

MEETING NOTES

Statewide Substance Use Response
Working Group Meeting

Wednesday, January 11, 2023

2:00 p.m.

Meeting Locations: Online Only

Zoom Webinar ID: 841 1615 6896

Members Present via Zoom or Telephone

Chelsi Cheatom, Dr. Leslie Dickson, Senator Fabian Doñate, Gina Flores O'Toole, Attorney General Aaron Ford, Assemblywoman Melissa Hardy, Shayla Holmes, Jessica Johnson, Lisa Lee, Debi Nadler, Angela Nickels, Christine Payson, Erik Schoen, Senator Heidi Seevers-Gansert, Steve Shell, Assemblywoman Claire Thomas, and Dr. Stephanie Woodard

Members Absent

Jeffrey Iverson

Attorney General's Office Staff

Christine Jones (CJ) Brady, Dr. Terry Kerns, Mark Krueger, Ashley Tackett, Teresa Benitez-Thompson, and Homa Woodrum

Social Entrepreneurs, Inc. (SEI) Support Team

Crystal Duarte, Laura Hale, Deanna Lyons, Kelly Marschall, and Emma Rodriguez

Members of the Public via Zoom

Sarah Adler, Jose Alvarez, Linda Anderson, Michelle Berry (CASAT), Lori Bryan, Yolanda Chatwood, Debra, V. Diaz, Vanessa Dunn (Belz & Case Government Affairs), Tiffany East, Hana Fahmi, Morgan Green (CASAT), Isaiah, Jimmy Lau, Giuseppe Mandell (TINHI), Darcy Patterson, Rick Reich (Impact Exchange, Las Vegas), Rhonda, Alex Tanchek, Jessica Tribitt, Joan Waldo (DHHS), Denys Williams, and Dawn Yohey (DHHS)

1. Call to Order and Roll Call to Establish Quorum

Chair Ford called the meeting to order at 2:00 p.m. Emma Rodriguez called the roll and announced that a quorum was established.

2. Public Comment

Ms. Nadler congratulated Attorney General Ford on his reelection. She reiterated her request for a memorial park for loved ones lost to the opioid epidemic.

Mr. Giuseppe Mandell, from There is No Hero in Heroin (TINHI), announced a memorial video to be shown at the [Black Monday event](#) on February 13th at Central Church in Las Vegas.

3. Review and Approve Minutes for December 14, 2022, SURG Meeting

Mr. Schoen requested a correction to change the reference from “fairly applied” to “unfairly applied” in his comments on page 12 regarding the discussion on Recommendation #1.

Ms. Nadler noted that her question was not specifically quoted in the minutes on the issue of transparency of funding under Item #5 regarding opioid settlement funds. Ms. Hale will clarify this reference in the minutes.

Chair Ford asked for a motion to approve the minutes as proposed for amendment.

- Ms. Holmes made the motion.
- Dr. Dickson seconded the motion.
- Dr. Woodard and Chair Ford abstained due to their absence from the December 14, 2022, meeting.¹
- The motion passed among remaining members.

4. Election of SURG Vice Chair

Dr. Kerns reported that Ms. Lee had expressed an interest in serving as Vice Chair, while two other members expressed interest only if other members were not interested.

- Ms. Nadler made a motion to elect Ms. Lee for Vice Chair.
- Senator Seevers-Gansert seconded the motion.
- Ms. Lee abstained.
- The motion passed among remaining members.

5. Update on Opioid Litigation, Settlement Funds, and Distribution

Chief Deputy Attorney General Mark Krueger, Consumer Protection Division, Office of the Attorney General presented two tables with updates.

Chief Krueger explained the updated entries in the first table for the One Nevada Agreement are in chronological order, including American Drug Stores for approximately \$1.5 million and Mallinckrodt for approximately \$1.8 million. Other actual or estimated payment dates and amounts are also included. As noted parenthetically at the top of the chart, this assumes no default in payments; CMS Medicaid costs, if any, are not deducted; and no administrative fees for court appointed Third Party Administrator. Interest in the cumulative account from distributor deposits may be enough to cover fees. If interest is not sufficient to cover fees, there may be a small deduction, but they don't anticipate deducting very much.

(See Chart on next page)

¹ The abstentions were noted after the voice vote took place and the record was updated to reflect that.

Opioid Settlement and Bankruptcy Actual and Estimated Annual Payments and Allocations under the One Nevada Agreement

*(assumes no default in payments) (CMS Medicaid Costs, if any, not deducted)
(assumes no administrative fees for Court appointed Third Party Administrator)*

<u>Settlement/ Bankruptcy Name</u>	<u>Estimated Payment Year</u>	<u>Estimated Payment Month</u>	<u>State and Signatories of One Nevada Agreement Share of Settlements</u>	<u>Costs</u>	<u>Total Amount to be Allocated</u>	<u>Attorney Fees</u>	<u>Total Allocation after Fees</u>	<u>Actual/ Estimated Allocation Month/Year</u>
J&J	2022	April	\$50,833,353.00	\$3,897,545.43	\$46,935,807.57	\$7,037,053.92	\$39,898,753.65	July, 2022
Distributors	2022	August	\$9,897,161.96	\$0.00	\$9,897,161.96	\$1,724,851.29	\$8,172,310.67	August, 2022
Distributors	2022	September	\$10,401,434.73	\$0.00	\$10,401,434.73	\$1,724,851.29	\$8,676,583.44	September, 2022
American Drug Stores	2022	November	\$1,500,000.00	\$0.00	\$1,500,000.00	\$337,815.52	\$1,162,184.48	December, 2022
Mallinckrodt	2022	November	\$1,849,733.70	\$0.00	\$1,849,733.70	\$416,579.22	\$1,433,154.48	December, 2022
Distributors	2023	July	\$10,401,434.73	\$0.00	\$10,401,434.73	\$1,724,851.29	\$8,676,583.44	July, 2023
Distributors	2024	July	\$13,018,868.99	\$0.00	\$13,018,868.99	\$2,158,895.73	\$10,859,973.26	July, 2024
J&J	2025	April	\$2,675,439.64	\$0.00	\$2,675,439.64	\$443,663.37	\$2,231,776.27	July, 2025
Distributors	2025	July	\$13,018,868.99	\$0.00	\$13,018,868.99	\$2,158,895.73	\$10,859,973.26	July, 2025
Distributors	2026	July	\$13,018,868.99	\$0.00	\$13,018,868.99	\$2,158,895.73	\$10,859,973.26	July, 2026
Distributors	2027	July	\$13,018,868.99	\$0.00	\$13,018,868.99	\$2,158,895.73	\$10,859,973.26	July, 2027
Distributors	2028	July	\$15,311,758.47	\$0.00	\$15,311,758.47	\$2,539,121.46	\$12,772,637.01	July, 2028
Distributors	2029	July	\$15,311,758.47	\$0.00	\$15,311,758.47	\$2,539,121.46	\$12,772,637.01	July, 2029
Distributors	2030	July	\$15,311,758.47	\$0.00	\$15,311,758.47	\$2,539,121.46	\$12,772,637.01	July, 2030
Distributors	2031	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,134,387.83	\$10,736,690.45	July, 2031
Distributors	2032	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,134,387.83	\$10,736,690.45	July, 2032
Distributors	2033	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,134,387.83	\$10,736,690.45	July, 2033
Distributors	2034	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,134,387.83	\$10,736,690.45	July, 2034
Distributors	2035	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,134,387.83	\$10,736,690.45	July, 2035
Distributors	2036	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,134,387.83	\$10,736,690.45	July, 2036
Distributors	2037	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,134,387.83	\$10,736,690.45	July, 2037
Distributors	2038	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,134,387.83	\$10,736,690.45	July, 2038
Totals			\$288,537,935.37	\$3,897,545.43	\$284,640,389.94	\$46,737,715.84	\$237,902,674.10	

The second table reflects funds for deposit into the Fund for Resilient Nevada (FRN), which is just the state’s allocation, also including American Drug Stores and Mallinckrodt. They have already received 22 payments from Distributors from 2021 and 2022, as well as the J&J payment.

STATE OF NEVADA					
<i>(assumes no default in payments) (CMS Medicaid Costs, if any, not deducted)</i>					
<u>Settlement Name</u>	<u>Estimated Payment Date</u>	<u>Estimated Payment Month</u>	<u>Gross Allocation</u>	<u>Fees at 19%</u>	<u>Net Allocation</u>
J&J	2022	April	\$18,612,345.20	\$3,536,345.59	\$15,075,999.61
Distributors	2022	August	\$4,340,895.22	\$824,770.09	\$3,516,125.13
Distributors	2022	September	\$4,562,069.29	\$866,793.17	\$3,695,276.12
American Drug Stores	2022	November	\$657,900.01	\$131,580.00	\$526,320.01
Mallinckrodt	2022	November	\$811,293.19	\$162,258.64	\$649,034.55
Distributors	2023	July	\$4,562,069.29	\$866,793.17	\$3,695,276.12
Distributors	2024	July	\$5,710,075.94	\$1,084,914.43	\$4,625,161.51
J&J	2025	April	\$1,173,447.81	\$222,955.08	\$950,492.73
Distributors	2025	July	\$5,710,075.94	\$1,084,914.43	\$4,625,161.51
Distributors	2026	July	\$5,710,075.94	\$1,084,914.43	\$4,625,161.51
Distributors	2027	July	\$5,710,075.94	\$1,084,914.43	\$4,625,161.51
Distributors	2028	July	\$6,715,737.27	\$1,275,990.08	\$5,439,747.19
Distributors	2029	July	\$6,715,737.27	\$1,275,990.08	\$5,439,747.19
Distributors	2030	July	\$6,715,737.27	\$1,275,990.08	\$5,439,747.19
Distributors	2031	July	\$5,645,254.94	\$1,072,598.44	\$4,572,656.50
Distributors	2032	July	\$5,645,254.94	\$1,072,598.44	\$4,572,656.50
Distributors	2033	July	\$5,645,254.94	\$1,072,598.44	\$4,572,656.50
Distributors	2034	July	\$5,645,254.94	\$1,072,598.44	\$4,572,656.50
Distributors	2035	July	\$5,645,254.94	\$1,072,598.44	\$4,572,656.50
Distributors	2036	July	\$5,645,254.94	\$1,072,598.44	\$4,572,656.50
Distributors	2037	July	\$5,645,254.94	\$1,072,598.44	\$4,572,656.50
Distributors	2038	July	\$5,645,254.94	\$1,072,598.44	\$4,572,656.50
TOTAL			\$122,869,575.10	\$23,359,911.22	\$99,509,663.88

If additional settlements are awarded, Chief Krueger will update these tables for presentation at future SURG meetings.

Chair Ford offered kudos to Chief Krueger on this litigation.

Ms. Nadler asked about public applications for funds, whether there was a grant process, where funds are going, and how people can apply, including 501(c)3 entities seeking funds, and whether there is public knowledge of distribution.

Chief Krueger referenced the legislative requirement for the Department of Health and Human Services (DHHS) to create a Needs Assessment and a State Plan, which are available [online](#). DHHS will develop regulations for the application process for program funding.

Chair Ford reminded members that the SURG does not have jurisdictional authority for expenditure of funds, but they make recommendations to DHHS.

Ms. Nadler asked if the recommendations are broken down somewhere. Chair Ford reiterated the online availability of this information, and he also solicited input from other members.

Ms. Lee added that there are proscribed allocations to each county and the state, and counties also complete needs assessments using community based participatory research or similar methodology. Washoe County completed recommendations that have been scored by a robust, awesome, multi-dimensional team and presented to the Board of Commissioners on February 28th. A request for proposals (RFP) will be published to apply for funding, followed by a transparent competitive grant process with a public record of awards.

Senator Seevers-Gansert asked for clarification of the 19% fee on the second table totaling \$23.4 million, and the Attorney Fees on the first table totaling \$46.7 million.

Chief Krueger explained that the 19% from the second table is what the state was paying at the time for attorney fees, but the contingency fees for each local jurisdiction might be different. The hard costs of litigation come off before the allocation is made, whereas the fees are paid after allocation because they are specific to each jurisdiction.

Chair Ford thanked Chief Krueger for his presentation.

6. Review Proposed Amended Bylaws with Updated Member Appointments and Terms.

This item was tabled for the next meeting for additional updates.

7. Overview Roles and Purpose of SURG, ACRN and Cross Sector Task Force

Dr. Kerns reviewed the creation of the SURG under [AB 374](#) to convene subject matter experts (SMEs), including individuals in recovery, elected officials, and state program leads to examine topics related to substance use disorder prevention and treatment, and to set forth recommendations in the annual report. Meetings began in November 2021, and an annual report was submitted in January 2022. The annual report to be reviewed at this meeting covers the full year for 2022, including the convening of subcommittees and the development of recommendations. These subcommittees will reconvene in 2023 to develop new recommendations for the next annual report, with review of the bylaws and member assignments.

Dawn Yohey, MFT, LCADC, Clinical Program Planner, DHHS, described the [Advisory Committee for Resilient Nevada \(ACRN\)](#), also established during the 2021 legislative session under [NRS 433.726](#), with members ranging from SMEs to consumers or family members who have been affected by the opioid epidemic. Their goal is to effectively address risks, impacts, and harms of the opioid crisis in the state through the FRN. Priorities were developed based on the Needs Assessment, in a report to the DHHS Director for the potential allocation of funds, completed by the June 30th deadline, and available on the website. A Needs Assessment and State Plan will be developed every four years.

Ms. Yohey also described the Cross-Sector Task Force established under DHHS to increase coordination between the SURG and the ACRN, to determine necessary action to reduce the risk of overdose in Nevada's communities. The intent is to prepare responses for the state and local jurisdictions and to provide technical assistance, guidance, and resources to rapidly implement best practices. Expectations for the Task Force include use of a consensus model for decision making and creation of an action plan that would leverage existing resources to the greatest degree possible, with evidence-based practices to demonstrate effectiveness. There is a focus on health equity and addressing disparities, as well as the need to balance urgent action with planning. Members were surveyed to help develop the Action Plan and the results will be distributed.

Dr. Kerns reiterated that the SURG has a broader focus to look at all substances over time, but the Cross-Sector Task Force was created for more immediate action planning with a timeframe of approximately six months.

Mr. Schoen appreciated the presentation in helping keep members straight regarding the different roles of these groups.

Chair Ford elaborated that while opioids have been at the forefront of everyone's minds, with related legislation and settlements, going forward the SURG will have an opportunity to expand beyond opioids, consistent with their charge.

8. Annual Report to SURG from Department of Health and Human Services on Receipt or Expenditure of Funds Related to Substance Misuse or Substance Use Disorders.

This item was tabled for the next meeting for additional updates.

9. Review Subcommittee Assignments and Chairs, and Sample Meeting Schedule.

Dr. Kerns recalled that the three subcommittees – Prevention, Treatment and Recovery, and Response – were all chaired in the first year by legislators, and she thanked everyone for their work. Going forward this year, new Chairs, Vice Chairs, and members are appointed, based on survey responses, as follows:

- Prevention
 - Jessica Johnson, Chair
 - Erik Schoen, Vice Chair
 - Debi Nadler
 - Angela Nickels
 - Senator Heid Seevers-Gansert (Post 2023 legislative session)
 - Senator Fabian Doñate (Post 2023 legislative session)
- Treatment and Recovery
 - Lisa Lee, Chair
 - Steve Shell, Vice Chair
 - Chelsi Cheatom
 - Dr. Lesley Dickson
 - Assemblywoman Claire Thomas (Post 2023 legislative session)
- Response
 - Dr. Terry Kerns, Chair
 - Shayla Holmes, Vice Chair
 - Gina Flores-O'Toole
 - Christine Payson
 - Dr. Stephanie Woodard

Dr. Kerns noted that some members had not responded to the survey, but they should let her know if they would like Chair Ford to appoint them to a subcommittee. Chair Ford expressed appreciation for legislator commitments and reiterated SURG flexibility to accommodate member schedules through the legislative session.

Dr. Kerns reviewed a proposed meeting schedule outline for 2023, as follows:

- Full SURG Meetings
 - January 11, 2023

- TBD March/April- Harm Reduction Meeting
- June 14 or July 12 at 2 p.m.
- October 11 at 2 p.m.
- December 13 at 2 p.m.
- Subcommittee Meetings
 - Every other month from March to October
 - Subcommittees can select a reoccurring date/time
 - Example: Response Subcommittee to meet the 3rd Monday at noon in March, May, July, and August.

Chairs and staff will reach out to each subcommittee to establish specific schedules.

Emma Rodriguez, SEI, shared slides with member feedback from a recent survey:

- Five responses indicated the subcommittees worked well, with respondents noting that the subcommittees were “able to cover more ground and move things along.” Four responses highlighted SEI coordination and staff organization and two responses indicated that shared documents to compile information worked well.
- Regarding what could be improved, the following feedback was shared:
 - Presentations on contested recommendations at SURG
 - Better definition of subcommittees or full SURG meeting dedicated to the cross over recommendations
 - Clarification on the recommendation ranking process
 - More predictable schedule of meetings, especially for subcommittees
 - Length of meetings should be shortened to 90 minutes or less
 - Addressing harm reduction in its own separate capacity, harm reduction-specific subcommittee
 - Asking SURG members what they would like to learn from presentations
 - More presentations from providers instead of from the state
 - Better adherence to public comment period time limits

Ms. Rodriguez explained how staff would address areas for improvement going forward.

Chair Ford thanked members for the feedback and recognized Ms. Johnson for additional comment.

Ms. Johnson thanked staff for giving members the opportunity to provide feedback and said she was grateful for the transparency and efforts to address areas for improvement going forward. With regard to Harm Reduction, she asked if it would be possible for two subcommittees to come together as a joint committee under the open meeting law, i.e., Prevention and Treatment subcommittees, depending on today’s presentation on Harm Reduction, and then the outcome from a Harm Reduction meeting in April or May.

Dr. Kerns identified other areas that cut across subcommittees, such as data sharing. She said that from a staff perspective, there isn’t capacity for a fourth subcommittee, so a joint subcommittee might be a good compromise.

Ms. Rodriguez asked Deputy Attorney General (DAG) Homa Woodrum if that would present any issues related to the quorum requirement in the Open Meeting Law.

DAG Woodrum indicated it was a case-by-case determination with what is planned and noticed on the agenda to support interplay between committees without duplication of effort.

Chair Ford reiterated that this is a working committee and people can meet within the confines of staffing capacity.

10. Harm Reduction Presentation.

Lisa Lee, MA, CPRSS, Program Specialist, Washoe County Human Services Agency, presented slides on what harm reduction is and a brief history. Substance use is conceived as a continuum from abstinence to chaotic use, and other ways that people use drugs that may be problematic or not; problematic and chaotic use intersects with

criteria in the DSM 5 (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.) which also describes severity.

Ms. Lee compared harm reduction to pandemic responses of lock-down, masking, and social distancing as well as wearing a seatbelt. Some people adopt those intervention strategies while others do not. Historically, harm reduction was practiced and assimilated for HIV prevention, beginning with grassroots efforts that were coopted by public health. Distribution of syringes was previously illegal, but advocates paved the way for harm reduction in the United States. Distribution of Naloxone was another form of harm reduction that began with illicit advocacy. These practical strategies aim at reducing negative consequences associated with drug use. At another level, it is a movement for social justice built on a belief in and respect for the rights of people who use drugs and for marginalized people as well.

Ms. Lee quoted a harm-reduction saying to: *Meet people where they're at . . .but don't leave them there.* She reviewed the *Principles of Harm Reduction* from her slides, including acceptance of drug use, understanding a continuum of behaviors, establishing quality of life and wellbeing, and non-judgmental, non-coercive provision of services. Additionally, giving voice to people who use drugs for program development, affirming their agency in reducing harm, and recognizing the impact of social inequalities, without minimizing the harm and danger that can be associated with illicit drug use.

Ms. Lee shared that harm reduction has been part of her life for 29 years, from the early days when interventions like sterile injections and bleach kits were criminalized. She was diagnosed with Hepatitis C at 20 years old and lived with it for half her life until she was cured. Harm reduction workers taught her skills and provided tools to keep people around her safe. They acknowledged her by name and who she was, giving her back her humanity, which is a really important component of hope. When she engaged in HIV testing, she followed all the recommendations. When people are seen and valued, with unconditional positive regard, no matter where they are on their journey, this is *radical inclusivity*, supporting a critical piece that recovery is based on hope. A guide from Edith Springer elaborates similar themes on *Worker Stances for Clients Who Use Drugs*.

Rick Reich, Program Director, Impact Exchange reviewed the harm reduction program that he runs including storefront, prevention, wellness and education, outreach, vending, collaboration, and alliance building. Their primary service is harm-reduction, but they provide other services to receive funding. He highlighted the same non-judgmental approach that Ms. Lee advocated.

Although there is no funding support for distribution of syringes, they give out between 50,000 to 75,000 syringes a month, or about 900,000 a year. As they pursue more testing and public health activities, they find that less people come in to get syringes. Many people use their vending services and expansion is planned for the Reno/Washoe area as part of a renovation.

Mr. Reich previously worked in public health, building the HIV program for the Southern Nevada Health District (SNHD) from 1984 until his retirement in 2014. At that time, he went into business with Ms. Cheatom to provide harm reduction services, with safe injections. They support their staff and program with grants to do other services, siphoning off a tiny bit for harm reduction. For example, when staff provide counseling around HIV and testing, they can also bring up harm reduction and respond to questions. Regarding infections, 25-30% of their clientele have hepatitis, which is relatively small.

Approximately 20-40% of their costs are not covered, including insurance, audits, rent, landlines, utilities and furniture. They do have support for disease testing, incentives, staffing, a van for outreach, IT support, medical and informational supplies, vending machines and software support, and sharps bio-hazard disposal. Magnetic cards are available for clients to access vending machine supplies once a week. Used syringes can be brought back to the storefront for destruction and disposal.

Storefront services include overdose training and medication, HIV rapid testing, Hepatitis C rapid testing with referral for treatment and education, COVID testing and referral for vaccine. Incentives are provided, such as ready to eat meals, clothing, bus passes, wound care, and a peer embedded program. Beginning with Ryan White

program funding, they started a medical transportation program for HIV, that later expanded to medical transport for other problems or disorders, in coordination with Uber.

In four years from 2017 to 2021, they distributed over 397,000 syringes, 3,800 Naloxone kits, 766 pregnancy tests, and 1,964 safe sex kits. For syringe services, they started out in 2017 with 90 per month, growing to a high of 77,000 in one month. They are restarting wellness and education services with a nurse practitioner at three storefronts in one shopping center.

Mr. Reich said the vending service is the heart of what they believe should be the future in harm reduction, allowing non-discriminatory access to services. Clients get access to cards through SNHD or one of the Impact Exchange sites, including several in southern Nevada, one in Hawthorn, and there are now five machines in Reno, including incarceration facilities. In one methadone facility, seven individuals decided to get methadone treatment after having accessed the vending machine at that location. They are developing two additional stationary access sites for central-south valley and east side valley of Clark County.

Harm Reduction locations in Nevada include the following:

- Las Vegas – Impact Exchange – also called Trac-B
- Reno – Trac-B Exchange LLC Vending Project in collaboration with Impact Exchange
- Elko* – Trac-B Exchange LLC Peer Project in collaboration with Impact Exchange
- Winnemucca* - Trac-B Exchange LLC Peer Project in collaboration with Impact Exchange
- Reno HOPES Exchange Point (FQHC)
 - Ms. Lee clarified this program is actually “**Change Point**”
- Reno* - Black Wall Street Reno
 - Ms. Lee added that this program uses naloxo boxes (newspaper boxes filled with naloxone).

*Transportation is required for those seeking other treatment.

Outreach services may be in coordination with SNHD and other agencies or solo outreach with delivery of supplies.

Chair Ford opened this item for questions and comments.

Ms. Nadler asked who pays for the vending machine supplies. Mr. Reich disclosed that he lives off his state retirement and donates his grant-funded salary to buy supplies that aren't covered by grants. Subgrants from CASAT help with supplies in Reno and Las Vegas. Individuals utilizing the machines are not charged anything; they walk up and swipe their card to get the products they need. They have also experimented with free-base machines that don't require a magnetic strip.

Ms. Nadler asked about providing referrals to mental health specialists, rehabilitation, or detox services. Mr. Reich said the main focus is harm reduction with clean syringes, but they also set an atmosphere visually and verbally for services. They employ peers to help direct people to services.

Ms. Lee described the process at *Change Point*, where people would stay all day, engaging in community, making coffee, helping to distribute food, or sweeping floors. After building relations, people would seek referrals. Studies have identified that an unanticipated benefit of syringe service programs is that people engaged in getting into treatment at a higher rate than any other setting. When she worked as a volunteer, people would come back, and report having gotten into treatment as a result of using the syringe service. She emphasized that the key to harm reduction is not the supplies, but the relationships.

Ms. Nadler said her concern with the vending machines is that there wouldn't be additional help provided. Mr. Reich explained that when people come in to use the machines, they experience a comfort level within a methadone program setting. The open access to vending machines gets them into a facility that they didn't know about. People go into these different facilities to access the machine and develop awareness of additional services. Some services and messaging are advertised through the dispensing of supplies.

Senator Seevers-Gansert expressed appreciation for the presentation and all the information regarding this non-judgmental approach. She shares the hope that people can go into recovery at some point in time, but she understands the reality that not everyone does. She also acknowledged the dedication of people working in this industry.

Chair Ford agreed with Senator Seevers-Gansert, and the different approaches that are being applied demonstrate the value of these conversations, with policymakers taking advantage.

Dr. Woodard noted several issues or barriers to making harm reduction a viable and sustainable service. Funding of supplies was also an issue with fentanyl test strips, but during the last legislative session they were able to change statutes specifically around drug paraphernalia and excluding those testing products, and to establish immunity for individuals providing those in good faith. She also hopes to continue these conversations to understand the issues and problems on the ground, then to find solutions to propose as recommendations, including the critical harm reduction services in our communities.

Chair Ford offered the services of his office to help with this advocacy, noting their growing familiarity with the issues after working on this for two years.

Ms. Lee referenced a guide to move away from injection to safe smoking as a harm reduction strategy. It is a trend across the country, but legislation is needed to support that in Nevada. Ms. Lee is happy to provide research for legislators who may be interested.

Dr. Kerns thanked everyone in prevention, tertiary prevention, and harm reduction, noting that on a recent national call, three separate states gave shoutouts to Nevada for support and guidance for program development.

11. Review and Approve Annual Report of the SURG

Dr. Kerns recalled that the draft was presented at the December 14th meeting for input, and then the updated version was sent out for review ahead of this meeting. She thanked SEI staff for all the work put into this because it was a herculean effort, and they did an excellent job.

Laura Hale, Subcontractor, SEI, reviewed changes to the report, including those based on input from the December meeting, as follows:

- Reordering the recommendations in the Executive Summary to go by theme and legislative requirements, and footnoting that these are not in order by subcommittee priority.
- The section on Opioid Settlements would be updated to include the tables presented at this meeting by Chief Krueger, reflecting activity through December 31, 2022.
- The following changes under the Recommendations Section:
 - Removal of the Fentanyl weights table under Recommendation #1;
 - Removal of overlapping recommendations, with parenthetical references to both subcommittees' priorities.
- Reversion to previous version of the Bylaws, reflecting original member terms.

Chair Ford apologized for being absent from the meeting where the robust discussion took place, but said he was very impressed and pleased with the report as it stands, and he thanked everyone who helped in getting us here.

Vice Chair Lee thanked the SEI team for herding cats and putting this report together. Mr. Schoen added his thanks, noting this was a big project and a big report to pull together with a lot of different elements. He thinks the team succeeded admirably in putting together something they all envisioned.

Chair Ford asked for a motion to approve the Annual Report.

- Dr. Woodard made the motion.

- Ms. Johnson seconded the motion.
- The motion was approved unanimously.

12. Review and Consider Items for Next Meeting.

Dr. Kerns clarified that the March meeting would be on Harm Reduction, so she is looking for proposed items for the following SURG meeting in June or July.

Dr. Kerns shared a slide with the following proposed items:

- 82nd (2023) Session of Nevada Legislature Update
- Update on Opioid Litigation, Settlement Funds, and Distribution
- Update on status of SURG, ACRN and Cross-Sector Task Force
- Fund for a Resilient Nevada Update
- SURG Subcommittee Report Outs

Dr. Kerns noted we would also have a report from DHHS on the ACRN, and a review of proposed amended bylaws, both of which were tabled earlier in this meeting.

Chair Ford said he would like the SURG to move beyond opioids in this next year to expand to other topics, with a goal of limiting opioids to not more than a third of the discussion.

Ms. Nadler asked about getting the DEA (Drug Enforcement Agency) *Operation Engage* back into the community.

Chair Ford asked Ms. Nadler to follow up with Dr. Kerns to add them to the list as a possible guest speaker for a limited time.

Dr. Dickson suggested expanding the conversation to include meth, which is a huge problem, as well as psychedelic drugs, such as ketamine and mushrooms, that are being legalized in some other states, but they can become big problems on the street.

Chair Ford thought this was a great suggestion to follow up on with Dr. Kerns for a future agenda.

Vice Chair Lee is interested in hearing about how people are presenting in emergency rooms with an overdose to psycho stimulants because it's hard to tease apart, not having fentanyl testing in hospitals. The ICD 10 coding system can show this as methamphetamine related overdose, but it's hard to parse what exactly is happening because a psycho-stimulant or overdose looks kind of like a cardiac issue or vascular issue; not necessarily respiratory distress. She would love to hear from medical providers or examiners to help understand this.

Chair Ford also supported this presentation for a future meeting.

13. Public Comment

Ms. Johnson announced a public training on naloxone and fentanyl harm reduction in action on February 8th, from 2 – 3:30 p.m. at SNHD, Decatur location. She will send a flyer to Dr. Kerns for distribution. People can also reach out to Ms. Johnson for a sign-up link.

Giuseppe Mandell said he appreciated the harm reduction presentation, and he thanked the presenters for all they do. He said that if anyone says harm reduction doesn't work, they just don't know. He has personally used Trac-B in the past and remembers Ms. Cheatom and others who always encouraged him. He reminded members of the upcoming Black Monday event scheduled for February 13th, and he invited everyone to come and to tell their friends and families. There are 68 vendors already, and they will be at Central Church.

14. Adjournment

The meeting was adjourned at 4:14 p.m.

DRAFT