



OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, *Attorney General*

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - <http://ag.nv.gov>

Statewide Substance Use Response Working Group Meeting

April 5, 2023

1. Call to Order and Roll Call to Establish Quorum

Chair Ford

2. Public Comment

(Discussion Only.)

Public Comment

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by virtual participants.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.

Public Comment

Attending Virtually

- Please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.
- If you are dialing in from a telephone and would like to provide public comment, please press *9 so the host can prompt you to unmute.
- Before commenting, please state your full name for the record.
- *Comments can also be emailed to lhale@socialent.com. These comments and questions will be recorded in meeting minutes.

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

(For Possible Action)

Chair Ford

4. Harm Reduction Presentations

(For Information and Discussion)

Bad Batch Application

Lisa Lee, MA, CPRSS & Madalyn Larson, Northern Nevada Harm Reduction Alliance and Alex Nay, Academy of Arts, Careers and Technology

Bad Batch Alert App

Substance Use Response Group (SURG)

Alex Nay, Academy of Arts, Career, and Technology (AACT) High School Student

Madalyn Larson, MPH Student

Lisa Lee, MA, CPRSS, CPRSS-S, DrPH Candidate

Northern Nevada Harm Reduction Alliance

Bad Batch App: Disclosures

- Funding for this project will be provided through the Overdose Data to Action (OD2A) funding via the Centers for Disease Control and Prevention (CDC).

Bad Batch App: Introduction

- The Safety Outreach System (SOS) would be a mobile application that aims to inform its users of drug batches that are correlated to overdoses or fentanyl test strip positivity. The application will allow users to sign up for alerts as well as report overdoses or fentanyl positive drugs; including the zip code that the event(s) occurred. The application will keep their other personal information anonymous. The reports will then create a “bad batch alert” that notifies every person that has signed up to receive the alerts through a push notification.

Bad Batch App: Issues

- High overdose rates in Nevada
- Increasing rate of adulterants in the drug supply (e.g., fentanyl, carfentanil, nitazines, brophine, xylazine, tianeptine, levamisole, etc.)

Bad Batch: Special Populations

- a. Veterans, elderly persons and youth;
- c. Pregnant women and the parents of dependent children;
- d. Lesbian, gay, bisexual, transgender and questioning persons;
- e. People who inject drugs; (as revised); and
- g. Other populations disproportionately impacted by substance use disorders.

Bad Batch App: What's Working Well / Evidence Based Practice

- An application this project is based on is called the SOAR app. The SOAR app is a bad batch app created by college students in Ohio. The app allows users to submit fentanyl-positive drugs, recent overdoses and other information (including where and when the events occurred).

The image displays several screenshots from the SOAR app interface:

- ABOUT US:** A page titled "How do Deadly Batch Alerts work?" explaining that users receive alerts via text, email, or app notifications when a surge in overdoses is detected. It states that personal information is securely stored and not shared with police.
- TEXT ALERTS:** A screen showing the text "TEXT 'SOAR' TO 419-670-7627" with an "OPEN IN MESSAGES" button. Below it, there is an "EMAIL ALERTS" section with an "enter your email" field and a "SIGN UP" button, and a "CLOSE" button.
- REPORT A BAD BATCH:** A screen with a checkbox and the text: "I understand that the data I submit will only be used to alert my community of possibly dangerous batches and will not be connected to my personal information." A "GO TO BATCH REPORT" button is at the bottom.
- YOUR INFO:** A screen with the heading "YOUR INFO" and two paragraphs of text. The first paragraph states that names and phone numbers are not stored or connected to the report. The second paragraph states that only the name, drug description, date, location, and submission date are shared with Columbus Public Health. A "CLOSE" button is at the bottom.
- PAST ALERTS:** A screen titled "PAST ALERTS" listing three alerts: "OVERDOSE SURGE ALERT!" (3 days ago), "DEADLY BATCH ALERT!" (12 days ago), and another "OVERDOSE SURGE ALERT!" (3 months ago).
- FREE SUPPLIES:** A screen titled "FREE SUPPLIES" offering "FREE Narcan/naloxone and fentanyl test strips delivered to you!". It includes buttons for "GET TEST STRIPS" and "GET NARCAN", and a "CLOSE" button at the bottom.

Bad Batch App: Gaps

- In Nevada, there are no publicly facing dashboards to alert people who use drugs of potentially lethal adulterants in the drug supply or to enter information on potentially lethal drugs in the current supply

Bad Batch App: Recommendation(s)

- Support for app maintenance/administration (e.g., person to review data and push notifications to end users)
- Support for expansion of services across Nevada (5 behavioral health regions?)
- Support to deploy public health and harm reduction resources into potential spike areas
- Integration with quantitative drug checking services to alert end users of potentially lethal batches

Bad Batch App: References

- Geng, L. (2021). Ohio students launch harm reduction and “bad batch” alerts app.
<https://filtermag.org/ohio-state-harm-reduction-soar/>
- The SOAR (Safety, Outreach, Autonomy, Respect) Initiative. (n.d.).
<https://thesoarinitiative.org/>

Bad Batch App: Contact Information

Name	Lisa Lee
Title	Co-chair NNHRA
Phone	775-997-8819
Email	lisa@rootstowingsconsulting.com

Name	Madalyn Larson
Title	Co-chair NNHRA
Phone	702-370-5633
Email	madalynlarson@nevada.unr.edu

Name	Alex Nay
Title	AACT Student, Medical Academy
Phone	
Email	aspenwinternay@gmail.com

Quantitative Drug Checking for People Who Use Drugs (PWUD)

Ivy Sabal, New England User's Union

Drug Checking **PRESENTATION TO THE SURG**

Substance Use Response Group (SURG)

Ivy Sabal

Harm Reduction Counselor

Tapestry Health

Quantitative Drug Checking: Disclosures

- Tapestry is a community partner in the Massachusetts Drug Supply Data Stream (MADDS)
- MADDS is a project being conducted by the “Opioid Policy Research Collaborative” of Brandeis University
- Receives funding from:
 - Centers for Disease Control
 - Massachusetts Department of Public Health, Bureau of Substance Addiction Services

Quantitative Drug Checking: Introduction

- MADDs is a Drug Supply Surveillance project
- It conducts “Drug Trash Checking”
 - Used bags, cottons, cookers, pipes, discarded drug material
- Initial qualitative testing uses a combination of FTIR Mass Spectrometry, Fentanyl Test Strips (FTS) and Benzo Test Strip (BTS)
- Samples are then sent to a partnered lab for secondary/confirmatory testing using GC/MS or LC/MS
 - Quantitative results in the form of “Relative Component Ratio” or “Substance Percentage”

Quantitative Drug Checking: Issues

- There is an increasingly unstable drug supply
- Potency can vary significantly from batch to batch
- There is a wide range of cutting agents, some of which can be quite harmful
 - Xylazine
 - Levamisole
 - Synthetic Opioids
- Unpredictability of drug supply has direct impact of overdose rates and negative health effects

Quantitative Drug Checking: Special Populations

- MADDs is primarily working with people who inject drugs but also works with folks who smoke and sniff

Quantitative Drug Checking: What's Working Well / Evidence Based Practice

- We are able to see how the drug supply changes over time
- Able to evaluate the current shape of the drug supply
- People who use drugs have a better understanding of what is actually in the drugs they are using and how those substances might be affecting them
- 34% of opioid samples in the first quarter of this year have Xylazine
- 59.7% Cocaine samples collected so far have Levamisole

Quantitative Drug Checking: Gaps

- Drug Checking is a legal gray area which makes “Real Time Drug Checking” difficult
- Must have special agreements in each town/city to be able to conduct drug checking, this makes it hard to provide this service in cities with more socially conservative governments
- FTIR can be used to estimate general fentanyl concentrations but is not meant for quantitative analysis
- Complex drug supplies can make it difficult to identify all components of a drug sample
- Confirmatory/ quantitative results take time
 - Useful for big picture but not as useful to individual users in the immediate moment

Quantitative Drug Checking: Recommendation(s)

- Work with existing harm reduction organizations to implement a drug checking program
- Have them discuss with their participants if they think this would be a useful service to them
- Identify municipalities with governments and police departments that would be most likely to create agreements allowing for drug checking
- Connect with people in the harm reduction community who are involved with drug checking who can provide guidance and training

Quantitative Drug Checking: References

- Massachusetts Drug Supply Data Stream, <https://heller.brandeis.edu/opioid-policy/community-resources/madds/index.html>
- Active Cuts Detected by Primary Chemical, <https://ma.streetcheck.org/Reporting/ViewReport?reportID=d2e74ce2-2f22-4494-879f-5bd5b5eed49e>
- Presence of Xylazine in Samples Over Time, <https://ma.streetcheck.org/Reporting/ViewReport?reportID=d21a0e5c-6604-47f8-bdca-93fb4bd695d9>

Quantitative Drug Checking: Contact Information

Name	Ivy Sabal
Title	Harm Reduction Counselor
Phone	339-440-2140
Email	isabal@Tapestryhealth.org

Drug Checking for PWUDs in Nevada

Marco Mendez, Epidemiologist, Southern Nevada Health District

SURVEILLANCE OF THE ILLICIT DRUG SUPPLY PRESENTATION TO THE SURG

Substance Use Response Group (SURG)

Marco G. Méndez, MPH

Epidemiologist

Southern Nevada Health District

Surveillance: Disclosures

- This project is supported by funds from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) grant number NU17CE925002. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Surveillance: Introduction

- Surveillance of the illicit drug supply helps prevent unintentional fatal overdoses in the community
 - Clark County has seen **2,101 unintentional opioid-related deaths** from 2015-2022*
 - Reflects 88.13% of all opioid-related deaths (total 2,384 deaths)*
- Intentional and unintentional polysubstance use can be attributed to many overdose deaths in Nevada
 - Nearly 40% of opioid overdose deaths involved methamphetamine (2021)**
 - Nearly 30% of stimulant overdose deaths involved fentanyl (2021)**

* Clark County data pulled from Nevada Electronic Death Registry System

** Polysubstance Overdose Deaths in Nevada: 2021 Profile - Statewide

Surveillance: Issues

- Drug contamination is an emergent issue, both nationally and in Nevada
 - Adulterants present in used substances may increase risk of death and/or other potentially lethal complications arising from substance use
 - People who use drugs may unintentionally consume other substances of which they are unaware when purchasing or being supplied

Special Populations

- People who inject drugs or consume drugs by other means
- Other populations disproportionately impacted by substance use disorders (SUDs)
 - LGBTQIA+ community
 - Children and youth involved in the child welfare system
 - Black/African American, Hispanic, Indigenous and other persons of color

Surveillance: What's Working Well / Evidence-Based Practice

- Surveillance of the local illicit drug supply
 - Qualitative analyses of samples from client-submitted paraphernalia
 - Portable mass spectrometry
 - High sensitivity lab-based spectrometry
- Harm reduction education and practices
 - Training on administration of naloxone and use of fentanyl test strips
 - Distribution of naloxone and fentanyl test strips
 - Increased access to harm reduction supplies (e.g., sterile syringes, sharps containers, wound care kits, etc.)

Surveillance: Gaps

- State-level standardized public health surveillance of illicit substances
- More accessible drug checking methods for community harm reduction (e.g., field testing of substances prior to use)

Surveillance: Recommendation(s)

- Widespread, routine, and 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

Surveillance: References

- *Publications to reference for additional information:*
 - Sisco E, Verkouteren J, Staymates J, Lawrence J. Rapid detection of fentanyl, fentanyl analogues, and opioids for on-site or laboratory-based drug seizure screening using thermal desorption DART-MS and ion mobility spectrometry. *Forensic Chem.* 2017;4:108-115. doi:10.1016/j.forc.2017.04.001
 - Singh VM, Browne T, Montgomery J. The Emerging Role of Toxic Adulterants in Street Drugs in the US Illicit Opioid Crisis. *Public Health Reports.* 2020;135(1):6-10. doi:10.1177/0033354919887741
 - Kariisa M, Patel P, Smith H, Bitting J. Notes from the Field: Xylazine Detection and Involvement in Drug Overdose Deaths — United States, 2019. *MMWR Morb Mortal Wkly Rep* 2021;70:1300–1302. DOI: <http://dx.doi.org/10.15585/mmwr.mm7037a4external> icon

Surveillance: Contact Information

Name	Marco G. Méndez, MPH
Title	Epidemiologist
Phone	(702) 759-0934
Email	mendez@snhd.org

Harm Reduction Supply Shipping Efforts

Kat Reich, Administrative Manager, Trac-B Exchange

HARM REDUCTION SHIPPING PRESENTATION TO THE SURG

Substance Use Response Group (SURG)

Kat Reich

Senior Admin and Data Manager

Trac-B / Impact Exchange

Shipping: Disclosures

- We have 2 sides to our company:
 - The public facing name of our Syringe Exchange – Trac-B – which is funded by a state grant for the SOR project that place peers directly in the Emergency Departments of 2 major hospitals to be available to meet with patients who have recently experienced an overdose.
 - Impact Exchange is the non-profit that helps provide our syringe exchange with supplies and staff. It is funded by federal, state, county, and local grants. These grants are focused on HIV/HepC detection and prevention, Overdose data collection and prevention – including the distribution of Naloxone, and general support towards providing people who inject substances with access to harm reduction supplies and linkage to services – including Medication Assisted Treatment and detox facilities. Some of this funding has helped support a mail program to distribute Naloxone to rural communities in Nevada that would not have access otherwise.
- Both companies receive funding that helps provide supplies and staff for our Harm Reduction Vending Machines placed throughout the state.

Shipping: Introduction

- Trac-B Exchange is partnered with NextDistro to **help clients who are in need of Naloxone or Harm Reduction supplies obtain them when they are in a location or situation that limits their ability to access them easily.** We have also accepted orders placed with us directly.
 - **We ship anywhere in Nevada,** outside of a small radius placed around our physical locations.
 - There are other ways to run a shipping program like this without the help of a second organization, but it is beneficial when a program is small or understaffed.
- While the program is not currently able to be 100% anonymous, it is as close to it as possible. This is important for **allowing people a way around the fear of stigma** or judgement when it comes to obtaining the things they need to maintain the health and safety of themselves or others.
- **Harm Reduction supplies should Always include the opioid overdose reversal medication Naloxone** (preference of nasal or intramuscular/injectable). It is also a great opportunity to share information regarding different services someone might be in need of that is not advertised well in their community (such as MAT – Medication Assisted Treatment).
 - For our program they can request only Naloxone or they can also request harm reduction supplies including but not limited to: clean syringes, cookers, tourniquets, sterile water, cotton filters, safe sex kits, 1st aid kits, hygiene kits, and fentanyl test strips.

Shipping: Issues

1. Saturate Nevada communities with enough Naloxone to **counter opioid overdoses**.
2. **Provide clean, single use harm reduction supplies to people who would otherwise not be able to access them.** This could be due to it not existing near them, the cost of supplies being prohibitive, fear of stigma (especially in the small towns), or disabilities that make it difficult or impossible for them to access the services that exist in their community.
3. Providing the harm reduction supplies helps reduce
 - **Number of opioid overdose deaths**
 - **Infections and abscesses requiring emergency room visits**
 - **Transmission of Hepatitis C and HIV**
4. **Provide people who could not normally be accessed with information about treatment or other services that could help them.** They are potentially unaware that the services are available without them being located in the major cities because their area lacks advertising or positive word-of-mouth due to stigma.

Shipping: Special Populations

- **The primary group this focuses on is people who inject drugs.**
- Technically this benefits anyone who injects substances (such as insulin or hormones) or take prescribed opiate medications and are at risk of accidental overdose / adverse prescription drug interactions with opiates. Therefore, this could also include the following groups:
 - Veterans and Elderly persons
 - People who have committed nonviolent crimes primarily driven by a substance use disorder
 - Transgender persons

Shipping: What's Working Well / Evidence Based Practice

- 291 packages of supplies were shipped within Nevada in 2022:
 - 197 Naloxone only orders were placed through NextDistro.
 - 40 Naloxone + Harm Reduction supply orders were placed through NextDistro.
 - 24 Orders were placed with us directly by texting our shipping phone.
 - 30 supply orders were requested by our rural peers on behalf of their clients.
 - Counties: Mineral, Humboldt, Elko
- Counties where supplies were shipped directly to a client in 2022:
 - Carson Clark Churchill Elko Nye Washoe White Pine
- The cost of priority shipping is usually less than \$10 for a package. Not including the cost of Naloxone (which varies by type and grant access), the supplies typically cost less than \$15 per person.

Shipping: Gaps

- **Single Source/Method for order requests** would be better. Tracking the additional method of texting us directly often causes confusion – the limitation of this is that client needs access to internet to set up their order.
- **Funds exist to send supplies out, but not to collect returns.** This could include:
 - sharps bins for drop off locations – one time purchases
 - funds to cover travel through the state picking up the items from clients or sharps bins
 - funds to cover return shipping of used syringes + the special packaging required for the safety of postal workers. These are federal requirements that affect all medical waste, not just syringes. This one is both the simplest and most costly solution as the packaging for syringe returns is quite expensive and not easily purchased in bulk.
- **Advertising is needed for a program like this.**
 - In our case, the rural communities are not being reached as thoroughly as Las Vegas. While there are people in Las Vegas who cannot reach our physical location due to a myriad of reasons and would not be able to access the items without it shipped to them, there are far more people in the rural communities who would benefit from this service but don't know it exists.
 - Advertising is also needed for education about Naloxone. Intramuscular is the more sustainable option for community saturation for the foreseeable future. Unfortunately, there is a very strong preference for Nasal which is not as easy to supply and is far more expensive.

Shipping: Recommendation(s)

Shipping programs in Nevada are only partially funded. We would recommend allocating funds towards these issues in order of priority:

1. **Travel costs for pickup of used products to be returned for destruction.** The most ideal solution would include 2 cities for returns to end at: Reno and Las Vegas. This would benefit the rural communities the most. Particularly when a person does not have a drop off location in their town or risks stigma if they are known to use it.
2. **Education about Naloxone – particularly intramuscular.** This would benefit the big cities and small towns. It will also help ensure the sustainability of a program in the future. 1-10 : 40-50
3. **Advertising about shipping programs.** This would most benefit the rural areas.
4. **Additional funds for purchasing Naloxone in the future.** As grant funding changes, the ability to provide both types of Naloxone may be impacted.

Shipping: References

- **Trac-B's website**
 - <https://www.harmreductioncenterlv.com>
- **Next Distro's website for Nevada**
 - <https://nextdistro.org/nevada>

Shipping: Contact Information

Name	Kat Reich
Title	Senior Admin and Data Manager
Phone	702-278-3764
Email	kat@tracbexchange.com

Post-Overdose Response Staff

Christine Payson, Nevada HIDTA Drug Intelligence Officer, Nevada Sheriffs' and Chiefs' Association

POST OVERDOSE OUTREACH PRESENTATION TO THE SURG

Substance Use Response Group (SURG)

Christine Payson

Drug Intelligence Officer

Nevada High Intensity Drug Trafficking Area (HIDTA)

Representing the Nevada Sheriffs' and Chiefs' Association (NVSCA)

Post-Overdose Outreach: Disclosures

- None

Post-Overdose Outreach: Introduction

“Post-overdose outreach programs emerged in Massachusetts since 2013 as an approach to engaging recent overdose survivors, using contact information from emergency responses to connect to survivors and their social networks.

In the days after a person survives an overdose, an outreach team will attempt to contact them by phone or visiting their home to proactively offer overdose prevention guidance, referral and navigation to treatment, and other community services. The team often offers support to the family as well.

Between 2013 and 2019, among 93 Massachusetts municipalities that had at least 30 overdose emergency calls in 2015, those municipalities that had implemented post-overdose outreach programs had a 6% lower annual opioid fatality rate than the municipalities that had not implemented any programs. Implementation of these programs was similarly associated with a 7% lower annual opioid-related emergency encounter rate than municipalities that had not.”

Post-Overdose Outreach: Issues

- *Prevent fatal overdose*

“Surviving an overdose is one of the strongest risk factors for fatal overdose, so reaching out and engaging overdose survivors in overdose prevention, like naloxone rescue kits, and substance use care, like medications for opioid use disorder, is a critical opportunity to prevent future overdose.”

Post-Overdose Outreach: Special Populations

This service would be equally available to all, and therefore would benefit all the special populations.

Post-Overdose Outreach: What's Working Well / Evidence Based Practice

- NV HIDTA has already been working with SNHD to develop protocols for post OD outreach
 - They are already the experts in evidence-based practices and harm reduction strategies. This would expand those efforts and reach more people in need.
- We have the basic framework, but need proper funding to bring it to fruition

Post-Overdose Outreach: Gaps

- This is an opportunity to provide linkage to care and harm reduction strategies that are currently lacking
- A chance to also connect with family member and/or fellow drug users who may be present, and provide them with the same information/assistance
- Officers on these scenes have expressed the need for a way to provide a warm handoff for overdose victims and their families

Post-Overdose Outreach: Recommendation

Allocation of opioid settlement funds to be used to fund a Post Overdose Outreach Coordinator, and other associated costs to starting and maintaining the program

Post-Overdose Outreach: References

- **Boston Medical Center**

<https://www.bmc.org/news/implementation-post-overdose-programs-associated-decrease-opioid-fatality-rate>

- **Public Safety-Led Post-Overdose Outreach Programs**

<https://www.cdc.gov/drugoverdose/od2a/case-studies/public-safety.html#:~:text=The%20Rapid%20Response%20Emergency%20Addiction,primary%20goal%20of%20overdose%20prevention>

- **Case Studies**

<https://www.cdc.gov/drugoverdose/od2a/pdf/od2a-public-safety-case-study-508.pdf>

Post-Overdose Outreach: Contact Information

Name	Christine Payson
Title	Drug Intelligence Officer
Phone	702-759-8070
Email	cpayson@lvmpd.com

Alternative Pain Treatment

Ali Nairizi, MD, Reno Tahoe Pain Associates

PRESENTATION TO THE HARM REDUCTION

Substance Use Response Group (SURG)

Dr. Ali Nairizi

Medical Director

United Pain Urgent Care / Reno Tahoe Pain Associates

Alternative Pain Treatment: Disclosures

- United Pain Urgent Care (UPUC) is the first urgent care in the country designed to treat pain and injury without the use of opioids, when possible. UPUC is owned and operated by Dr. Ali Nairizi. He identified a gap in our healthcare system and advanced his personal mission to fight the opioid crisis.
- In the treatment of pain and injury, there are many other ways to help the patient without the need to prescribe an opioid.
- The following is a detailed description of the future in pain management without the use of opioids.

Alternative Pain Treatment: Introduction

- Currently, Early Access to services does not exist in our healthcare system outside of emergency rooms.
- Need to intervene before the initial exposure to opioids leads to the desire to continue opioid consumption, and ultimately dependency.
- [Studies](#) (see the Addendum for a full list) have reported an increased risk of new persistent opioid use after prescription of opioids for acute pain in opioid naïve patients.
- Early Access has had tremendous success using interventional treatment options. Patients can be treated with methods not available in emergency rooms and reduces or eliminates the need to prescribe opioids.

Alternative Pain Treatment: Issues

- Emergency rooms are not required to obtain prior authorization in order to treat patients. Urgent Care setting is limited in providing these services as most private payers require pre-authorization.
- Capacity planning in acute care hospitals is impacting the way patients are cared for - opioid prescriptions can be an easy and unfortunate way to expedite discharges for the hospital patient population as resources are stretched thin.

Alternative Pain Treatment: Issues - Continued

- The total duration of opioid prescription was the strongest predictor of misuse. Each prescription refill was associated with a **44 percent increase** in the rate of misuse, and each additional week of opioid use **increased the risk of misuse by 20 percent.**
- E.R.A. = Education, Regulation, and Alternative Treatment Options
 - Education: There are many forms and access points to education with opioid addiction.
 - Regulation: AB 474 exists
 - Access: Challenges with insurance pre-authorizations
- The State of Nevada can significantly contribute to the Early Access point for patients while avoiding dependencies on opioid/narcotic prescriptions.

Alternative Pain Treatment: Special Populations

- Athletes (youth and adults)
- Veterans
- Cancer or Palliative Care Patients
- Workers Compensation Patients
- Seniors
- People in Recovery

Alternative Pain Treatment: What's Working Well / Evidence Based Practice

- Medicare/Medicaid do not require prior authorization for specialized procedures. This patient population has access to alternative treatment options
- Two private insurance carriers have agreed to the Early Access model and have waived prior authorization
 - Prominence Health study reduced cost by 546%
- Referrals from our local ER's as they are not equipped to do alternative pain treatments

Alternative Pain Treatment: Gaps

- Private insurance carriers requiring prior authorization for specialized procedures
 - If the pain or injury is extreme enough, patients will present to the ER if they cannot get the alternative treatment options they need day of presentation
- Education – Getting out the message that there is an alternative to opioids
- Expansion – Alleviating the requirement for authorization will help to expand this strategic initiative across the entire state of Nevada as well as other states in the future

Alternative Pain Treatment: Recommendations

- Provide Early Access to patients who would otherwise be prescribed opioids if treated in an emergency room setting
- Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments
- Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues

Alternative Pain Treatment: Contact Information

Name	Dr. Ali Nairizi
Title	Medical Director/Owner – United Pain Urgent Care & Reno Tahoe Pain Associates
Phone	(775) 384-1127
Email	nairizi@rtpain.com

Alternative Pain Treatment: Addendum

Studies that have reported an increased risk of new persistent opioid use after prescription of opioids for acute pain in opioid naïve patients:

1. [Brummett CM, Waljee JF, Goesling J, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. JAMA Surg 2017; 152:e170504.](#)
2. [Calcaterra SL, Yamashita TE, Min SJ, et al. Opioid Prescribing at Hospital Discharge Contributes to Chronic Opioid Use. J Gen Intern Med 2016; 31:478.](#)
3. [Alam A, Gomes T, Zheng H, et al. Long-term analgesic use after low-risk surgery: a retrospective cohort study. Arch Intern Med 2012; 172:425.](#)
4. [Sun EC, Darnall BD, Baker LC, Mackey S. Incidence of and Risk Factors for Chronic Opioid Use Among Opioid-Naïve Patients in the Postoperative Period. JAMA Intern Med 2016; 176:1286.](#)
5. [Bateman BT, Franklin JM, Bykov K, et al. Persistent opioid use following cesarean delivery: patterns and predictors among opioid-naïve women. Am J Obstet Gynecol 2016; 215:353.e1.](#)
6. [Johnson SP, Chung KC, Zhong L, et al. Risk of Prolonged Opioid Use Among Opioid-Naïve Patients Following Common Hand Surgery Procedures. J Hand Surg Am 2016; 41:947.](#)
7. [Schroeder AR, Dehghan M, Newman TB, et al. Association of Opioid Prescriptions From Dental Clinicians for US Adolescents and Young Adults With Subsequent Opioid Use and Abuse. JAMA Intern Med 2019; 179:145.](#)
8. [Stark N, Kerr S, Stevens J. Prevalence and predictors of persistent post-surgical opioid use: a prospective observational cohort study. Anaesth Intensive Care 2017; 45:700.](#)
9. [Quinn PD, Fine KL, Rickert ME, et al. Association of Opioid Prescription Initiation During Adolescence and Young Adulthood With Subsequent Substance-Related Morbidity. JAMA Pediatr 2020; 174:1048.](#)

Safe Smoking

Shilo Jama, Safer Alternatives Through Networking and Education (SANE)

The Role of Community Health Workers and Harm Reduction

Jamie Ross, PACT Coalition, and Wendy Madson, Healthy Communities Coalition

CHW PRESENTATION TO THE SURG

Substance Use Response Group (SURG)

Wendy Madson, Executive Director, Healthy Communities Coalition

Jamie Ross, Coordinator, Nevada Statewide Coalition Partnership

Community Health Workers: Disclosures

- Healthy Communities Coalition houses the Community Health Worker Association

Community Health Workers: Introduction

- What is a Community Health Worker (CHW)?
- History of CHWs in Nevada
- Harm reduction efforts currently underway in Nevada

Community Health Workers: Issues

- CHWs currently in Nevada
- CHW scalability
- Why Coalitions?

Community Health Workers: Special Populations

- Community Health Workers as trusted community voices
- Working with people who use drugs
- Examples of CHWs as harm reductionists

Community Health Workers: What's Working Well / Evidence Based Practice

- Evidence for CHWs
 - In Nevada, CHWs are locally-grown health providers with deep roots in the community. They have emerged as voices and health supports for many diverse communities of people of which they are members: communities of color, LGBTQ community, people living in poverty or, as with our FASTT and MOST programs, people who are incarcerated and transitioning back into their communities.
 - The UNR ROI Study shows that CHWS decrease ER visits (14%), urgent care (6%), acute admits (18%) and repeat, hospital visits (20%).

Community Health Workers: Gaps

- Funding for scale up of existing programs and projects

Community Health Workers: Recommendation(s)

- Prioritize funding for Community Health Workers to provide community-based harm reduction services.

Community Health Workers: References

- Nevada CHW Association: nvchwa.org – Nevada Community Health Worker Association
- Nevada Certification for CHWs: [Certified Community Health Worker \(CHW\) – Nevada Certification Board \(nevadacertboard.org\)](http://nevadacertboard.org)

Community Health Workers: Contact Information

Name	Wendy Madsen
Title	Executive Director
Phone	775-241-9190
Email	roots@healthycomm.org

Name	Jamie Ross
Title	Coordinator
Phone	702-582-7228
Email	jross@drugfreeLasvegas.org

5. Harm Reduction Recommendations

(For Possible Action)

Harm Reduction Recommendations Process

- SURG members discuss and elevate specific recommendations to workshop
- See Recommendations meeting material handout for list of SURG member recommendations and presenter recommendations related to Harm Reduction

6. Review and Consider Items for Next Meeting

(Discussion Only)

Dr. Terry Kerns, Office of the Attorney General, and Emma Rodriguez, Social Entrepreneurs, Inc.

Items for Next Meeting

- 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

7. Public Comment

(Discussion Only)

Public Comment

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by online participants.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.

Public Comment

Attending Virtually

- Please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.
- If you are dialing in from a telephone and would like to provide public comment, please press *9 so the host can prompt you to unmute.
- Before commenting, please state your full name for the record.
- *Comments can also be emailed to lhale@socialent.com. These comments and questions will be recorded in meeting minutes.

8. Adjournment

Additional Information, Resources & Updates Available At:

[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, Attorney General

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - <http://ag.nv.gov>