so below.	3
6. I don't want any of these recommendations to move forward	1

- Prevention subcommittee recommendation:
 - Pilot and evaluate the use of the “Bad Batch” App services in one behavioral health region. Rigorously evaluate the impact and reach of the app to determine effectiveness and next steps for potential expansion.

Additional comments/suggestions to combine recommendations from SURG members:

- *The term "Bad Batch" is misleading and inaccurate. It suggests that there could be a "good batch." Anything containing illicit drugs, especially fentanyl is a bad, potentially lethal batch. Spending money on maintenance/admin for an app to alert the obvious is a waste.*
- *I have no preference regarding "Bad Batch App" and would defer to others.*
- *Combine all recommendations.*

HARM REDUCTION RECOMMENDATION – QUANTITATIVE DRUG CHECKING

ANSWER CHOICES	# Responses
1. Connect with people in the harm reduction community who are involved with drug checking who can provide guidance and training	7
2. Work with existing harm reduction organizations to implement a drug checking program/ Accessible sites for community members to submit substances and/or samples for rapid testing and reporting	6
3. Identify municipalities with governments and police departments that would be most likely to create agreements allowing for drug checking	4
4. Expand opportunities for drug-checking for syringe services programs and other programs that serve individuals who use drugs	2
5. Have them discuss with their participants if they think this would be a useful service to them	2
6. If you would like to combine any of these into one recommendation/add additional details, please do so below.	2

Additional comments/suggestions to combine recommendations from SURG members:

- *Essentially, I am very pro-detailed testing however that gets rolled out.*
- *Combine all recommendations*

- Prevention subcommittee recommendation:
- Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:
 - Work with harm reduction community to identify partners/ locations and provide guidance and training.
 - Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
 - Standardize the 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.

HARM REDUCTION RECOMMENDATION – HARM REDUCTION SUPPLY SHIPPING EFFORTS

ANSWER CHOICES	# Responses
Provide for the expansion of Harm Reduction services in every county including supporting shipping from urban Harm Reduction programs to rural/ frontier areas	6
Additional funds for purchasing Naloxone in the future	5
Travel costs for pickup of used products to be returned for destruction. The most ideal solution would include 2 cities for returns to end at: Reno and Las Vegas	4
Education about Naloxone – particularly intramuscular	3
Advertising about shipping programs	3
I don't want any of these recommendations to move forward	0

- Prevention subcommittee recommendation:
 - Provide travel costs for pick up of used products to be returned for destruction. Increase advertising about shipping programs. Establish alternative strategy if people can't receive delivery of the supplies.
 - Wordsmith more with larger SURG in July

HARM REDUCTION RECOMMENDATION – POST OVERDOSE OUTREACH

ANSWER CHOICES	# Responses
<p>Funding is requested for a SNHD position to work with the HIDTA Overdose Response Team. The goal is to have a full-time position (SME) that would respond to overdose calls. Once the scene has been cleared by law enforcement, this health department subject matter expert would work with the victim, their family members, other persons on scene etc. to provide linkage to care services and harm reduction programs such as naloxone, fentanyl test strips and needle exchange programs. Other services needed could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder. This position would also offer a continuum of care, providing follow-up and case management as needed. The SNHD is currently working with the CFC Foundation, The National HIDTA Overdose Response Strategy (ORS), Las Vegas Metropolitan Police Department, Henderson Police Dept, Homeland Security Investigations and the Nevada Sheriff’s and Chief’s Association to bring harm reduction training to the law enforcement community as well as pilot the above program in an effort to combat the harmful effects of fentanyl related deaths in our communities.</p>	7
<p>If you would like to add additional details, please do so below.</p>	2
<p>I don't want this recommendation to move forward.</p>	1

- Prevention subcommittee recommendation:
- [Increase support for harm reduction based post-overdose outreach with public safety, including wrap-around services for surviving family members and/or postmortem services for families \(for example, the services could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder\).](#)

Additional comments/suggestions to combine recommendations from SURG members:

- *I would also make this available to other localities as interested and capable.*
- *Funding through Clark county opioid funding or other.*

HARM REDUCTION RECOMMENDATION – ALTERNATIVE PAIN TREATMENT

ANSWER CHOICES	# Responses
Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments	7
Provide Early Access to patients who would otherwise be prescribed opioids if treated in an emergency room setting	6
Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues	5
If you would like to combine any of these into one recommendation/add additional details, please do so below.	1

- Prevention subcommittee recommendation:
- Recommend that the Treatment and Recovery take this recommendation on to review as it aligns more with their purview.

Additional comments/suggestions to combine recommendations from SURG members:

- *I would include training on opioid stewardship, provider training on alternatives to opioids, patient education materials on tapering and options for pain management.*

HARM REDUCTION RECOMMENDATION – SAFE SMOKING

ANSWER CHOICES	# Responses
Expand the scope of materials that may be made available for public health purposes by syringe services programs (SSPS), such as access to safer smoking supplies	6
I don't think this recommendation should move forward	2
If you would like to add additional details, please do so below.	1

- Prevention subcommittee recommendation:
- Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.

Additional comments/suggestions to combine recommendations from SURG members:

- *Challenge with existing legislation make this recommendation difficult to promote.*

HARM REDUCTION RECOMMENDATION – COMMUNITY HEALTH WORKERS

ANSWER CHOICES	# Responses
Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada	7
Prioritize funding for Community Health Workers to provide community-based harm reduction services	6
If you would like to combine any of these into one recommendation/add additional details, please do so below.	1

- Prevention subcommittee recommendation:
 - Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada and prioritize funding for Community Health Workers to provide community-based harm reduction services.

Additional comments/suggestions to combine recommendations from SURG members:

- *Funding should come through an expansion of scope through DHCFP.*

6. DISCUSSION OF REPORT OUT FOR JULY SURG MEETING

Chair Johnson

7. PUBLIC COMMENT

Public Comment

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8. 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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