MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Wednesday, April 5, 2023

9:00 a.m.

Meeting Locations: Offices of the Attorney General:
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV
4500 Conference Room, Grant Sawyer Building, 555 E. Washington Blvd., Las Vegas

Zoom Webinar ID: 841 1615 6896

Members Present via Zoom or Telephone

Chelsi Cheatom, Dr. Lesley Dickson, Gina Flores O'Toole, Attorney General Aaron Ford, Shayla Holmes, Jeff Iverson, Jessica Johnson, Lisa Lee, Debi Nadler, Angela Nickels, Christine Payson, Erik Schoen, Steve Shell

Members Absent

Senator Doñate, Senator Seevers-Gansert, Assemblywoman Thomas, Assemblywoman Hardy, Dr. Stephanie Woodard

Attorney General's Office Staff

Dr. Terry Kerns, Mark Krueger, Henna Rasul (Deputy Attorney General), and Ashley Tackett

Social Entrepreneurs, Inc. (SEI) Support Team

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

Other Participants via Zoom

Linda Anderson, Lori Bryan (SNHD), Rhonda Fairchild (BHG), Shilo Jama (Safer Alternatives Through Networking and Education (SANE)), Madalyn Larson, Wendy Madson (Healthy Communities Coalition), Giuseppe Mandell (TINHIH), Marco Mendez (Southern Nevada Health District), Dr. Ali Nairizi (Reno Tahoe Pain Associates), Laura Oslund (Nevada Statewide Coalition Partnership), Quinnie Winbush, Rick Reich (Impact Exchange, Las Vegas), Kat Reich (trac-B Exchange), Jamie Ross (PACT Coalition), Ivy Sabal (New England User's Union), A Sherbondy, Jessica Tribett, Dawn Yohey (DHHS), and Shelby Zucco

1. Call to Order and Roll Call to Establish Quorum

Chair Ford called the meeting to order at 9:03 a.m. Ms. Rodriguez called the roll and announced that a quorum was established.

2. Public Comment

Ms. Nadler said she had sent a written request[1] to staff to forward to the committee about using settlement funds for a memorial for children and she was reminded that members cannot recommend funding for personal projects that would be a conflict of interest. Joe Engle, TINHIH (There is No Hero in Heroin) and Ms. Nadler's group funded the memorial in Western Trails Park, Las Vegas. Anyone interested in adding a plaque can text her with the names to memorialize.

[1] The full text of Ms. Nadler's request is appended to the end of these minutes.

Giuseppe Mandell (TINHIH) said "Thank you for having me."

3. Review and Approve Minutes for January 11, 2023, SURG Meeting

Chair Ford asked for a motion to approve the minutes.

- Mr. Iverson made the motion;
- Ms. Holmes seconded the motion;
- The motion was carried unanimously among members present.

4. Harm Reduction Presentations[2]

Chair Ford reminded everyone of guidelines for five-minute presentations with 10-minute question and answer periods due to a full agenda.

Bad Batch Application

Madalyn Larson, Northern Nevada Harm Reduction Alliance (NNHRA), explained that the Bad Batch application is funded by Overdose Data to Action (OD2A) under the Centers for Disease Control and Prevention. The proposed name for the application is Safety Outreach System (SOS) to alert users to instances of overdoses or positive fentanyl tests within a geographic region. Overdose or positive test events are input with zip code only to protect anonymity, and NNHRA pushes notifications to users with reminders to test their drugs and to use harm reduction modalities. The impetus for this application includes the high rates of overdose in Nevada and increasing adulterants in the drug supply, including fentanyl and carfentanil, (which can be reversed by Narcan), as well as Xylazine which is not an opioid and cannot be reversed by Narcan. Ms. Larson noted that this application serves multiple special populations.

Lisa Lee, also with NNHRA, explained that the Bad Batch App is a service-learning project engaged by her 16-year-old child, Alex, who was in school and could not present themself. This app is based on a similar app in Ohio, and is available online for free, along with links for free supplies.[3] Ms. Lee added that the app includes regional specification and could be utilized within Nevada's behavioral health districts.

Mr. Schoen expressed excitement about the app and wondered about utilization rates in Ohio. Ms. Lee explained that information is not available online.

Ms. Nadler asked if this was Nevada information or nationwide. Ms. Lee said this is a Nevada application that these high school students are working on in partnership with NNHRA. The goal is to pilot in northern Nevada, then they will offer it to behavioral health regions in Nevada after they have worked out the bugs. It could be expanded throughout the state to benefit not only people who use drugs, but also those working in public health and harm reduction, to alert them to potential spikes for deployment of resources to targeted regions.

Ms. Nadler asked if it would be available in Southern Nevada. Ms. Lee said that was under discussion with partners in Southern Nevada.

Chair Ford said he was intrigued by this app and possible grant opportunities to facilitate the development process, given its broad implications to impact the opioid crisis and other substances.

Ms. Johnson said she was excited to see bad-batch programs coming to life in Nevada. She asked if there is an opportunity to expand the application and suggested bringing this to the Cross-Sector Task Force for consideration. Ms. Lee said expansion to other drug types could include BTNX, and once the application builder is paid for, students will begin working on drop down menus with drug types, whether an overdose was involved,

[2] Note: Some of these presentations are from SURG members who have specific expertise in harm reduction, which has been identified as an important area of focus. Members who are presenting information or recommendations to the SURG were asked to disclose funding, grants, or other financial interests that may impact or that may be perceived as having impact on the viewpoints and recommendations. All slides presented for this item are available online on the SURG website.

[3] See slides for screenshots of these applications and additional information.

what substances or adulterants were on board, etc. As quantitative drug checking is added, they will also be able to integrate data to push out notifications to people who use drugs. Currently, there are no publicly facing dashboards to release to the community whose lives are at risk.

Quantitative Drug Checking for People Who Use Drugs (PWUD)

Ivy Sabal, New England User's Union, Harm Reduction Counselor, Tapestry Health, presented slides. Tapestry is a community partner in the Massachusetts Drug Supply Data Stream (MADDS). They perform drug supply surveillance based on samples provided to them, called "drug trash," because these are discarded drug supplies such as the ends of bags or used cigarettes. Mass spectrometry uses infrared light to measure drug content with a bit more depth at a low cost. They also use test strips with a lower threshold of detection to make a positive ID. They also send samples for gas chromatography testing, which is more sensitive for lower composition, but it is much more expensive at $100 to $150 per sample. Combining these three technologies is very effective.

There are some challenges with quarantine checking, which is qualitative, but there are ways to estimate drug supply. Potency can vary with a range of cutting agents including xylazine which causes vascular constriction and raises glycemic index similar to diabetes. They are seeing an increase in synthetic opioids across the board. As more opioids pop up to replace ones that were just scheduled, there is a severe impact on overdoses and long-term effects. They work with the same people MADDS works with – people who inject drugs – but they also work with people who inhale.

They can monitor how the drug supply has been changing over time as well as the big picture. Trends show changes throughout Massachusetts over time that are communicated to people they work with, including how drugs would affect them and the associated risk. People are starting to take this more seriously, creating a good dialogue.

Recommendations include establishing special agreements with the police department through board members and community connections. They identify places that already support harm reduction within government.

Ms. Nadler thanked them for the presentation and asked if this is being done in hospitals. They clarified that information is typically coming directly from people who use drugs, but sometimes police departments will notify them or local detox will give them samples.

Ms. Johnson remarked on the fantastic presentation and asked if they were receiving funding for additional testing, given the high-cost burden, and if they had developed resources for other harm reduction groups or local health departments. They are funded through MADDS with VISA, various grants, and a project through Brandeis for policy research. Brandeis has also been developing a great website called StreetCheck. Thousands of results from various direct training sites are uploaded with photos of the drug and both qualitative and quantitative results. Additional links are included on the last slide of this presentation.

Dr. Kerns asked if the quantitative testing lab they use is a private or state-run lab. They use a private drug testing lab and the Center for Forensic Science Research and Education.

Drug Checking for PWUDs in Nevada

Marco Mendez, Epidemiologist, Southern Nevada Health District (SNHD) presented his slides on surveillance of the illicit drug supply in southern Nevada. Surveillance helps save lives and prevent unintentional fatal overdoses in the community. There have been 2,101 unintentional opioid-related deaths in Clark County over the past seven years, reflecting 88% of all opioid related deaths. In 2021, nearly 40% of opioid overdose deaths involved methamphetamine and nearly 30% of stimulant overdose deaths involved fentanyl, reflecting poly-substance use and adulterants that are cut into various substances that people use. Adulterants may increase the risk of death directly or through complications, such as cardiovascular suppression from xylazine or fentanyl.

Special populations who may inject, snort or smoke drugs are disproportionately impacted, including the LGBTQIA community, children and youth involved in the welfare system, and Black/African American, Hispanic, Indigenous, and other persons of color.

SNHD started out using a portable mass spectrometer in partnership with their local syringe exchange, expanding to include test strips for comparison. They also partner with the National Institute for Standards and Technology (NIST) to conduct high sensitivity lab-based spectrometry of samples taken from their local syringe exchange. Qualitative drug checking of samples detects up to ten substances per sample, based on whatever may be cut into the sample submitted.

Harm reduction education and practices include training on administration, distribution of naloxone and fentanyl strips, and increased access to harm reduction supplies through a public health vendor.

Mr. Mendez identified gaps including lack of standardized public health surveillance for illicit substances, especially at the state level, and the need to increase accessibility of drug checking methods including field testing of substances prior to use.

Recommendations include the following:

- Widespread routine reportable testing of emergency department patients for commonly used substances and adulterants for public health surveillance,
- State and/or regional labs with capacity to test substances with high throughput and sensitivity.
- Accessible sites for community members to submit substances and/or samples for rapid testing and reporting.

Mr. Mendez added that reduction activities could synergize well with the SOS application discussed earlier to increase awareness of what may be in local drug supplies across the state.

Chair Ford referenced quantitative versus qualitative drug testing in relation to fentanyl legislation and asked whether labs can do quantitative assessments of drugs to ascertain what amount of fentanyl is present as an adulterant. Mr. Mendez said his understanding is the labs in Southern and Northern Nevada are not able to conduct this kind of testing at this time. He offered a recommendation to expand funding and training for labs to perform this kind of sample testing.

Vice Chair Lee explained that the northern public health lab does have a mass spectrometer procured through Elyse Monroy with funding from the statewide OD2A program. They were awaiting a table for the mass spectrometer to sit on, and still need to identify a funding source for processing the samples. Vice Chair Lee confirmed to Chair Ford that law enforcement would not have access to determine how much fentanyl is in an adulterated opioid, because the purpose is for public health to keep people safe and not further criminalize people who use drugs and are bringing their samples in for testing.

Chair Ford said his understanding is that law enforcement would endeavor to use this to ensure that appropriate charges are determined based on the amount of adulterant identified. Vice Chair Lee suggested that a forensic lab or other law-enforcement partnering site could also invest in mass spectrometry to do quantitative testing. She distinguished between public health harm reduction versus criminalization of substance use.

Ms. Nadler asked about the portability of the testing equipment. Mr. Mendez said that the local syringe exchange uses an MX908, which is a portable Mass Spectrometer. Their partnership with the NIST lab is for a non-portable Dart MS which is a very specific kind of mass spectrometry that requires little adjustments to pressurization of the samples as well as the sample dilution with much higher sensitivity and better qualitative results. The turnaround time is pretty quick; despite having to ship samples, they could have results back by the end of that same week.

Harm Reduction Supply Shipping Efforts

Kat Reich, Administrative Manager, trac-B Exchange, thanked members for the invitation to present and provided disclosures regarding funding sources. She described two sides of their shipping program including the NextDistro website to locate harm reduction supplies, with most clients focused on naloxone; or clients can contact them directly by text to a dedicated phone line to provide basic information for shipping. Although they require personal information for anyone receiving these items, they try to maintain anonymity to avoid stigma and to help ensure that people feel comfortable using these services, and will not face judgment, regardless of what other supplies they request. They provide both Narcan (nasal) and intramuscular naloxone.

Their main focus is to counter opioid overdoses, with a secondary goal to provide additional harm reduction supplies, especially to people who would not have access outside of Reno, Las Vegas, or Elko. They make sure people have clean items to avoid the risk of infection and they also provide information about connecting to other services, including medication assisted treatment (MAT) or help them get into detox facilities.

The primary group this focuses on is people who inject drugs, but they also have clients who do not use illicit substances but lack resources to obtain clean syringes from pharmacies due to increasingly high costs. This includes people with diabetes and others who inject legal medications.

Ms. Reich provided data on supplies shipped within Nevada in 2022. Most are through NextDistro which is more streamlined with better tracking. Some bulk shipping is available to multiple counties in Nevada, but there is limited awareness of availability, despite relatively low costs.

Ms. Reich mentioned a significant gap with returns, such as sharp bins for destruction, in rural areas. Also, there is a misconception that nasal is more effective than intramuscular naloxone because it is easier to use. She cited a cost of $1 to $10 for intramuscular naloxone versus $40 to $50 for a single dose of nasal naloxone.

Ms. Nadler asked if anyone can place an order or if they have to be certified. She knows a lot of moms who can't get Narcan, and the supply is low in many states. Ms. Reich said they do not place restrictions on who can order naloxone, but there is a vetting process through the NextDistro website. In Southern Nevada, funding support has run out for many organizations, limiting the number of distributors. The ability of the Exchange to purchase intramuscular naloxone helps, but it's not available for other organizations. The Health District is also able to get naloxone. It has become harder to keep up with increased demand and to prioritize their clients before distributing to other organizations or offices that would like to have it on hand.

Ms. Johnson thanked Ms. Reich for an excellent presentation and recommended the shipping program presentation for the next meeting of the Cross-Sector Task Force. At the health district (SNHD) they have seen increased demand each year since 2018 of about 5,000 extra doses. These are just the requests coming to them without necessarily being proactive with community outreach.

Dr. Kerns asked about the cost of pickup for return of products for destruction, and whether that was part of the cost of destruction or separate. Ms. Reich said there would be an additional cost with different options to have return bins for weekly pickup and destruction in Las Vegas, or to contract with public services for receiving biohazard pickup. They need to cover the cost of the disposal bins plus staff to go do that for people that have medical waste returns. There are restrictions in place to protect postal workers, so the medical waste returns tend to be rather expensive. The cheapest she has found is $42, but it would also increase their shipping costs to change packaging when they send harm reduction supplies as well as naloxone, from over $50 combined to well above that.

Ms. Nadler asked about legislation to make Narcan available to everybody through pharmacies. Vice Chair Lee reported that SAMHSA recently authorized approval for over-the-counter naloxone. She is not sure of the roll-out, but this is a huge win. She doesn't know how that affects the requirement for a standing order in Nevada. Ms. Johnson added that the FDA had approved Narcan for Emergent Bio Solutions, but her understanding is that other companies would need to seek FDA approval for over-the-counter distribution. It was unclear how that will impact costs, so she imagines that most community-based naloxone distribution programs will need to continue to help reduce overdose risk.

Mr. Schoen agreed that current avenues for community-based naloxone will still be needed, based on a recent update that pricing would be about $50 per dose, which is prohibitive for a lot of people.

Post-Overdose Response Staff

Christine Payson, Nevada HIDTA Drug Intelligence Officer, Nevada Sheriffs' and Chiefs' Association introduced herself and stated that she had no disclosures. She provided a quote from a Boston Medical center about post-

overdose outreach programs that emerged in Massachusetts since 2013 showing 6% lower annual opioid fatality rates and 7% lower annual opioid-related emergency encounter rates.[4]

Ms. Payson's program uses some of the opioid settlement funds for post-overdose outreach programs using contact information from emergency responses to connect survivors to social networks and outreach team contacts to proactively offer overdose prevention, guidance, referral, and navigation to treatment and other community services. Naloxone rescue kits, substance use care, and medications for opioid use disorder address a critical opportunity to prevent future overdose. It is available to all and would benefit all special populations.

Nevada HIDTA already works with SNHD to develop protocols for post-overdose outreach, so this would expand those efforts and reach more people in need. Proper funding is needed to bring it to fruition. Current gaps include the following:

- linkage to care,
- a chance to connect with family members or fellow drug users who could use the same information or assistance, and
- a way to provide a warm handoff for overdose victims and their families to these types of resources.

Their recommendation is for allocation of opioid settlement funds to be used to fund a post overdose outreach coordinator, and other associated costs to starting and maintaining a program.

Dr. Dickson said she has been working on MAT since 2008 in Las Vegas, and she has never once had a new patient evaluation that was referred by a hospital after an overdose. She said she doesn't know where they all are being sent, although some are sent to detox facilities, but they are not particularly oriented towards MAT, so there is a long way to go on this. She recently spoke with Patrick Kelly, CEO, Nevada Hospital Association, and their lobbyists about getting the hospitals interested in the Bridge program. He suggested working with the discharge planners because they're already hired and working for the hospital.

Dr. Kerns asked if the coordinator position she mentioned is just for Southern Nevada, all HIDTA areas, or for the whole state. Ms. Payson said they would start in Southern Nevada where they already exchange data with SNHD. If they can show success there, then they would like to expand at least to the other HIDTA area, if not the entire state.

Vice Chair Lee said this was a great presentation and she is a big fan of post overdose interventions. She wondered if there is an opportunity to work with the peer teams in the emergency departments at University Medical Center (UMC), through trac-B, and with Foundation for Recovery, as well as Dignity Health neighborhood hospitals in Southern Nevada. She said there is outreach with peers in emergency departments that could be beneficial to what Ms. Payson is proposing.

<u>Alternative Pain Treatment</u>

Dr. Ali Nairizi, Medical Director, United Pain Urgent Care/Reno Tahoe Pain Associates introduced himself and presented his slides with disclosures. He described alternative pain treatment as an effort to address a gap in the healthcare system to decrease the risk of substance abuse and opioid abuse. They began two years ago as a pilot program because emergency room staff are not trained to treat painful injuries other than prescribing pain medication. Then the patients stay on opioids or narcotics while they wait to see their doctor. This creates an increased risk for opioid naïve patients.

Dr. Nairizi explained that early access has had tremendous success using interventional treatment options that aren't available in emergency rooms, and that reduce or eliminate the need to prescribe opioids. They work on increasing patient resilience and improving their capacity to resist opioids. They have done a good job educating people and still need to do more, including healthy options such as regulating medication and increasing access through insurance authorizations.

[4] Journal of the American Medical Association, Psychiatry

He emphasized that each opioid prescription refill is associated with a 44% increase in the rate of misuse, and each additional week of opioid use increases the risk of misuse by 20%. This is where alternative options come into play with epidural injections that are effective.

Recommendations from Dr. Nairizi include the following:

- Provide early access to patients throughout the state.
- Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments.
    - Studies show these alternative treatments are cost effective.
- Expand this strategic initiative to other areas of the state faced with the same opioid addiction issues.

Ms. Nadler thanked Dr. Nairizi for his presentation and said it would behoove the whole state if we had certified drug and mental health counselors in our middle schools and high schools. It would help kids to know they can go and talk to somebody. For sports injuries, there are no options to give them relief without using opioids.

Ms. Johnson also thanked Dr. Nairizi for his presentation and asked what he thinks the barriers are for large-scale implementation of alternative treatments for pain, specifically related to costs, insurance, and access. Dr. Nairizi referred to a slide with cost analysis comparing emergency room treatment to the Early Access model used by United Pain Urgent Care. This Prominence Health study showed they reduced costs by 546%. He also referenced medical necessity under Medicaid and Medicare programs where they don't need to obtain a prior authorization. However, private payors do require prior authorization which may take up to seven business days even to get into an acute setting. In that time delay, narcotics may be introduced because these patients are suffering and cannot do anything else. With the cost differential, he said, it should be easy to implement on a bigger scale.

Ms. Johnson said she would love to read the study on costs, and asked if there are studies that have looked at patient quality of life or quality of experience for patients using alternative treatment. Dr. Nairizi said they don't currently have studies on improving the quality of life, but he has other studies showing improvement [of pain] that he can provide.

[Mr. Jama temporarily lost his internet connection, so Chair Ford went to the next presentation.]

<u>The Role of Community Health Workers and Harm Reduction</u>

Wendy Madson, Executive Director, Healthy Communities Coalition, and Jamie Ross, Coordinator, Nevada Statewide Coalition Partnership, introduced themselves and presented slides including disclosures. Ms. Madson provided a brief overview of Community Health Workers (CHW) and harm reduction efforts currently underway, as well as providing patient advocacy, home health aide, health education, outreach, and patient navigation. The role of CHWs has been expanding since 2014 with state supported training and placement with Coalitions and with various health care agencies and providers throughout the state. There is also pipeline training for high school seniors.

CHWs are experts at meeting people where they're at, bridging the gaps between primary prevention and harm reduction. They understand the importance of building relationships and trust with community members. They are trained in using naloxone and fentanyl test strips and they are placed in multiple environments to deliver education around harm reduction, as well as food insecurity, and connections to behavioral health and wellness.

Ms. Ross reiterated that CHWs are already working as harm reductionists in food pantries, handing out Narcan and fentanyl test strips and training people on the syringe exchange program. They are asking for funding to scale up existing programs that have demonstrated effectiveness.

Chair Ford noted that the SURG had already put forward a recommendation to increase funding for CHWs in the last Annual Report.

Ms. Holmes thanked the presenters and said CHWs could help, particularly in rural communities, with other services such as post-vention coordination, but they need to be connected to those individuals, post overdose. She added that education on alternative pain management requires rapport that CHWs have built with their clients.

Ms. Nadler referenced primary prevention and school programs and asked what they have done. Ms. Ross said they currently have CHWs as part of the Safe School Professional teams. Because they are placed in the schools, they build relationships with youth. They would love to broaden this program into every school. Ms. Nadler said that none of her friends' kids get anything on drug awareness at their schools. Ms. Ross said the current pilots are very, very small with about 300 people. In Clark County School District alone, scalability becomes a really big challenge.

Ms. Johnson advised of a proposed upcoming presentation to the Prevention Subcommittee regarding potential statewide primary prevention programing with the Coalition partners if they are available. She asked why CHWs are engaged rather than Peer Recovery Support Specialists (PRSS) or similar health care workers.

Ms. Ross said they would be happy to put together a presentation on what's happening with primary prevention in schools. She thinks there is quite a bit of overlap with the CHWs and PRSS. Peers have lived experience with substance use which can be incredibly valuable, but working in harm reduction can also trigger relapse. They think both Peers and CHWs are great resources for this work.

Dr. Kerns referenced that reimbursement for CHWs falls under the chronic health conditions, but she asked what services are covered under insurance, Medicaid, and Medicare. She also asked if there is an opportunity to expand coverage under those different models. Ms. Madson referenced legislation from the previous session in 2021 for Medicaid reimbursement for CHWs under the medical model with supervision under a doctor or RN. They are hoping to broaden that supervision model to behavioral health and beyond, in the current legislative session. Currently, there is dedicated reimbursement for chronic disease, and CHWs in schools do have the ability to bill Medicaid under provider type 60. She didn't know if this could expand to private insurance as CHWs become recognized and popular, but they can try. Ms. Ross said they would get back to Dr. Kerns with more information.

Chair Ford called for a break at 10:50 a.m. and reconvened the meeting at 11 a.m.

Safe Smoking

Shilo Jama, Safer Alternatives Through Networking and Education (SANE) introduced himself, noting that he helped develop and create the first heroin pipe, which is one of the things he thought was super important for working with smokers and developing smoking services. When they created the put-out-the-meth pipe, 30% of their meth injectors switched to smoking and reported using less, so this is a really good harm reduction intervention that helps them heal with less of the drug and lower rates of overdose. Due to internet instability, Mr. Jama asked to go ahead with questions.

Ms. Johnson thanked Mr. Jama for being there and asked him to speak about the expansion of syringe services. He explained that there is an initial group of people who are switching from injection to smoking, and then there is the added group of people who are smoking that get Hepatitis C and HIV tests in a community that has been underserved. When they added cocaine smoking kits, many users didn't understand the intent, so they provided education around risk factors to encourage them to get these tests. A lot of times drug users are connected to a suboxone clinic, but opiate smokers are not really connected to any programs. However, those who are connected to the Safe Smoking program can then connect to the suboxone clinic with access to treatment and education.

Vice Chair Lee said that lots of folks in Northern Nevada have transitioned from injecting to smoking in the last couple of years and she asked about funding sources for offering safe smoking supplies, such as grants, and any legal barriers to implementation of safe smoking. Mr. Jama said that in California there is a clearinghouse where the state pays for syringes and smoking equipment, so they have worked out the legal issues. He said he is happy to connect those resources, and he noted that multiple states now provide smoking services, with related local and state laws and regulations. He added that the cost of providing a pipe is definitely lower than providing syringes, while reducing risk factors including HIV, soft tissue infections, and overdose. It also reduces the risk from fentanyl.

Ms. Nadler asked if someone is smoking heroin with fentanyl mixed in, does that decrease their risk for death? Mr. Jama said yes, it would reduce the risk of death. For example, with an extreme fentanyl percentage of 30% there

would be a reduced risk with smoking where you're taking smaller hits and would be more likely to fall asleep than to overdose. But, he said, that does not prevent overdose because of fentanyl. He has seen posts from moms whose kids were smoking and died of fentanyl. With smoking, you still need to encourage them to use fentanyl test strips. Education around overdose doesn't change, regardless of what drugs or means of drugs you use. For stimulant users, they encourage them to use together rather than alone, so that others can provide Narcan, and they are educated in overdose prevention.

Ms. Johnson asked Mr. Jama to educate the committee about the different types of pipes that SANE distributes, and what kind of substances. Mr. Jama said they have three types of pipes – compared to "99" types of syringes. One is designed for fentanyl or opiates with a hammer shape to do a dab hit, one is designed for methamphetamine with a bowl at the end to do a slow roast with a rotating heat source, and one is designed for cocaine with a long cylinder. They provide all three of these types of pipes as well as test kits and syringes if they find wound care. For the heroin pipe, they have instructions on how to use it, but on the back of it they have suboxone clinic information. So, a lot of smokers come to them for treatment. Harm reduction as a core value needs to do better at reaching out to as many populations as possible, preventing HIV and other harms that are part of this "numbers game."

Mr. Jama said he thinks the best work they've ever been able to do is by building people's self-worth and building love back into the community. He explained: *There's a lot of stigma for folks who use drugs, and the more we can institute building the fact that these are people's children, these are people's brothers and sisters, these are valuable members of our community that we want to support and help and build that self-worth . . . the better health outcomes we can have.* He knows that love is hard to legislate, especially in this political climate, but he hopes we can find a way to make lives better for people.

Chair Ford asked if there is a particular recommendation that he wants to provide to the committee. Mr. Jama recommended provision of smoking programs in every syringe exchange program, to help reduce overdoses, wound care, HIV infections, and Hepatitis C infections. He said that syringe exchanges are the best place to link people to treatment and providing pipe programs would be the best scenario. He is happy to do any training or support for any individual programs that would like technical assistance. He thinks this is important and they have been working on this for over 30 years.

Chair Ford thanked everyone for these extraordinary presentations that were enlightening and informative.

5. Harm Reduction Recommendations

Chair Ford referred members to the handout with recommendations for harm reduction from both members and presenter. This meeting on harm reduction was offered because the SURG does not have the capacity for a fourth subcommittee. They can send these recommendations back through the subcommittees to flesh out, or keep at the full SURG level, or refer to the Advisory Committee for a Resilient Nevada.

Ms. Nadler suggested using a doodle form that members would fill out on what they think is important.

Chair Ford agreed and suggested using the weighting process with the combined recommendations, including those from today, to determine which recommendations to raise to the larger SURG.

Ms. Johnson said she would support this prioritization process when it comes to a vote, and she had two comments:

1. She would like the Bad Batch application and Shipping recommendations to be considered for the next Cross-Sector Task Force meeting, because they have relatively short timelines for implementation or scaling up, to remediate some of the overdose issues they are currently seeing.
    - Ms. Yohey said she would work with staff to send out a doodle poll for the next Task Force meeting.
2. She would like staff and members to consider merging some of the recommendations to help streamline the process, and she offered support from the Prevention Subcommittee to workshop recommendations to bring back in the fall, if other subcommittees aren't clearly appropriate.

Chair Ford appreciated Ms. Johnson's offer, noting that others could engage in the conversation, as well. He asked Deputy Attorney General (DAG) Rasul if individual members could communicate directly to staff regarding overlapping recommendations to combine with weighting. DAG Rasul affirmed that this would be fine for members to reach out to staff, but to ensure that members don't speak about this amongst each other.

Vice Chair Lee thanked the presenters and the Social Entrepreneurs, Inc (SEI) team for arranging all the presentations, information, and recommendations. She is also in favor of the process, noting that SEI does a great job sending out polls.

Chair Ford agreed that SEI is absolutely fantastic!

6. Review and Consider Items for Next Meeting.

Dr. Kerns reviewed the slide with possible agenda items for the next meeting on July 12th at 2 p.m., noting the opportunity for members to provide additional suggestions.

- 82nd (2023) Session of Nevada Legislature Update
- Review Proposed Amended Bylaws with Updated Member Appointments and Terms
- Update on Opioid Litigation, Settlement Funds, and Distribution
- Update on status of ACRN and Cross-Sector Task Force
- Fund for a Resilient Nevada Update
- SURG Subcommittee Report Outs

Vice Chair Lee noted that she may be out for surgery at the time of this meeting, but she will keep staff advised.

Dr. Kerns invited members to provide input after this meeting if something comes up. She confirmed for Ms. Johnson that the reports from subcommittees could include recommendations as well as additional areas for broader presentation or reporting out on presentations they've received.

Ms. Nadler asked about the legislative session and whether they mandated Narcan in classrooms for all schools.

Chair Ford explained that the legislature is scheduled to end on the first Monday in June, so there will be a full debrief at the next SURG meeting.

Dr. Kerns added that SEI recently compiled a list of specific legislation that would align with SURG recommendations; it was sent to members, and it is available online with the meeting materials. The list will be updated each month.

Vice Chair Lee explained that members can also track bills themselves using NELIS with free accounts for tracking up to 10 bills.

7. Public Comment

Ms. Payson said that Nevada HIDTA will do school presentations on request, including drug trends and dangers. Ms. Nadler or others who are interested can contact her.

Giuseppe Mandell, TINHIH thanked everyone for the informative meeting. There is a Recovery Day scheduled for April 27th at 9 a.m. with live stream registration. Another event is Aim for Recovery scheduled for April 29th. He appreciated the information on smoking sites. Chair Ford said he would be at the National Judicial College at that time, otherwise he would try to tune in. He thanked Mr. Mandell for the work they are doing.

Rick Reich, trac-B Impact Exchange thanked everyone for the presentations that were very informative. Another method of smoking is foil, which they have periodically distributed when they can get it from overseas and get it past customs. It is still probably considered paraphernalia, but it's a special kind of foil that is not coated. In terms of reaching clientele and participants to get into treatment, his experience in public health and in harm reduction

includes three major access points: emergency rooms, corrections or law enforcement programs, and harm reduction sites that distribute products that people want. The presentations today could relate to any or all of these sites. He thanked everyone, again, noting he would be listening in to the next meeting in July.

Dr. Dickson reported that the DEA (Drug Enforcement Agency) did away with the waiver for having to prescribe buprenorphine last December and they will have an eight-hour requirement and training for everybody. All providers got letters from the DEA last week that the training must be done before they renew their DEA Certificate, and that will be stretched over several years. The first group will apply to renew at the end of June or the first of July. (More information is available online at New DEA Requirement for Registered Practitioners to Complete SUD, OUD Training to Take Effect June 27 - AAPA.)

Dr. Nairizi added that buprenorphine is still a narcotic and warned about what could happen over the next ten years. He referenced what happened with oxycontin, adding that opioids are opioids and can still kill patients. He said you have to find an alternative option and not just follow a pattern.

Ms. Nadler said she would love to see the DEA school program brought back into our state.

Ms. Johnson invited folks to the May SURG Prevention Subcommittee meeting where DEA will present on community programs happening in California and what other states are doing.

8. Adjournment

The meeting was adjourned at 11:33

Chat Record

01:17:52 Kelly Marschall, SEI (she/her): That has been five minutes

01:22:59 Debi Nadler: Yes should be for all illicit drugs.

02:23:59 Kat Reich: Yes. Trac-B has presence in Renown (Reno) and UMC (Las Vegas). Thank you Lisa!

02:27:17 Laura Hale: Please limit chat use to technical issues with the zoom session. Thanks!

January 24, 2023 Email from Ms. Nadler

Dear members,

Everyone has done a wonderful job thus far and it warms my heart to see how hard we are all fighting to prevent, save lives, help recover and provide resources greatly needed for our Great State.

I feel it my obligation, representing the families who have suffered a loss because of the big Pharma atrocities, to remind everyone that we are suing because of these losses. A billion dollars will not bring my son nor any other parent their child back. With this being said-the very least, we can do is a memorial garden or park in remembrance of the lives lost.

I found an area the other day-there are actually several. Louis Haddad from parks and recreation is working with us. He will let us have the trees for free and pay 100 each for the plaques. Normally one plaque per tree but he will let us do two. Normally one name per plaque but we will be able to put 5. As of now 4 trees and 8 plaques will be 800.00. Truly this is the very least we can do to remember and honor the loved ones we lost.

There is a beautiful memorial in place for the 58 lives lost to the October shooting.

There is beautiful fireman's memorial off Oaky.

There are many memorials here. The only memorial we don't have and should have it one for this insidious Drug Epidemic which has taken more lives than gun shootings in this state.

Begging for this. Please remember our loved ones. It saddens me to sit in these meetings and discuss where the money is going and not pause to remember why we are here. Thank you.

Debi Nadler
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#ENDOVERDOSE
Drug Epidemic Awareness Walk Across America
momsagainstdrugs.com