

2023 SURG Draft Recommendations

Harm Reduction Recommendations

The following harm reduction recommendations were presented at the April 5, 2023 SURG meeting and reviewed via a survey of members, and were workshopped by the Prevention Subcommittee on June 20, 2023.

1. 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.
2. 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.
3. 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*
4. 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).
5. Alternative Pain Treatment:
 - Prevention Subcommittee recommended that the Treatment and Recovery Subcommittee consider the following recommendation submissions:
 - a. Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments
 - b. Provide Early Access to patients who would otherwise be prescribed opioids if treated in an emergency room setting
 - c. Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues
 - d. If you would like to combine any of these into one recommendation/add additional details, please do so below.
 - e. 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.
6. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.
 7. 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.

Subcommittee Recommendations

1. *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. (Prevention #1)*

Justification:

- 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. The 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: Parents and teens alike need to know that the brain continues to develop to age 25. In particular, the frontal cortex, which carries out mental processes such as thinking, decision making, and judgment, is not fully developed until that age; therefore, it's vitally important that youth and young adults refrain from drug use as this use will affect brain development.

When youth and young adults perceive that drug use is harmful and risky, drug use dramatically declines. The longer youth and young adults delay drug use, addiction and/or substance use disorders are significantly reduced.

Action Step:

- Expenditure of Opioid Settlement Funds

Research/Links:

- <https://www.dea.gov/engage/operation-engage-southern-california>

2. *Increase support for youth vaping prevention. (Prevention #2)*

Justification:

- According to the CDC, 2.55 million U.S. middle and high school students reported current (past 30-day) e-cigarette use in 2022, which includes 14.1% of high school students and 3.3% of middle school students. Nearly 85% of those youth used flavored e-cigarettes, and more than half used disposable e-cigarettes. In Nevada, funds for youth vaping prevention have been reduced in 2023.

Action Step:

- BDR
- Review for expenditure of other funding types.

Research/Links:

- <https://www.cdc.gov/media/releases/2022/p1007-e-cigarette-use.html>

3. *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 #3)*

Justification:

- Recommendations provided by subject matter expert testimony from the Statewide Coalition Partnership.

Action Step:

- Regulatory or Licensing Board (depending on what is created, one of these is likely).

Research/Links:

- CDC Guidance for Measuring Alcohol Outlet Density:
<https://www.cdc.gov/alcohol/pdfs/cdc-guide-for-measuring-alcohol-outlet-density.pdf>
- Literature review on outcomes related to alcohol outlet density:
<https://www.ncbi.nlm.nih.gov/books/NBK350757/>
- Summary from County Health Rankings on outcomes:
<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/alcohol-outlet-density-restrictions>
- Resources for how to measure alcohol outlet density:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7263305/>

4. *Prevention and overdose prevention outreach to underserved communities including BIPOC, LGBTQIA+, and other populations as noted in AB374 via vending machines, billboards, and other effective outreach approaches. Recommendation to be further workshopped in July. (Treatment and Recovery #1)*

Justification:

- A recommendation from this subcommittee was to expand overdose prevention outreach to BIPOC communities. This recommendation is based on racial disproportionality in our state's overdose fatality data.

Action Step:

- Expenditure of Opioid Settlement Funds.

Research/Links:

- [Drug Overdose Deaths of Unintentional/Undetermined Intent in Nevada - Jan to Dec 2021](#)
- [Notes from the Field: Increase in Drug Overdose Deaths Among Hispanic or Latino Persons - Nevada 2019 - 2020](#)

5. *Enhance Peer Support for special populations through increased reimbursement rates, train the trainer models, and policy changes to address limitations to the use of Peers in some settings. (Treatment and Recovery #2)*

Justification:

- Recommendation to be workshopped by Subcommittee in July

Action Step:

- Recommendation to be workshopped by Subcommittee in July

Research/Links:

- Recommendation to be workshopped by Subcommittee in July

6. *Resolve the conflict between the Good Samaritan Law and the Drug Induced Homicide Law. (Response #1)*

Justification (Submitted in 2022):

- The Good Sam Act (SB 459) states that a person acting in good faith would not be arrested for drug related charges if they call 911, provide support to the person who overdosed and stay with them. However, according to the drug induced homicide law, which makes it a class A felony "If the death of a person is proximately caused by a controlled substance which was sold, given, traded or otherwise made available to him or her by another person in violation of this chapter, the person who sold, gave or traded or otherwise made the substance available to him or her is guilty of murder". Therefore people are afraid to call 911 for those who have overdosed, out of fear of prosecution under NRS 453.333.

Action Step:

- Possibly legislative change.

Research/Links (Included in 2022 Annual Report):

- [GAO-21-248, DRUG MISUSE: Many States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects \(legislativeanalysis.org\)](#)
- [GSFOP Fact Sheet \(legislativeanalysis.org\)](#)

7. *Revise NRS 453c150 to include language similar to the State of Delaware "Defendant made a good faith effort to promptly seek, provide, or obtain emergency medical or law enforcement assistance to another person who was experiencing a medical emergency after using a Schedule I or II controlled substance, and whose death would otherwise form the basis for criminal liability." or Rhode Island: "An eligible person will not be charged or prosecuted for the offense of controlled substance delivery resulting in death if a person, in good faith, without malice and in the absence of evidence of an intent to defraud, sought medical assistance for someone experiencing a controlled substance overdose and the evidence for the charge was gained because of the seeking of medical assistance. The protection only applies to the death of an adult and does not apply to the offense of controlled substance transaction resulting in death of a minor." (Response #2)*

Justification:

- These states, and Vermont are the states that currently do not prosecute for drug induced homicide or drug delivery resulting in death in relation to the good Samaritan laws.

Action Step:

- BDR

Research/Links:

- <http://legislativeanalysis.org/wp-content/uploads/2021/12/GOODSA1.pdf>

8. ***SUD/MH/MOUD assessment, treatment, recovery support, pre-release case management availability in incarcerated settings, implementation challenges and opportunities, and the 1115 waiver for Medicaid coverage 90 days pre-release. (Response #3)***

Justification:

- The Federal government is encouraging states to apply for the new 1115 waiver. Readiness of the state jails and prisons to implement EHR's, billing systems, services and supports need to be assessed.

Action Step:

- BDR

Research/Links:

- <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>
- <https://www.kff.org/medicaid/issue-brief/state-policies-connecting-justice-involved-populations-to-medicaid-coverage-and-care/>
- <https://www.dhcs.ca.gov/CalAIM/Pages/Justice.aspx>
- [The Common Wealth Fund: State Pushes for Innovative Ways to Improve Health Outcomes for Justice-Involved Individuals](#)

9. ***Wastewater-based epidemiology (WBE) for monitoring public health trends. "wastewater-based epidemiology (WBE) has emerged as a powerful tool for monitoring public health trends by analysis of biomarkers including drugs, chemicals, and pathogens. Wastewater surveillance downstream at wastewater treatment plants provides large-scale population and regional-scale aggregation while upstream surveillance monitors locations at the neighborhood level with more precise geographic analysis. WBE can provide insights into dynamic drug consumption trends as well as environmental and toxicological contaminants. Applications of WBE include monitoring policy changes with cannabinoid legalization, tracking emerging illicit drugs, and early warning systems for potent fentanyl analogues along with the resurging wave of stimulants (e.g., methamphetamine, cocaine)." (Response #4)***

Justification:

- This has been utilized at UNR for COVID on an opt in voluntary engagement. This similar technology is being used for tracking substance use at a community/neighborhood level.

Action Step:

- Expenditure of Opioid Settlement Funds

Research/Links:

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8366482/pdf/13181_2021_Article_853.pdf