

# SUBSTANCE ABUSE WORKING GROUP

## NOTICE OF PUBLIC MEETING

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**DATE:** Wednesday, October 11, 2017

**TIME:** 10:00 A.M.

**LOCATIONS:** Office of the Attorney General  
Mock Courtroom  
100 N. Carson Street  
Carson City, Nevada 89701

**VIDEOCONFERENCE TO:**

Office of the Attorney General  
Conference Room #4500  
555 East Washington Avenue  
Las Vegas, Nevada 89101

### AGENDA

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**Please note:** The Substance Abuse Working Group may 1) take agenda items out of order; 2) combine two or more items for consideration; or 3) remove an item from the agenda or delay discussion related to an item at any time. Reasonable efforts will be made to assist and accommodate individuals with disabilities who wish to attend the meeting. Please contact Jan Riherd at (775) 684-1195 (jriherd@ag.nv.gov), in advance, so that arrangements can be made.

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1. **Swearing in of new member Brin Gibson.**
2. **Call to order and roll call of working group members.**
3. **Public comment.** Action may not be taken on any matter brought up under public comment until scheduled on an agenda for action at a later meeting. (Discussion only.)
3. **Approval of August 2, 2017, meeting minutes.** See Attachment One (1). (Discussion and possible action.)
4. **Report on the Governor's Opioid Task Force.** Brin Gibson, Bureau Chief, Office of the Attorney General. (Presentation and Discussion Only.)
5. **Report on Addiction, Recovery, and Student Success from the Association of Community Colleges Trustees (ACCT) Leadership Congress.** Carol Del Carlo, Nevada System of Higher Education Board of Regents, Regent, District 9. (Presentation and Discussion Only.)

6. **Introduction of the new Law Enforcement Coordinator Terry Kerns.** Patty Cafferata, Special Assistant Attorney General for Law Enforcement Counties and Municipalities, Office of the Attorney General.  
(Presentation and Discussion Only.)
7. **Nominations and Elections of Vice-Chair and Secretary (NRS 228.800.4).**  
(Discussion and Possible Action.)
8. **National Institute on Drug Abuse Overdose Death Rates Report – Informational Attachment Only, No Presentation.** (Possible Discussion) See Attachment Two (2)
9. **Mandatory Quarterly Meetings (NRS 228.810), Scheduling of 2018 meetings.**  
Wednesday, March 14, 2018  
Wednesday, June 13, 2018  
Wednesday, September 12, 2018  
Wednesday, December 12, 2018  
(Discussion and Possible Action.)
10. **Public comment.** Action may not be taken on any matter brought up under public comment until scheduled on an agenda for action at a later meeting.  
(Discussion only.)
11. **Adjournment.**

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Supporting material for this meeting may be requested from Janice Riherd at (775) 684.1195 ([jriherd@ag.nv.gov](mailto:jriherd@ag.nv.gov)), and is available at the Office of the Attorney General, 100 N. Carson Street, Carson City, Nevada 89701.

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In accordance with NRS 241.020, this public notice and agenda was posted on or before October 6, 2017 on the Office of the Attorney Website, <http://ag.nv.gov/>, the State of Nevada’s Public Notice Website, <https://notice.nv.gov>, and in the following locations:

Office of the Attorney General 100 N. Carson Street Carson City, Nevada 89701-4717	Nevada State Library 100 N. Stewart Street Carson City, Nevada 89701
Office of the Attorney General Grant Sawyer Office Building 555 E. Washington Avenue, #3900 Las Vegas, Nevada 89101	Nevada State Capitol 101 N. Carson Street Carson City, Nevada 89701
Office of the Attorney General 5420 Kietzke Lane, #202 Reno, Nevada 89511	Legislative Counsel Bureau Nevada Legislature Building 401 S. Carson Street Carson City, Nevada 89701

# Attachment One (1)

to

Substance Abuse Working Group Agenda

October 11, 2017

Contents: Minutes of August 2, 2017 Meeting

# DRAFT

## STATE OF NEVADA SUBSTANCE ABUSE WORKING GROUP

### MINUTES OF MEETING

**August 2, 2017 – 10:00 AM**

#### **Location of Meeting**

*Video Conferenced Between:*

Office of the Attorney General  
Mock Courtroom  
100 N. Carson Street  
Carson City, NV 89701

Office of the Attorney General  
Grant Sawyer Building  
Room 4500  
555 E. Washington Ave.  
Las Vegas, NV 89101

#### **Members present:**

Adam P. Laxalt, Attorney General – Chair  
Wesley Duncan, First Assistant Attorney General – Vice Chair  
Carol Del Carlo, Regent, Nevada System of Higher Education  
David Marlon, President, Solutions Recovery, Inc.  
Dr. Larry Pinson, Executive Secretary, Nevada State Board of Pharmacy  
Dr. Stephanie Woodard, Licensed Psychologist, Department of Health & Human Services, proxy  
for Richard Whitley, Director, Department of Health and Human Services  
Asheesh Bhalla, Board Counsel

#### **Members Absent:**

Dr. Miriam Adelson, Adelson Clinic  
Chuck Callaway, Police Director, Las Vegas Metro Police Department  
Mark Jackson, Douglas County District Attorney  
Linda Lang, Executive Director, Nevada Statewide Coalition Partnership

#### **Others Present:**

Michelle Benz  
Patricia Cafferata  
Chelsea Capurro  
Keith Carter  
John DiMuro, DPBH  
Geoff Dornan  
Agata Gawronski  
Jessica Johnson  
Chelsey Parvin  
Brandi Planet  
Carina Rivera  
Jamie Ross  
Cy Ryan  
Martie Washington  
Stacy Ward

**1. Call to order and roll call of working group members.**

Attorney General (AG) Adam Paul Laxalt called meeting to order. Secretary Marissa Kuckhoff called roll. Quorum present.

**2. Public Comment.**

None.

**3. Approval of June 21, 2017, meeting minutes (Attachment One (1)).**

Dr. Larry Pinson moved to approve the minutes as written. Wes Duncan seconded the motion and the motion passed unanimously.

**4. Explanation of key activities, including the hub and spoke model funded with the Opioid STR Grant.** Dr. Stephanie Woodard, DHHS Behavioral and Public Health. (Presentation and Discussion Only)

Dr. Woodard presented an overview of the Opioid STR Grant received by the state of Nevada. This is a formula grant focusing on access to health-care issues. The state received \$5.6 million and has one year (May-April) to demonstrate effective use of the grant dollars as well as show a sustainable program after the grant funds expire. Eighty percent of this funding must go towards treatment and 20% toward prevention on an individual level. The program will partner with Medicaid. The state may have to reapply to obtain funding for a second year of the program.

A Needs Assessment was recently completed, and a Strategic Plan is due at the end of August, 2017. The data for the Needs Assessment was collected from Medicaid, fee for service, managed-care organizations, and emergency medical services (EMS). The Strategic Plan will incorporate all opioid related efforts within the state. A meeting with the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Medicare and Medicaid is scheduled for the week of August 7-11, 2017.

Dr. Woodard reported that technical assistance from SAMHSA was received for medication assisted treatment. A week of focus groups was conducted in northern and southern Nevada with representatives from specialty courts, law enforcement, treatment providers, prevention providers, and concerned citizens discussing the “state of the state” related to medication assisted treatment. The goal is to create a method to connect those needing treatment with providers of treatment. Mobile-recovery outreach teams (MROT) could be deployed to emergency rooms to target persons being discharged from treatment for an overdose. Additional information is being gathered as to whether methadone is accessible throughout the state. The Collaborative Prescribing Model could be used to determine the appropriate environment for individuals to receive treatment based on risk and need. The MAT-PDOA Grant was received to assist in funding medication assisted treatment. The grant provides \$2 million a year over three years. DHHS partnered with Northern Nevada HOPES and FirstMed in Clark County.

Through the Opioid STR Grant, a law enforcement coordinator position will be funded to facilitate open communication between law enforcement and public health in a timely and strategic manner.

Grant funding has been set aside for training of law enforcement personnel on the Good Samaritan Law. Attorney General Laxalt asked Dr. Woodard who would conduct the training. Dr. Woodard reported that that hadn't been decided but \$50,000.00 was allocated.

Patty Cafferata inquired as to the access and distribution of Naloxone and Dr. Woodard explained that efforts are being made to ensure access to those who have reported a need for the drug. Duncan asked Dr. Woodard to elaborate on the type of information that law enforcement and public health will be sharing. She stated that the idea is for the information to be non-personally identifiable but provide enough to allow for a review in trends. Further, information sharing can alert law enforcement as to counterfeit substances and prepare them for spikes in overdose calls. Naloxone can be used to counter these overdoses, but one dose is typically not enough to counteract a counterfeit substance. AG Laxalt asked how many doses could be administered to counteract the overdose. Dr. Pinson reported incidences where as many as four had been administered. Dr. Pinson asked Dr. Woodard about lengths of stays at methadone clinics and Dr. Woodard answered that the medicine is individualized and expanding behavioral health programs could aid in the recovery process.

**5. Post-Legislative Update on Nevada's Prescription Monitoring Program. Larry Pinson, Executive Secretary, Nevada State Board of Pharmacy and Yen Long, PMP Administrator. (Presentation and Discussion Only.)**

Dr. Pinson reported that the PMP in Nevada has been in existence since 1995-1996. The original goal of the program was to identify patients that were doctor shopping. In 2015, the National Governor's Association held a policy academy on prescription drug abuse co-chaired by Governor Sandoval. At about the same time, an oxycodone ring surfaced in Reno, adding to the urgency of finding a solution. Dr. Pinson stressed the importance of considering the PMP as a tool. In the 2017 Legislative Session, it became clear that parameters for prescribers were needed and increased access of the PMP be made available to law enforcement. Two bills survived the session: Senate Bill (SB) 59 and Assembly Bill (AB) 474. Dr. Pinson acknowledged Dr. John DiMuro, CMO, for his extensive work on the bills.

Yen Long reported that the focus of the PMP has changed from its inception to include monitoring prescribers. SB 59 requires pharmacies to report Schedule V controlled substances to the PMP. SB 59 also requires law enforcement, coroners and medical examiners to report overdose information to the PMP. AB 474 provides guidance on what practitioners should do prior to prescribing controlled substances. If the PMP identifies a patient abusing prescriptions, an unsolicited report will be distributed to prescribers identifying the patient. An algorithm is in progress to identify prescribers not using the PMP as required by statute. AG Laxalt inquired as to the status of prescriber registrations. Long answered that current registration is at about 90%. Prescribers not registered will no longer be licensed to write prescriptions for controlled substances.

**6. Update on the Opioid Work Program. Wesley Duncan, First Assistant Attorney General. (Presentation and Discussion Only.)**

Duncan updated the group as to the components of the Opioid Work Program. Progress is ongoing

in obtaining incinerators for law enforcement to dispose of illicit and controlled substances. Five incinerators will be located throughout the state: one in Storey County, two at the Las Vegas Metropolitan Police Department, one in Boulder City and one in Elko County. The cost of each of the incinerators is approximately \$50,000. Settlement funds will also be used to provide Naloxone to law enforcement entities throughout the state. In addition to the law enforcement coordinator position, a request will be submitted to legislature for an investigator position. Details of the Primary Prevention advertising campaign are still being worked out with Linda Lang. These ideas will be presented for support at the October, 2017, Interim Finance Committee hearing.

**7. Update on the Recovery High School. David Marlon, CEO Solutions Recovery and Resolutions Las Vegas. (Presentation and Discussion Only.)**

Dave Marlon provided an update as to the Recovery High School in Clark County, Nevada. Students completing a treatment program will now have the option to return to their original high school or enroll in Recovery as of the 2017-18 school year. Solutions Recovery will drug test its students to maintain a clean and sober environment and provide counseling support to recovering students.

**8. Opioid State Treatment Response (STR) project needs assessment overview. Dr. Joyce Hartje, Ph.D and Carina Rivera, MPH, Center for the Application of Substance Abuse Technologies. (CASAT). Presentation and Discussion Only.)**

Carina Rivera gave an overview of the statistics provided to SAMHSA. These statistics included county comparisons of opioid painkiller prescribing rates and the highest counties of use were Mineral, Nye and Storey. According to the data, Benzodiazapine rates have decreased. Discussion was had among the group members as to country-wide death rates due to opioid overdose and access to Naloxone. Dr. Woodard clarified to the group that Naloxone is available throughout the United States. Rivera presented data showing that Nye County had the highest amount of crude-death rates. When comparing race and ethnicity, whites had the highest opioid related death rate. By age, the 45-64 age-group was significantly higher than other age groups. When evaluating high school students who reported taking a substance without a prescription, rates have decreased from 2011-2015. When evaluating high school students on ever having used heroin, Carson City and Douglas County increased from 3.5% to 9% from 2013-2015. Rivera presented data showing administrations of Naloxone by EMS per county and the highest counties of administration were Washoe and Clark. Emergency department visits and inpatient hospitalizations related to prescription drugs have increased in Washoe, White Pine, Nye and Lander. AG Laxalt asked if the data only included prescription drugs and Dr. Woodard explained that it included prescribed and non-prescribed drug use. The information is compiled from billings and claims data from hospitals and physicians' diagnosis codes. Rivera reported that opioid use while pregnant was highest in Clark County. Opioid treatment programs only exist in the three urban counties. Ten counties have office based opioid treatment available- seven counties do not. Marlon asked Rivera if the data on use while pregnant were percentages or numbers and Rivera reported that they were rates.

**9. 2017 Nevada High Intensity Drug Trafficking Area Program (HIDTA) Threat Assessment presentation. Keith Carter, Director Nevada HIDTA. Attachment Two (2) – Nevada HIDTA 2017 Assessment Report.**

Keith Carter reported that the High Intensity Drug Trafficking Area Program (HIDTA) has been in Nevada since 2001 and operates in Washoe County and Clark County. HIDTA has 14 task groups with approximately a hundred people working enforcement and analysts working data. Approximately 2,500 police officers receive training each year. Additionally, HIDTA operates a prevention program.

The 2017 Assessment Report uses crime and jail statistics, investigations, seizures, surveys, and treatment statistics to provide information as to the current threats. The state's drug problem affects all counties and includes drugs never seen before. Drug trafficking poses a significant threat to the security of the state. Carter reported that drug overdoses are the leading cause of death for individuals over 50. The primary threat is Methamphetamine. It is plentiful, produced in Mexico and trafficked into the state. "Mega-labs" can produce thousands of pounds every week. The second threat is heroin. Heroin is not as plentiful as Methamphetamine, but it is extremely dangerous and use is expanding. Cocaine is the third threat. Manufacturing is on the rise partially due to the Columbian government ceasing to eradicate the plant. The next threat is "club drugs." These are especially prevalent at festivals and night clubs. At the last Electric Daisy Carnival in Las Vegas, HIDTA arrested an individual with 12,000 MDMA pills. Carter explained that aside from all of these drug threats, the most dangerous threat is Fentanyl and its various forms. It has been found in pill and powdered form, mixed with methamphetamine, heroin, marijuana and other synthetic drugs. In one case a task force seized 50 lbs. of Fentanyl. The trafficking of marijuana is an ongoing problem and legalization may increase the amount purchased on the black market.

**10. Mandatory Quarterly Meetings (NRS 228.810). Remaining 2017 meetings:**  
AG Laxalt noted the time of the next meeting is October 11th – 10:00 a.m.

**11. Public comment.**

Dr. DiMuro commented that the price of Narcan is going to increase \$50-\$100 with a shelf life of approximately 18-24 months. The opioid related death data comes with its own inherent issues and many factors are not included. Cafferata asked that attendees provide contact information to include on the mailing list.

**12. Adjournment.**

Dr. Pinson moved to adjourn the meeting and Carol Del Carlo seconded the motion. The motion passed unanimously, and the meeting was adjourned.



# Attachment Two (2)

to

Substance Abuse Working Group Agenda

October 11, 2017

Contents: National Institute on Drug Abuse Overdose  
Death Rates Report

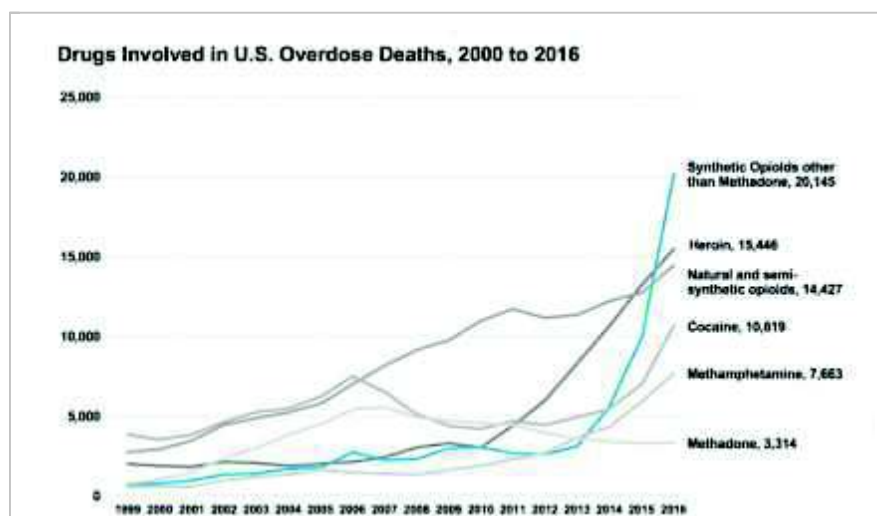


[Home](#) » [Related Topics](#) » [Trends & Statistics](#) » **Overdose Death Rates**

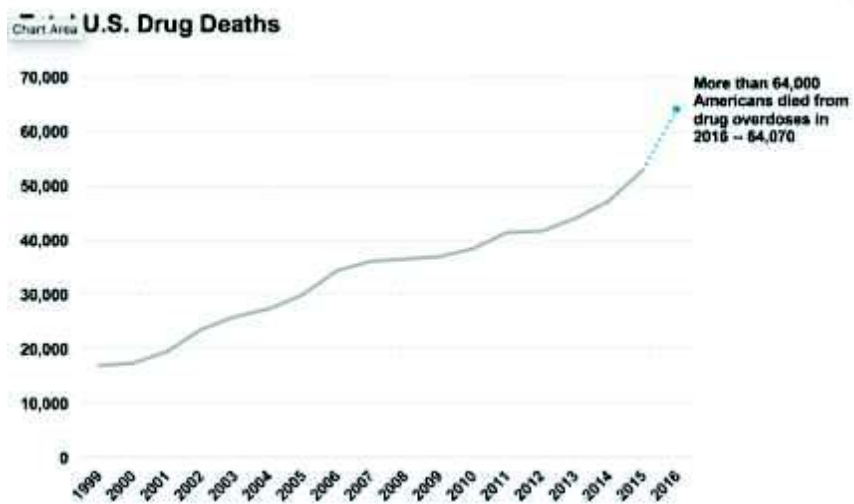
## Overdose Death Rates

**Revised September 2017**

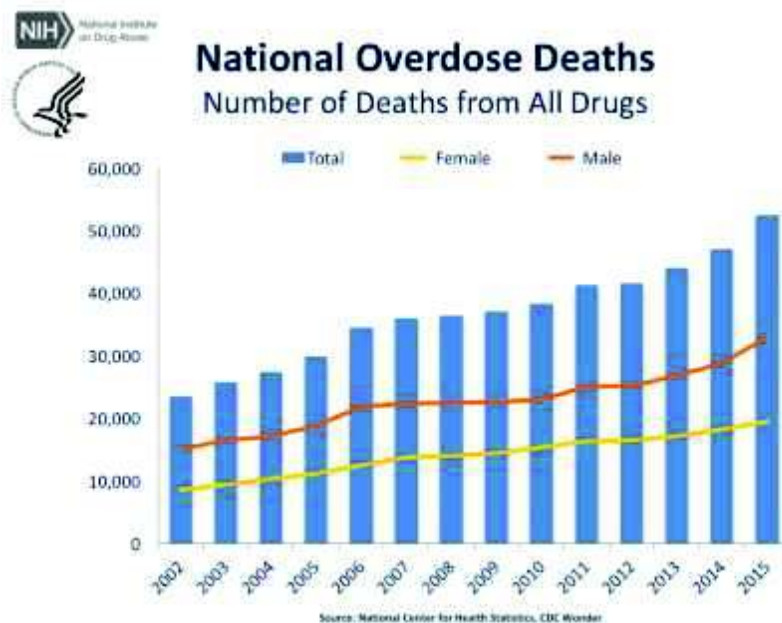
The U.S. government does not track death rates for every drug. However, the [National Center for Health Statistics](#) at the [Centers for Disease Control and Prevention](#) does collect information on many of the more commonly used drugs. The CDC also has a searchable database, called [CDC Wonder](#).



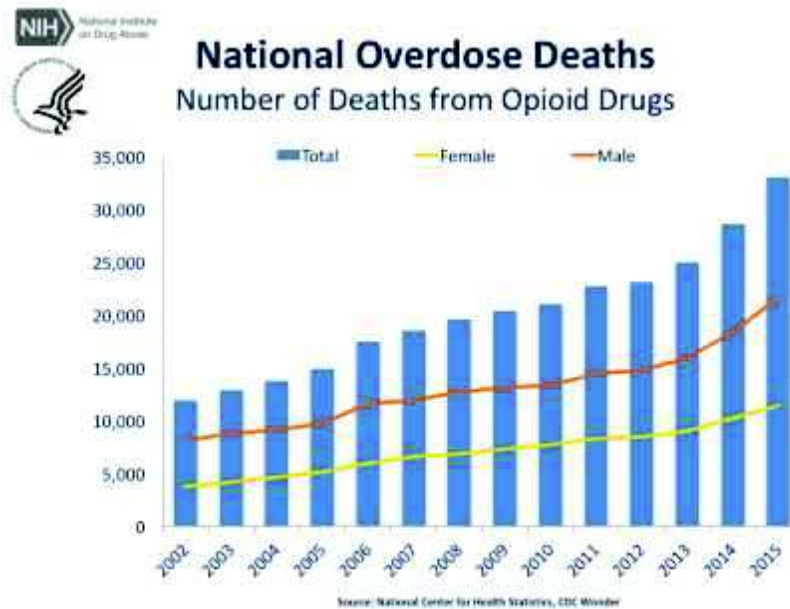
**Drugs Involved in U.S. Overdose Deaths** - Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with over 20,000 overdose deaths. Source: CDC WONDER



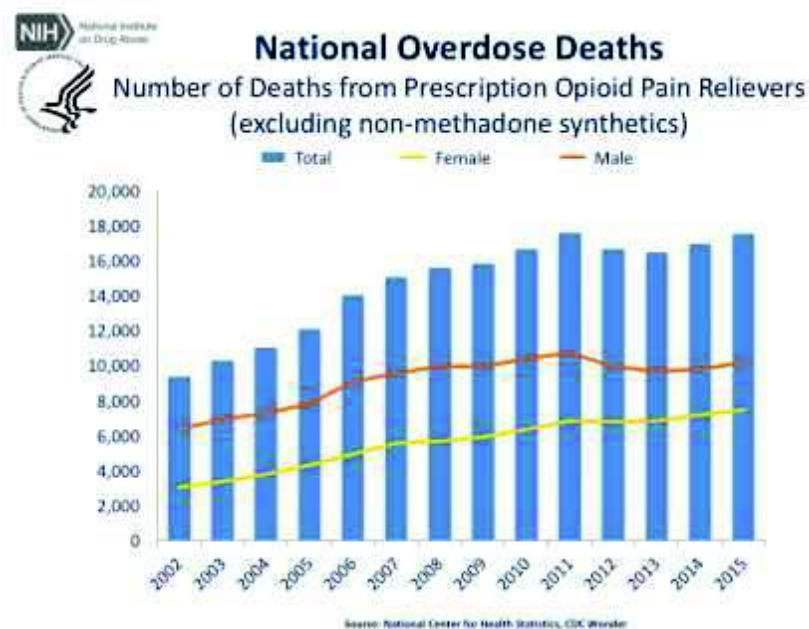
**Total U.S. Drug Deaths** - More than 64,000 Americans died from drug overdoses in 2016, including illicit drugs and prescription opioids--nearly double in a decade. Source: CDC WONDER



National Overdose Deaths—Number of Deaths from All Drugs. The figure above is a bar chart showing the total number of U.S. overdose deaths involving all drugs from 2002 to 2015. The chart is overlaid by a line graph showing the number of deaths of females and males. From 2002 to 2015 there was a 2.2-fold increase in the total number of deaths.

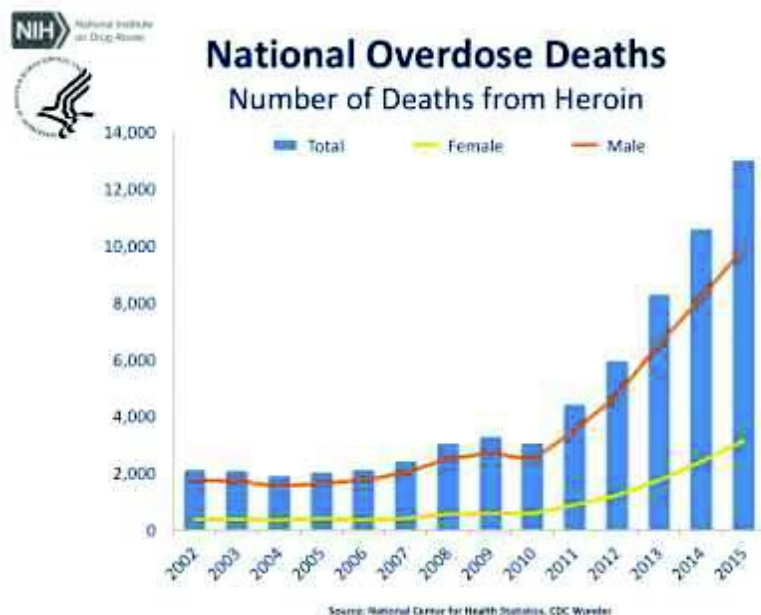


National Overdose Deaths—Number of Deaths from Opioid Drugs. The figure above is a bar chart showing the total number of U.S. overdose deaths involving opioid drugs from 2002 to 2015. Included in this number are opioid analgesics, along with heroin and illicit synthetic opioids. The chart is overlaid by a line graph showing the number of deaths of females and males. From 2002 to 2015 there was a 2.8-fold increase in the total number of deaths.

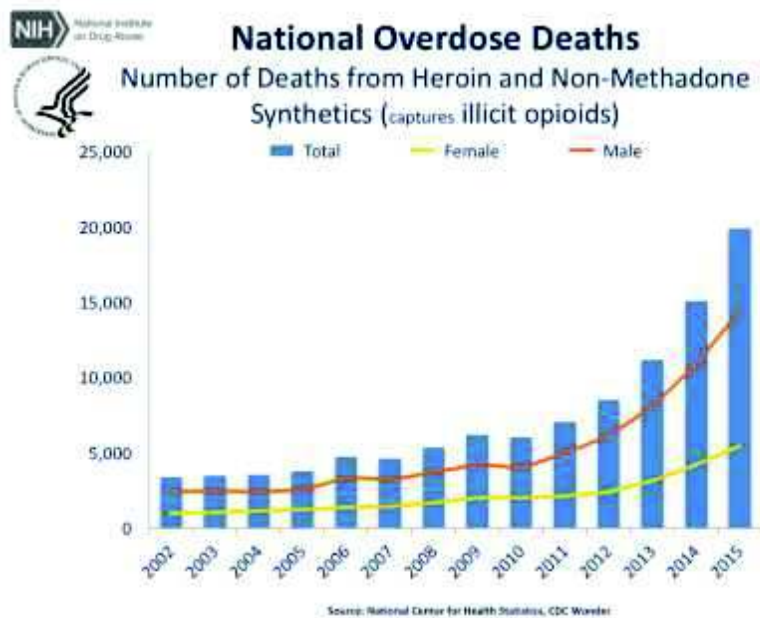


National Overdose Deaths—Number of Deaths from Prescription Opioid Pain Relievers (excluding non-methadone synthetics). The figure above is a bar chart showing the total number of U.S.

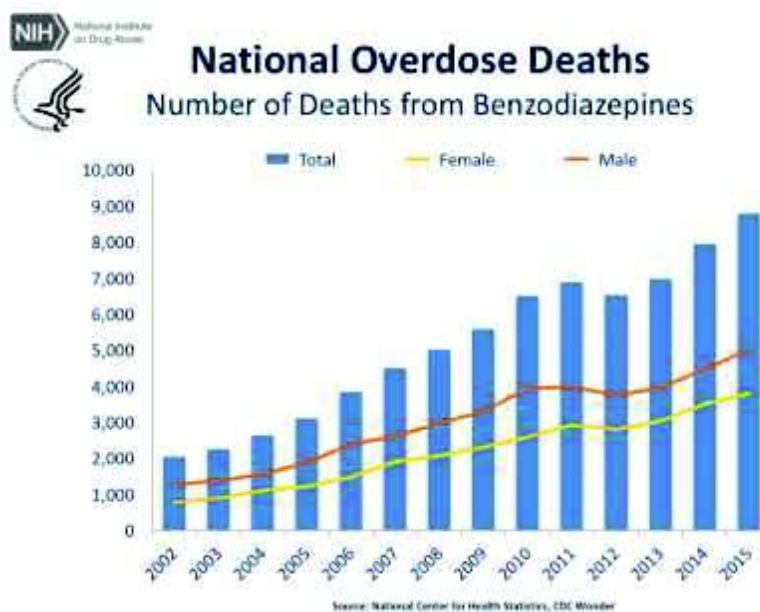
overdose deaths involving opioid pain relievers (excluding non-methadone synthetics) from 2002 to 2015. Non-methadone synthetics is a category dominated by illicit fentanyl, and has been excluded to more accurately reflect deaths from prescription opioids. The chart is overlaid by a line graph showing the number of deaths of females and males. From 2002 to 2011 there was a 1.9-fold increase in the total number of deaths, but it has remained relatively stable since then.



National Overdose Deaths—Number of Deaths from Heroin. The figure above is a bar chart showing the total number of U.S. overdose deaths involving heroin from 2002 to 2015. The chart is overlaid by a line graph showing the number of deaths of females and males. From 2002 to 2015 there was a 6.2-fold increase in the total number of deaths.

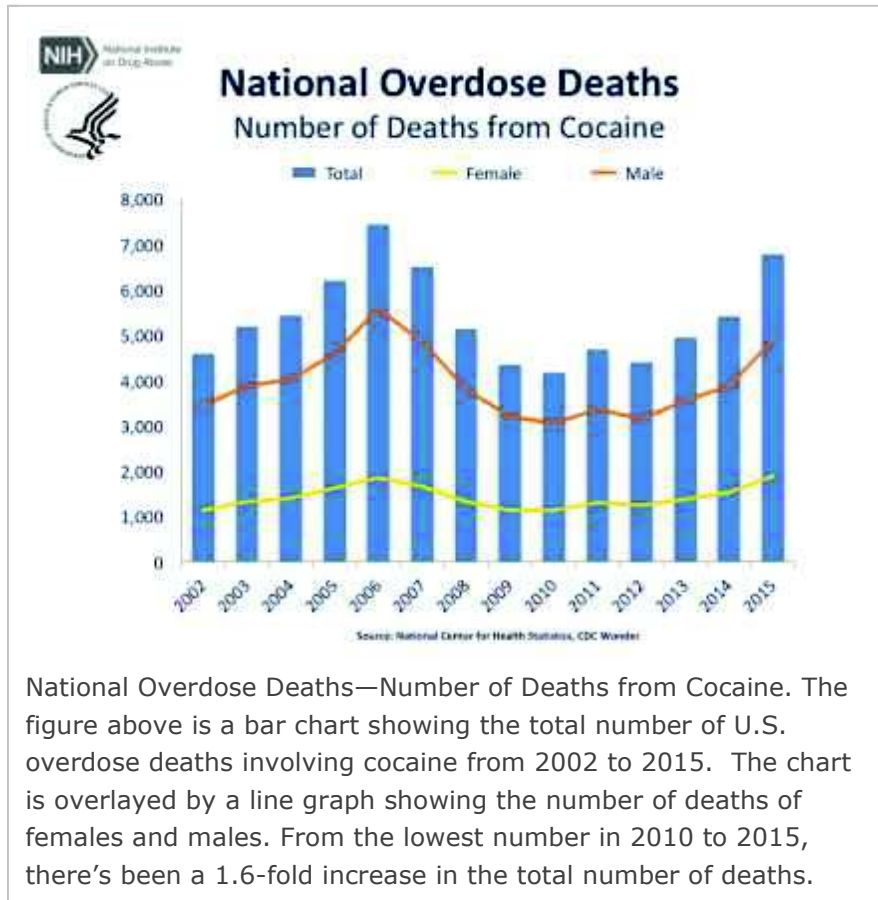


National Overdose Deaths—Number of Deaths from Heroin and Non-Methadone Synthetics. The figure above is a bar chart showing the total number of U.S. overdose deaths involving heroin and non-methadone synthetics from 2002 to 2015. The latter category is dominated by illicit fentanyl overdose; when combined with heroin, these numbers capture illicit opioid deaths. The chart is overlaid by a line graph showing the number of deaths of females and males. From 2002 to 2015 there was a 5.9-fold increase in the total number of deaths.

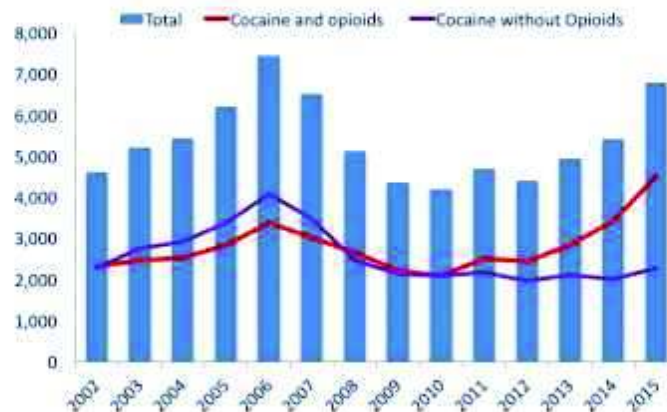


National Overdose Deaths—Number of Deaths from Benzodiazepines. The figure above is a bar chart showing the total

number of U.S. overdose deaths involving benzodiazepines from 2002 to 2015. The chart is overlaid by a line graph showing the number of deaths of females and males. From 2002 to 2015 there was a 4.3-fold increase in the total number of deaths.



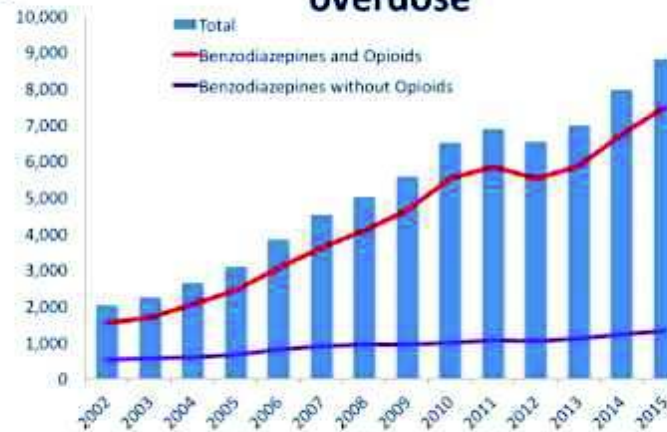
**NIH** National Institute on Drug Abuse  
**Opioid involvement in cocaine overdose**



Source: National Center for Health Statistics, CDC Wonders

National Overdose Deaths—Number of Deaths from Cocaine, with and without opioids. The figure above is a bar chart showing the total number of U.S. overdose deaths involving cocaine from 2002 to 2015, with the red line representing the number of cocaine deaths that also involved opioids, and the purple line representing cocaine deaths that did not involve opioids. These categories were equal in 2010. Since then, deaths involving both cocaine and opioids have more than doubled, while cocaine deaths not involving opioids have increased by only nine percent.

**NIH** National Institute on Drug Abuse  
**Opioid involvement in benzodiazepine overdose**



Source: National Center for Health Statistics, CDC Wonders

National Overdose Deaths—Number of Deaths from Benzodiazepines, with and without opioids. The benzodiazepines



from 2002 to 2015, with the red line representing the number of benzodiazepine deaths that also involved opioids, and the purple line representing benzodiazepine deaths that did not involve opioids. From 2002-2015, benzodiazepine deaths involving opioids increased two fold more than those not involving opioids.

- [View/download supporting data document \(XLS, 333KB\)](#)
- [View/download \(PPT, 1MB\)](#)

*This page was last updated September 2017*



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