

2023 Prevention Subcommittee Recommendations

Prevention Recommendation #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.
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This recommendation was developed following discussion of survey submissions from Prevention Subcommittee member Debi Nadler on primary prevention programming such as the DEA’s Community Outreach, DARE, and Northstarcare (see SURG Prevention and Harm Reduction Recommendations August 2023 for details).

The following elements will be discussed during the next Prevention Subcommittee meeting.

Question	Response
Please describe your justification/background information for this recommendation.	
Please include any associated research or links for your recommendation.	
Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.	
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	
Please describe the Action Step aligned with your recommendation.	
Is this a short-term or long-term recommendation?	
If your recommendation requires a fiscal note, please approximate the amount.	
On a scale of 1-3, please rate the urgency of your recommendation.	
On a scale of 1-3, please rate the impact of your recommendation.	
On a scale of 1-3, please rate the current capacity to implement your recommendation.	

Question	Response
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</p>	

<p>Prevention Recommendation #2</p>	<p>Allocate tobacco control and prevention funding using local lead agencies model to reach \$2 per capita recommended funding using a combination of funding sources (e.g., cigarette tax, other tobacco tax, Juul settlement, master settlement agreement, future vaping settlements, other tobacco related settlements, etc.).</p>
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This recommendation was developed from recommendation submissions by Prevention Chair Jessica Johnson, the most recent of which is detailed below (see SURG Prevention and Harm Reduction Recommendations August 2023 for earlier submissions).

Consideration of the urgency, impact, capacity & feasibility of implementation of the recommendation and how it advances racial health equity:

During the August Prevention Subcommittee meeting, Chair Johnson suggested that addressing this recommendation should be considered “urgent” to some degree after citing statistics from Mr. Ahlo’s Presentation on Youth Vaping Prevention to the Prevention Subcommittee on July 17, 2023 (for details of this presentation see the July meeting minutes and PowerPoint slides posted on the SURG website).

Vice Chair Schoen agreed and was excited to see the impact and noted that there is both capacity and feasibility for this recommendation.

Chair Johnson noted that to her understanding many tobacco initiatives disproportionately impact communities of color and expressed a desire to include some of this information as this recommendation is moved forward. She added that vaping prevention efforts’ focus on youth (a special population of focus for the SURG) is relevant to the impact of this recommendation.

Recommendation Submission on July 21, 2023:

Survey Question	Survey Response
<p>Recommendation submitted by Prevention Subcommittee member Jessica Johnson.</p>	<p>Allocate tobacco control and prevention funding using local lead agencies model to reach \$2 per capita recommended funding using a combination of funding sources (e.g., cigarette tax, other tobacco tax, Juul settlement, master settlement agreement, future vaping settlements, other tobacco related settlements, etc.)</p>

Survey Question	Survey Response
<p>Please describe your justification/background information for this recommendation.</p>	<p>This funding recommendation was recommended and supported by the Nevada Tobacco Control & Smoke-free Coalition. With the \$2 per capita support, this brings total to \$6.2 million for tobacco control and prevention statewide in Nevada. This would move Nevada's national ranking for tobacco control and prevention funding to 24th instead of its current position at 47th in the nation. CDC recommends states fund tobacco control and prevention at \$30 to mitigate morbidity and mortality.</p> <p>Other relevant background information -</p> <ul style="list-style-type: none"> - 1 in 6 Nevada teens use electronic vapor products. - This is important because we know that tobacco use is the number 1 cause of preventable illness and death in the United States. - Tobacco kills more than 480,000 people annually. More than alcohol, car accidents, illegal drugs, murders, suicides and HIV/AIDS - COMBINED. - Use of electronic cigarettes often lead to co-use or commercial tobacco use. - Prevention is key. 90% of adult smokers started before the age 18. <p>Nevada's Youth Vaping Prevalence Rate:</p> <ul style="list-style-type: none"> - Current ever tried rate for high schoolers 36.7% (2021) - Current ever tried rate for middle schoolers 12.6% (2021) - Current past 30 days user high school 17.6% (2021) - Current past 30 day user middle school 13.4% (2021) <p>(programs were implemented in high schools across Nevada for vaping prevention and demonstrated a reduction on the YRBS between 2019 - 2021 for all groups except middle school 30-day use (group that was not the focus of the intervention)).</p> <p>In 2023, Youth Vaping Prevention Funding was Eliminated</p> <p>Nevada Tobacco Revenue The overall total of \$231+ Million from Cigarette Taxes, Other Tobacco Taxes and Settlement Funding is broken down below to demonstrate how much is allocated for tobacco control and prevention.</p>

Survey Question	Survey Response
	<p>- \$145.2 million of Cigarette Taxes / \$0 for tobacco control and prevention</p> <p>- \$30.8 million of Other Tobacco Taxes / \$0 for tobacco control and prevention</p> <p>- \$14.6 million Juul Settlement / \$0 for tobacco control and prevention</p> <p>- \$41 million Master Settlement Funding / \$950,000 for tobacco control and prevention</p> <p>This equals .004% allocated in Nevada to Tobacco Control and Prevention efforts.</p> <p>To reiterate: CDC Recommendation for Nevada Tobacco Control and Prevention is \$30mil. This ranks Nevada currently as 47th in the country for Tobacco Control and Prevention funding.</p> <p>From earlier submission: 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.</p>
<p>Please include any associated research or links for your recommendation.</p>	<ul style="list-style-type: none"> • Nevada YRBS Data https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey • CDC Tobacco Funding Recommendations https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.htm • CDC Tobacco Control Best Practices https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm • Nevada Legislature 2023 Session • From earlier submission: https://www.cdc.gov/media/releases/2022/p1007-e-cigarette-use.html

Survey Question	Survey Response
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. (j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>a. Veterans, elderly persons, and youth d. Lesbian, gay, bisexual, transgender and questioning persons f. Children who are involved with the child welfare system g. Other populations disproportionately impacted by substance use disorders</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Other (please specify): Identifying funding sources alternative to FRN that can support these statewide programs</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Unsure</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Estimated fiscal note amount: 6.2 million</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>3</p>

Survey Question	Survey Response
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please list who you would like to present on this recommendation.	Updated information is from presentation received on 7/17
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	This submission was received prior to the addition of this question. This will be discussed at the September Prevention Subcommittee meeting.

Prevention Recommendation #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, tobacco outlet, and cannabis outlets density.
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This recommendation was developed from recommendation submissions by Chair Jessica Johnson, the most recent of which is detailed below (see SURG Prevention and Harm Reduction Recommendations August 2023 for earlier submissions).

Consideration of the urgency, impact, capacity & feasibility of implementation of the recommendation and how it advances racial health equity:

Vice Chair Schoen commented during the August Prevention Subcommittee meeting that there is currently no coordinated effort to collect this information on a regular basis and that cross-mapping where people live will help to identify if, and to what degree, there are higher alcohol and cannabis density in communities of color relative to other communities. He continued that this would provide a base level of information needed to complement information at the state level to inform better decisions about interventions. He concluded that this recommendation would have notable impact, that there is capacity and feasibility of implementation, it is urgent, and it can help to advance racial and health equity.

Chair Johnson recalled that in previous meetings this was seen as a first step in identifying opportunities for communities to identify additional policies or programs/interventions around outlets and how they correlate with other health outcomes. She added that there is high feasibility for implementation of this recommendation.

Recommendation Submission on July 21, 2023

Survey Question	Survey Response
Recommendation submitted by Prevention Subcommittee member Jessica Johnson.	Recommend 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, tobacco outlet, and cannabis outlets density.

SURG Prevention Subcommittee and Harm Reduction Recommendations September 2023

Survey Question	Survey Response
<p>Please describe your justification/background information for this recommendation.</p>	<p>(this is a suggested wording update and expansion to current SURG Prevention Recommendation item #3)</p> <p>This wording expansion supports the initial proposal for alcohol outlet density maps and expands tracking to other substance outlets in Nevada</p>
<p>Please include any associated research or links for your recommendation.</p>	
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>No survey response.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>g. Other populations disproportionately impacted by substance use disorders</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Other (please specify): DHHS data recommendation</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Short-term (Under 2 years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>No fiscal note</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>2</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>2</p>
<p>On a scale of 1-3, please rate the current capacity to implement your recommendation.</p>	<p>3</p>
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</p>	<p>This submission was received prior to the addition of this question. This will be discussed at the September Prevention Subcommittee meeting.</p>

Revised 2022 Recommendations for Resubmission in 2023

<p style="text-align: center;">Prevention Recommendation #4 2022 Recommendation #6 resubmitted</p>	<p>Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults.</p> <p>Sponsor: Sen. Doñate</p>
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No survey submissions received for the revision of this recommendation.

<p style="text-align: center;">Prevention Recommendation #5 2022 Recommendation #7 resubmitted</p>	<p>Support Harm Reduction through: Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of overdose reversal medication throughout the state.</p> <p>Sponsor: Chair Jessica Johnson</p>
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The following submission was received on September 11, 2023 for the revision of 2022 Recommendation #2 for Revision:

Survey Question	Survey Response
<p>Recommendation submission by Prevention Subcommittee Chair Jessica Johnson.</p>	<p>Recommend to DHHS to identify a baseline level of need for overdose reversal medications (such as naloxone) for the next 10 years in Nevada (base this on the state naloxone saturation plan) and expend settlement dollars to create a stable, sustainable, accessible source of overdose reversal medication throughout the state.</p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>While the Bureau has made strides to utilize grant funding to identify naloxone, fentanyl test strips, and xylazine test strips, it remains imperative that a baseline level of access to overdose reversal medication (such as naloxone) exists in order to meet on-going needs of community members. Reliance on grant funding alone can leave gaps in access to overdose reversal medications and increases risk for fatal overdose. Other states have utilized past distribution efforts, modeling, and other statistical formulas to project estimated number of naloxone doses needed for sustainable overdose reversal planning and engagement.</p>

Survey Question	Survey Response
<p>Please include any associated research or links for your recommendation.</p>	<ul style="list-style-type: none"> • This article summarizes the process for establishing naloxone saturation. Likely underestimates true need as it does not include non-fatal overdoses and drug checking data: https://www.thelancet.com/article/S2468-2667(21)00304-2/fulltext • This article summarizes the net benefit of naloxone access over the counter, and highlights the continued barrier of affordability for people at risk of opioid overdose: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7894851/ • Summary from national experts on overdose education and naloxone distribution (OEND) programs on best practices for community based naloxone distribution: https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00639-z
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p>

Survey Question	Survey Response
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Expenditure of Opioid Settlement Funds</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Unsure</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Unsure</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the current capacity to implement your recommendation.</p>	<p>3</p>
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</p>	<p>Impact: Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.</p> <p>Capacity & Feasibility: This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; a naloxone saturation plan has been developed for the state.</p> <p>Urgency: Moderate urgency - current naloxone access in the state relies solely on grant funding (e.g., SAMHSA State Opioid Response), which creates vulnerability for long-term sustainable access</p> <p>Racial and Health Equity: Multiple publications have outlined the current system (nationally) inequitably distributing naloxone across populations at risk, however, research on addressing the gaps is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who use drugs found disparities in the re-engagement continuum such that White persons who inject drugs (PWID) were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to</p>

Survey Question	Survey Response
	engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods.

<p style="text-align: center;">Prevention Recommendation #6 2022 Recommendation #9 resubmitted</p>	<p>Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.</p> <p>Sponsor: Chair Jessica Johnson</p>
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The following submission was received on September 11, 2023 for the revision of 2022 Recommendation #3:

Survey Question	Survey Response
<p>Recommendation submission by Prevention Subcommittee Chair Jessica Johnson.</p>	<p>Develop a Bill Draft Request (BDR) for the Nevada legislature, modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances</p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>While the Bureau has made considerable strides to develop MOST/FAST teams and crisis stabilization centers, there is still considerable work to ensure naloxone is provided to individuals when they are vulnerable to overdose (e.g., when being released from incarceration, being released from the hospital, etc.) Maryland's legislation requires evaluation of individuals experiencing non-fatal overdose at these key junctures and requires dispensation of naloxone to these individuals. Further, exploring how to give medication free of charge (and in-hand from hospital discharge) is imperative to ensure access to people at risk of overdose.</p> <p>From the 2022 Annual Report: One harm reduction tool to address the increase in fatal opioid overdoses</p>

Survey Question	Survey Response
	<p>is naloxone, a safe and highly effective Food and Drug Administration-approved medication that reverses opioid overdoses. In studies, naloxone efficacy has ranged between 75 and 100 percent. One study from Brigham and Women’s hospital in Massachusetts concluded that of those individuals given naloxone, 93.5 percent survived opioid overdose.</p> <p>In Maryland, the STOP Act legislation expanded access to naloxone in two ways. First, it authorized emergency medical services (EMS) personnel, including emergency medical technicians (EMTs) and paramedics, to dispense naloxone to an individual who experienced a nonfatal overdose or who was evaluated by a crisis response team for possible overdose symptoms. Second, the legislation established that within 2-years of passage, community services programs, including those specializing in homeless services, opioid treatment, and reentry, must develop protocols to dispense naloxone free of charge to individuals at risk of overdose. Both approaches help get naloxone into the hands of those who are most at risk. It is worth noting that Nevada leaders in the legislature and governor’s administration have already taken many steps to increase naloxone availability across the state, such as with the passage of The Good Samaritan Drug Overdose Act of 2015 (Senate Bill 459, Chapter 26, Statutes of Nevada 2015 NRS 453C.120). This Act allows greater access to naloxone, an opioid overdose reversal drug and has saved countless lives across Nevada since its passage. This proposed policy would expand these laws to allow health providers to dispense naloxone “leave-behind” or “take-home” kits so that people who use drugs have ready access to them if needed. Dispensing naloxone into the hands of people who use drugs has been found to be effective. One meta-analysis found that in the case of overdose, a take-home kit reduced fatality to one in 123 cases.</p>

Survey Question	Survey Response
<p>Please include any associated research or links for your recommendation.</p>	<p>Link to a copy of the bill (HB0408): https://mgaleg.maryland.gov/mgaweb/legislation/details/hb0408 Copy of the fiscal and policy note: https://mgaleg.maryland.gov/2022RS/fnotes/bil_0008/hb0408.pdf</p> <p>Citations from the "justification" column:</p> <p>[1] Rachael Rzasa Lynn and JL Galinkin, "Naloxone dosage for opioid reversal: current evidence and clinical implications," Therapeutic Advances in Drug Safety, 9:1 (Dec. 13, 2017), pp. 63-88. https://journals.sagepub.com/doi/10.1177/2042098617744161</p> <p>[2] Nadia Kounang, "Naloxone reverses 93% of overdoses, but many recipients don't survive a year," CNN Health, Oct. 30, 2017. https://www.cnn.com/2017/10/30/health/naloxone-reversal-successstudy/index.html</p> <p>[3] Rebecca McDonald and John Strang, "Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria," Addiction, 111:7 (July 2016), pp. 1177-87. https://onlinelibrary.wiley.com/doi/10.1111/add.13326</p>
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.</p>

Survey Question	Survey Response
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Bill Draft Request (BDR)</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Long-term (2+ years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Unsure</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>2</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the current capacity to implement your recommendation.</p>	<p>3</p>

Survey Question	Survey Response
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</p>	<p>Impact: Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.</p> <p>Capacity & Feasibility: This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; DHHS has expanded capacity in 2022/2023 with MOST/FAST and crisis stabilization, these entities can be the first groups to engage in provision of naloxone for non-fatal overdoses.</p> <p>Urgency: Opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.</p> <p>Racial and Health Equity: Research on addressing gaps in naloxone access is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who inject drugs (PWID) found disparities in the re-engagement continuum such that White PWID were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods is imperative to save lives. The impact of this recommendation will be dependent on the extent to which these crisis stabilization services have been impactful at addressing racial disparities in their services and programs.</p>

<p>Prevention Recommendation #7 2022 Recommendation #15 resubmitted</p>	<p>Support Harm Reduction through: Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd. Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.</p> <p>Sponsor: Vice Chair Erik Schoen</p>
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The following submission was received on August 31, 2023 for the revision of 2022 Recommendation #4 for Revision:

Survey Question	Survey Response
<p>Recommendation submission by Prevention Subcommittee Vice Chair Erik Schoen.</p>	<p>Bring parity in pay/compensation with CHWs for both Peer Recovery Specialists and Certified Prevention Specialists.</p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>As detailed in the August, 2023 meeting of the SURG Prevention Subcommittee, there has been tremendous movement and momentum for recognizing the important contributions of CHWs by ensuring that the funds (i.e., Medicaid reimbursements) are at a high enough level to provide competitive and livable wages.</p> <p>Those working as Peer Recovery Specialists and Certified Prevention Specialists deserve similar compensation levels for their unique and important contributions to supporting our fellow Nevadans.</p>

Survey Question	Survey Response
<p>Please include any associated research or links for your recommendation.</p>	<p>Where to begin? The value of Peer Recovery Specialists is widely acknowledged for the "lived experience" that informs the interactions of each and every Peer Recovery Specialist. According to SAMHSA's "National Model Standards for Peer Support Certification" page on their website, a primary goal of President Biden's 2022 Presidential Unity Agenda (which indicates strategies for addressing the nation's mental health crisis), "A primary goal outlined within this strategy is accelerating the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system."</p> <p>Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves. (From "Value of Peers", 2017, SAHMSA)</p> <p>According to SAHMSA ("Value of Peers," 2017), the Peers appear to provide the following benefits to clients:</p> <ul style="list-style-type: none"> • Increased confidence and self-esteem • Increased sense of control and ability to bring about changes in their lives • Raised empowerment scores • Increased sense that treatment is response and inclusive of needs • Increased sense of hope and inspiration • Increased empathy and acceptance (camaraderie) • Increased engagement in self care and wellness • Increased social support and social functioning • Decreased psychotic symptoms • Reduced hospital admission rates and longer community tenure • Decreased substance use and depression <p>As for Certified Prevention Specialists, these are folks with specialized training in providing evidence-based curricula and programs for the purposes of</p>

Survey Question	Survey Response
	<p>dissuading the substance use or abuse. As we move towards acknowledging the importance of offering comprehensive school-based programs that can help to address all factors including those that contribute to elevated ACE scores, it is important that we have a trained workforce able to do this very important work.</p> <p>Per the IC&RC's website, "Today's communities face a myriad of challenges – violence, drug abuse, crime, illness – but those problems, and the long-term damage they can cause, can be prevented, with appropriate education and intervention. Prevention-based programs are taking that message to schools, workplaces, faith-based organizations, and community centers in the U.S. and 22 countries around the world. The success of these programs relies on a competent, well-trained, ethical and professional workforce of Prevention Specialists.</p> <p>"The Affordable Health Care for America Act of 2010, Substance Abuse and Mental Health Services Administration's (SAMHSA) "8 Strategic Initiatives," and the 2011 National Drug Control Strategy have placed prevention in the forefront of health care reform efforts across the country. Local, state, and national organizations are struggling to keep up with the tremendous demand for new prevention professionals.</p> <p>"Credentialed prevention staff ensure that programs and their funders are delivering on their mission of ensuring public safety and well-being. A thorough understanding of prevention and the latest evidence-based practices for treatment is the hallmark of a qualified professional. The Prevention Specialist credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination.</p> <p>"Adopted in 1994, the Prevention Specialist (PS) is one of the fastest growing credentials in the field of addiction-related behavioral health care. There are now more than 50 U.S. states, territories, and countries that offer a reciprocal PS credential."</p>

Survey Question	Survey Response
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.</p> <p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>My recommendation does not focus on a special population.</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Bill Draft Request (BDR) Other (please specify): I am thinking that there may be pathway for PRSS's and Prevention Specialists in the "slipstream" of the momentum and pathway carved by CHWs in the 2023 legislative session. Perhaps leverage this for the 2025 session?</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Long-term (2+ years)</p>

Survey Question	Survey Response
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Estimated fiscal note amount: I have not idea -- conceivably this two professions could ostensibly HELP the State save money by reducing harm and utilization of higher cost services.</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the current capacity to implement your recommendation.</p>	<p>3</p>
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</p>	<p>Impact -- HIGH -- If successful in having PRSSs and Prevention Specialists at parity with CHWs, we would have onboard all of the Big Three paraprofessional professions that are key to building strong, effective, and sustainable strategies for mitigating harm from substance abuse.</p> <p>Capacity and Feasibility of Implementation -- Because of the trailblazing done by CHW advocates, there is already demonstrated capacity and feasibility for implementation of incorporating PRSSs and Prevention Specialists.</p> <p>Urgency -- HIGH -- It is vitally important that we get ALL of the needed workforce pieces in place so that we don't unintentionally handicap our efforts going forward.</p> <p>How the recommendation advances racial and health equity --It is my understanding that is just these sorts of services that most advance racial and health equity. This is done in two ways. On the workforce development side, these are considered "attainable" professions for folks who might otherwise want to work in healthcare but feel that the barrier of entry is too high for more traditional points of entry (i.e., nurses, doctors). Indeed, data from the NV Community Health Worker Association demonstrates that their most recent training cohort are primarily people of color.</p> <p>Secondly, because paraprofessionals are not as expensive as more traditional supports (i.e., masters-level mental health counselors, psychologists), they are more often utilized and deployed to provide services to people of color where funds are not widely available.</p>

New Submissions for 2023 Prevention Recommendations

Prevention Recommendation #8	Nevada Youth Risk Behavior Survey (YRBS) Implemented and mandated in all middle school and high school classrooms.
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Recommendation Submission on September 11, 2023:

Survey Question	Survey Response
Recommendation submitted by Prevention Subcommittee member Debi Nadler.	Nevada Youth Risk Behavior Survey (YRBS) Implemented and mandated in all middle school and high school classrooms
Please describe your justification/background information for this recommendation.	I read the reports and only a small percentage of our school-aged children participated. Quite Interestingly enough, these students who did answer-told the truth. It was very disturbing to see the drug use and suicide thoughts.
Please include any associated research or links for your recommendation.	https://scholarworks.unr.edu/handle/11714/4983
Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.	(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.

Survey Question	Survey Response
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.</p> <p>(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.</p> <p>(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.</p>

Survey Question	Survey Response
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	My recommendation does not focus on a special population.
Please describe the Action Step aligned with your recommendation.	Other (please specify): Not sure
Is this a short-term or long-term recommendation?	Long-term (2+ years)
If your recommendation requires a fiscal note, please approximate the amount.	Unsure
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	No response. This will be discussed at the September Prevention Subcommittee meeting.

Prevention Recommendation #9	Recommending all middle, high schools and college student’s ID cards have either a QR code or phone number on the back of their ids. To get emergency help whether it be suicide, drug use or other mental disturbances.
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Recommendation Submission on September 11, 2023:

Survey Question	Survey Response
Recommendation submitted by Prevention Subcommittee member Debi Nadler.	Recommending all middle, high schools and college student’s ID cards have either a QR code or phone number on the back of their ids. To get emergency help whether it be suicide, drug use or other mental disturbances.
Please describe your justification/background information for this recommendation.	They are already doing this in Washoe. Lisa Lee told me about it. A big group out of California got this mandated in school systems. The group is Bot One More. Pat Montoya, who sadly just passed away, told me how successful it was.
Please include any associated research or links for your recommendation.	No survey response.

Survey Question	Survey Response
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>My recommendation does not focus on a special population.</p>

Survey Question	Survey Response
Please describe the Action Step aligned with your recommendation.	Other (please specify): Nevada state Board of Education/DHHS
Is this a short-term or long-term recommendation?	Long-term (2+ years)
If your recommendation requires a fiscal note, please approximate the amount.	Unsure
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	Our youth’s drug use has increased along with mental health issues. We must provide at the very least numbers for them to call for help.

Harm Reduction Recommendations

Harm Reduction Recommendation #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.
It was determined that this recommendation is already underway and therefore has been removed from consideration.	

Harm Reduction Recommendation #2	<p>Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:</p> <ul style="list-style-type: none"> • 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.
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This recommendation was in part workshopped from recommendation submissions by Prevention Vice Chair Schoen, Chair Jessica Johnson, and SURG committee member Lisa Lee. The most recent submission is detailed below (see SURG Prevention and Harm Reduction Recommendations August 2023 for earlier submissions).

Consideration of the urgency, impact, capacity & feasibility of implementation of the recommendation and how it advances racial health equity: Prevention subcommittee members requested that SURG subcommittee members provide input on the qualitative elements, to be discussed at the October 11 SURG meeting.

Prevention Subcommittee Recommendation Submission on May 18, 2023

Survey Question	Survey Response
Recommendation submitted by Prevention Subcommittee member Erik Schoen	N/A
If you do not have a recommendation at this time, is there a speaker you are interested in hearing from or an evidence-based program you are interested in learning more about to provide you with the information you need to create a recommendation? If so, please provide information on the speaker or the program.	I am very interested in getting accurate drug-testing resources as far into the communities as possible for two reasons. One, surveillance of trends in the overall drug supply; and two, as an "early warning" tool for folks to be able to utilize prior to using drugs from a particular batch. From our last presentation, it sounds like the technology is still not where we need it to be -- but it would be nice if we could raise the flag on the importance of this somehow, if anyone has ideas?

Survey Question	Survey Response
If there are any recommendations from the 2022 Annual Report put forth by this subcommittee that you would like to consider for further development for potential inclusion in the 2023 Annual Report, please share the recommendation(s) and any additional details that should be considered (such as a status update, what you would like to add or emphasize, suggestions to further operationalize the language, etc.).	Honestly, I think we need to look at ALL of them and decide which ones no longer need to be followed up on or continued. My hunch is that we need to keep most of them on "the radar" as they are longer-term, developmental goals that will take (in most cases) years before we realize anything approaching "success."
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	This submission was received prior to the addition of this question. This will be discussed at the October 11 SURG meeting.

Harm Reduction Recommendation #3	Harm Reduction Shipping Supply: Provide travel costs for pickup 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.
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This recommendation was informed in part by the following Harm Reduction recommendation submission from March 2023 (see below for details).

Consideration of the urgency, impact, capacity & feasibility of implementation of the recommendation and how it advances racial health equity: Prevention subcommittee members requested that SURG subcommittee members provide input on the qualitative elements, to be discussed at the October 11 SURG meeting.

Recommendation submission from March 2023:

Survey Question	Survey Response
Recommendation submitted by SURG committee member Chelsi Cheatom.	Provide for the expansion of Harm Reduction services in every county including supporting shipping from urban Harm Reduction programs to rural/ frontier areas
Please describe your justification/background information for this recommendation.	Syringe exchanges and harm reduction programs are not available throughout most of the state and distance should not be a barrier for people to receive harm reduction services and products.
Please include any associated research or links for your recommendation.	Nextdistro is a national Harm Reduction Program that partners with local programs to ship overdose prevention supplies to individuals that need it. Trac-B/Impact Exchange in Las Vegas is a partner. Www.nextdistro.org

Survey Question	Survey Response
<p>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Expenditure of Opioid Settlement Funds</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Long-term (2+ years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Unsure</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>1</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the current capacity to implement your recommendation.</p>	<p>3</p>
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</p>	<p>This submission was received prior to the addition of this question. This will be discussed at the October 11 SURG meeting.</p>

**Harm Reduction
Recommendation #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).

This recommendation was informed in part by the following Harm Reduction recommendation submission from March 2023 (see below for details).

Consideration of the urgency, impact, capacity & feasibility of implementation of the recommendation and how it advances racial and health equity:

The following was submitted via email to Ms. Rodriguez of SEI from Prevention Subcommittee member Debi Nadler on September 14, 2023:

Urgency:

Impact:

- Ongoing grief counseling/mental health services for all members of the family to deal with the grief and trauma.
- Grief alone is complicated enough, but there is a lot of trauma associated with this kind of death. Family members often were the ones to find their loved one deceased, and the trauma of seeing them that way runs very deep. There is always ongoing, reoccurring guilt and questions of what one could have done to prevent this from happening.
- There is ongoing grief and pain with every holiday, significant date such as the deceased loved one's birthday or the date of their passing. It never ends –any family gathering, event or holiday is a constant reminder that one's own family is no longer complete. There is a deep void that can never be filled.
- Family members should be provided with Narcan kits if they have a family member with a substance use disorder.
- Some family members have been known to turn to drugs or alcohol themselves as a means of coping (escaping their pain), or some may already suffer with substance use disorders. They need access to mental health services and treatment services so they do not relapse and kind find healthy ways of living with the pain.
- The incidence of suicide with grief is heightened, and many with substance use disorders have been known to commit suicide. There needs to be preventative mental health services to assist with this.
- Family members need ongoing support to honor and remember their loved ones, which is one method of helping to cope with such loss. There needs to be funding to add such things as memorial plaques in the park, and reservations for parks for various memorial events.
- There needs to be funding for billboards and other campaigns to raise awareness and address the drug crisis both as a preventative measure to hopefully save lives, but also as a means of healing for the family members so they don't feel their loved one died in vain.
- Family members need to be included on committees and panels designed to develop programs and preventative measures. They have lived with addiction firsthand usually for years, so they know the tiny little details of what occurs and the kind of help that is needed.

Capacity and feasibility of implementation:

How it advances racial and health equity:

Recommendation submission from March 2023:

Survey Question	Survey Response
<p>Recommendation submitted by SURG committee member Christine Payson.</p>	<p>Funding is requested for a SNHD position to work with the HIDTA Overdose Response Team. The goal is to have a full-time position (SME) that would respond to overdose calls. Once the scene has been cleared by law enforcement, this health department subject matter expert would work with the victim, their family members, other persons on scene etc. to provide linkage to care services and harm reduction programs such as naloxone, fentanyl test strips and needle exchange programs. Other services needed could be funeral related, housing needs, health care, counseling or a warm handoff to treatment for substance use disorder. This position would also offer a continuum of care, providing follow up and case management as needed. The SNHD is currently working with the CFC Foundation, The National HIDTA Overdose Response Strategy (ORS), Las Vegas Metropolitan Police Department, Henderson Police Dept, Homeland Security Investigations and the Nevada Sheriff’s and Chief’s Association to bring harm reduction training to the law enforcement community as well as pilot the above program in an effort to combat the harmful effects of fentanyl related deaths in our communities.</p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>The 2018 Overdose Response Strategy Cornerstone Project details Public Safety -Led Linkage to Care Programs in 23 States. Methods and strategies in this project can serve as guidance in how linkage to care can be provided starting at an overdose scene.</p>
<p>Please include any associated research or links for your recommendation.</p>	<p>https://www.hidtaprogram.org/pdf/cornerstone_2018.pdf</p>

Survey Question	Survey Response
<p>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</p>	<p>(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.</p> <p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.</p> <p>(d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.</p> <p>(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.</p> <p>(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.</p> <p>(i) Develop strategies for local, state and federal law enforcement and public health agencies to respond</p>

Survey Question	Survey Response
	<p>to and prevent overdoses and plans for implementing those strategies.</p> <p>(k) Recommend strategies to improve coordination between local, state and federal law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.</p> <p>(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>My recommendation does not focus on a special population.</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<ul style="list-style-type: none"> • Expenditure of Opioid Settlement Funds • DHHS Policy
<p>Is this a short-term or long-term recommendation?</p>	<p>Long-term (2+ years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Unsure</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>2</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the current capacity to implement your recommendation.</p>	<p>2</p>

Survey Question	Survey Response
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</p>	<p>This submission was received prior to the addition of this question. This will be discussed at the September Prevention Subcommittee meeting.</p>

<p>Harm Reduction Recommendation #5</p>	<p>Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.</p>
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This recommendation was informed in part by the following Harm Reduction recommendation submission from March 2023 (see below for details).

Consideration of the urgency, impact, capacity & feasibility of implementation of the recommendation and how it advances racial health equity:

The following was submitted via email to Ms. Rodriguez of SEI from Prevention Subcommittee Chair Jessica Johnson on September 11, 2023:

Impact: Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19.

Capacity & feasibility of implementation: Nevada already has multiple laws and policies supporting access to harm reduction services, such as syringe services/harm reduction programs and reduced drug-paraphernalia for drug checking equipment for personal overdose prevention (e.g., fentanyl test strips). Making safer smoking equipment more widely available in partnership with harm reduction programs can provide more opportunities for effective health communication. This can reduce health care barriers and improve health outcomes.

Urgency: Fentanyl has rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs.

How the recommendation advances racial and health equity: Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies create safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This broadens the reach of harm reduction services and offers an additional pathway into care and recovery. Harm reduction programs can connect people who smoke drugs (PWSD) to a wider array of harm reduction education, materials, and linkage with health care and substance use treatment. In addition, engaging PWSD, especially with younger adults, may slow the development or escalation of substance use disorder and/or transition into injection.

Recommendation submission from March 2023:

Survey Question	Survey Response
<p>Recommendation submitted by SURG committee member Jessica Johnson.</p>	<p>Expand the scope of materials that may be made available for public health purposes by syringe services programs (SSPs), such as access to safer smoking supplies</p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>Fentanyl is rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs. A person’s overall drug-related risk is lowered every time they choose to smoke instead of inject. Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection-specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19. Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies create safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This broadens the reach of harm reduction services and offers an additional pathway into care and recovery.</p>

Survey Question	Survey Response
Please include any associated research or links for your recommendation.	<ul style="list-style-type: none"> • Example briefing from Washington State: https://adai.uw.edu/wordpress/wp-content/uploads/SaferSmokingBrief_2022.pdf • CDC: Issue Brief: Smoking Supplies for Harm Reduction.
Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.	(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Bill Draft Request (BDR)
Is this a short-term or long-term recommendation?	Long-term (2+ years)
If your recommendation requires a fiscal note, please approximate the amount.	No Fiscal Note
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3

<p>Harm Reduction Recommendation #6</p>	<p>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.</p>
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This recommendation was informed in part by the following Harm Reduction recommendation submission from March 2023 (see below for details).

Consideration of the urgency, impact, capacity & feasibility of implementation of the recommendation and how it advances racial health equity:

The following was submitted via email to Ms. Rodriguez of SEI from Prevention Subcommittee Vice Chair Erik Schoen on August 31,, 2023:

Impact: HIGH - If there were a contender for "most impactful strategy" with respect to workforce development, the widespread utilization of CHWs (and Peers and Prevention Specialists) would be at the top of the list. From recruitment to sustainability, these paraprofessionals are the most widely accessible and easily deployable -- not to mention the most eager -- members of the workforce to utilize and mobilize in providing Nevadans with the supports they need to mitigate any harm from possible substance use or abuse, including harm reduction efforts.

Capacity & feasibility of implementation: The good news is that many of the community coalitions throughout Nevada are already utilizing CHWs in harm reduction efforts like Naloxone training and distribution, and other strategies. These coalitions have also done the hard work of helping the communities they serve be more receptive to the importance of considering and utilizing harm reduction strategies.

Urgency: HIGH - Time is of the essence -- the longer we delay in standing up this very important strategy, the slower we will be to bring the full benefits to Nevada residents.

How the recommendation advances racial and health equity: he use of paraprofessionals helps to promote diversity within the workforce (according to the NCHWA, the most recent cohort of CHW trainees is more than 50% people of color). As well, they are uniquely positioned to be able to have an outsize positive influence relative to more traditional professions (i.e., masters-level therapists, psychiatrists, etc.).

Recommendation submission from March 2023:

Survey Question	Survey Response
Recommendation submitted by SURG committee member Chelsi Cheatom.	Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada
Please describe your justification/background information for this recommendation.	Nevada has a robust community health worker program and the community prevention coalitions each have community health workers on staff that provide support to their communities in various ways which could include harm reduction efforts that are for the communities they serve.
Please include any associated research or links for your recommendation.	No Survey Response

Survey Question	Survey Response
<p>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems</p> <p>g. Other populations disproportionately impacted by substance use disorders</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Expenditure of Opioid Settlement Funds</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Long-term (2+ years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Unsure</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>1</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>2</p>

SURG Prevention Subcommittee and Harm Reduction Recommendations September 2023

Survey Question	Survey Response
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	This submission was received prior to the addition of this question. This will be discussed at the September Prevention Subcommittee meeting.