MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Wednesday, July 9, 2025
2:00 p.m.

Meeting Locations: Offices of the Attorney General:
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV
1 State of Nevada Way Building, AGO Suite #100, Conference Room 225/226, Las Vegas, NV

Zoom Webinar ID: 841 1615 6896

Note: All presentation materials for this meeting are available at the following link: https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/

Members Present via Zoom or Telephone
Chelsi Cheatom, Dorothy Edwards, Attorney General Aaron Ford, Assemblymember Heather Goulding, Assemblymember Ken Gray, Dr. Shayla Holmes, Jessica Johnson, Debi Nadler (for public comment only), Angela Nickels, Christine Payson, Erik Schoen, Steve Shell, and Dr. Beth Slamowitz

Members Present in Las Vegas
Dr. Lesley Dickson

Members Absent
Jeffrey Iverson, Senator Fabian Doñate, and Senator Jeff Stone

Attorney General's Office Staff
Dr. Terry Kerns, Chief Deputy Attorney General Mark Krueger, Deputy Attorney General Joseph Ostunio, and Ashley Tackett

Social Entrepreneurs, Inc. (SEI) Support Team
Crystal Duarte, Laura Hale, Kim Hopkinson, Kelly Marschall, and Mary O'Leary

Other Participants via Zoom or in person
Linda Anderson, jbaez@unr.edu, Jamie Bartlett, Michelle Berry, Dani Brown, Lori Bryan, Haylee Butler, Emilee Calvin, Leah Cartwright, Stephanie Cook, James Dardis, Amy Fleming, Morgan Green, Cade Grogan, Leslie Gunderson, Heather Kerwin, Candace Lewis Vaughn, Amy Lucas, Giuseppe Mandell (Optimal Healing), Leo Magrdichian, Marco Mendez, Abe Meza, Roberto Miranda, S.Murach, Zachary Rees, Beth Scott, Katie M. Snider, Maureen Strohm (NVSAM/SHH), Alex Tanchek, Spencer Thomas (AGO Intern), Anthony Vu, Karla Wagner, Lauren Wong (AGO Intern)

1. **Call to Order and Roll Call to Establish Quorum**
   Chair Ford called the meeting to order at 2:02 p.m. Ms. Duarte called the roll and confirmed a quorum.

2. **Public Comment**
   Ms. Nadler asked for confirmation that the public comments were being recorded. Chair Ford confirmed this. (Note: Italicized comments are verbatim.)

   My name is Debbie Nadler. You all know I've been on this committee for 5 years now. But I want to be clear. This . . . there originally was not a seat for someone like me. No one invited a grieving mother to

sit at this table. I had to push my way in and make a space, not just for myself, but for every parent whose child was taken by this crisis.

I didn't come here with a title or grant. I just came here with a truth that I don't know if the room wanted to face. But I know it's still not facing. We sued on behalf of our dead children. We wouldn't have a lawsuit if it weren't for them. My son Brett was one of them.

We got 1.2 billion dollars and handed 300 million to lawyers. But what did the families get? No trauma support, no grief services, no help for the siblings, no money to light the Las Vegas sign purple on Overdose Awareness Day, the one day to recognize the loved ones lost in the State. The grieving family members had to raise that money ourselves. Dozens of parents and loved ones came together to do what

Why, I believe this committee has prioritized bureaucracy harm reduction and infrastructure. But there's something that's been left behind. And that's primary prevention and mental health awareness for the kids in schools. All I've asked for, for the past 5 years or more, again and again and again, is primary prevention and mental health.

There's still no statewide campaign, no meaningful classroom education, no early intervention. A few programs in a few districts is not prevention. It's delay, and it's failure. While everyone's waiting. Our kids are dying. Our State is the only state in the country where overdose deaths increased in 2024 by 4%.

That might seem like a small number. But it's a big number that's not just failure. It's neglect on our part.

We, the parents, were on the front lines. We saw what worked. We saw what didn't. We know what needs fixing. And we know that prevention is a big key.

But it's not being funded. And perhaps that's a reason - part of the reason why the crisis is out of control. This epidemic doesn't care if our children are rich or poor, or black or white. They don't care if you live in Summerlin or rural Nevada one day it could be, God forbid, one of your children, or your grandchildren or relative, and I just wonder to myself.

(Chair Ford asked Ms. Nadler to wrap up at the 3-minute mark.)

Because this is how it happens. Quietly, suddenly, and permanently at this point I have to ask myself, am I here to make a difference, or am I here to be tolerated? I joined this committee because I knew in my heart it's what my son would have wanted me to do to help others like him to reach someone else's child before it's too late. But the truth is, every time I speak no one listens, and it feels like he's dying all over again.

We see where the money's going. We see where it's not. Our state was entrusted with the responsibility that came at the cost of our children's lives and . . .

(Chair Ford noted the need for Ms. Nadler to wrap up her public comment.)

I need to finish this. I can no longer, in good conscience, sit on this committee, because my voice and the voices of grieving families are not being heard, our children are not being seen, our pain is not being

respected. I didn't sit up quietly. I signed up to fight for families still suffering, and I signed to protect the children who are next.

Some of you may feel relieved that I'm stepping away, but I want you to take my absence as a challenge. Who among you is going to stand up and fight for the vulnerable? Who will speak for the victims who no longer can?

I ask you next time you meet, to think of my words, and to think of the thousands who've lost their lives and the thousands more to come, this is your moment, this is your challenge. I challenge you all to meet with every victim, to see the face of every lost loved one, to hear the struggles, the stories, to look the grieving parents in their eyes and feel their pain, and then ask yourself, "Are we doing enough?" I did this to make a difference, and apparently, I'm not worthy of this committee. As I don't hold an important position, I was the reality, a victim and a person with lived experience.

I urge you all to take a moment to genuinely feel for us.

Thank you, Jessica Johnson, I adore you. I love you for everything you've done. I am sorry this is my last day. I wish you all good luck.

I feel I'm no longer worthy of the committee, and I'm signing off. Thank you so much.

Chair Ford thanked Ms. Nadler for her comments and offered his own public comment.

I'm going to take a couple of minutes [for] some comments and public comment as well. Let's be clear about the status and the purpose of this committee. It is to make recommendations to an entity that actually makes decisions on how monies are spent. This committee was never intended to spend money to allocate funds, or to do anything in the arena of exercising authority over how monies are spent. I commend this committee, which has met over 5 years, and the work that it has done to do exactly what it was called to do: Make recommendations to the Advisory Council for a Resilient Nevada, which is housed within the HHS Department of our State Government, and I also commend DHHS for doing the yeoman's work on ensuring that monies have indeed been spent on survivor services, on services to help victims and survivors of the opioid epidemic.

And beyond that, so you know, I want to take an opportunity to offer some thoughts that are contrary to some others that may be out there. And again, I look forward to working with the members of the SURG committee, who are indeed dedicated volunteers who are putting in yeoman's work to try to provide services and recommendations on how to best respond, by the way, not just to the opioid crisis, but to substance use, and abuse of a wide range and a wide assortment of substances that are out there. And in terms of the monies that have been spent, recognize that we should give credit where it's due, and that is to the outside counsel that has brought in well more than $300 million worth of support and services. The State would not have 1.2 billion dollars of monies into this state had it not been for the exercise in the efforts of outside counsel that was approved by the Governor and by the Legislature, in order to assist us in effectuating these positive goals. And so, with that. Is there anyone else here who wants to speak in public comment?

Dr. Kerns wanted to highlight that the 2025 Southern Nevada Substance Misuse and Overdose Prevention. Summit will be held on August 14th from 8 am to 5 pm in Vegas, at the UNLV Strip Pavilion. There is a $25 registration fee, but there are a generous number of scholarships. The scholarships just cover the registration fee. They do not cover travel, and there are still open slots. If anyone wants to sign up for that, it is in the materials for the SURG meeting.

Mr. Mandell thanked Dr. Kerns and everybody for all the work that their office has done and the outside counsel. He apologized for coming in late, noting that he didn't hear everything, *but there is a lot of us in the public that do thank you for all the hard work that you guys have done. And then I just wanted to say one thing, and I enjoy these meetings. Thank you for allowing me to sit in and learn with you and the public, and I would like to just -- based off of a couple of people my service. We would like to hear a little bit more in future references, a little bit more about treatment as well, and what we're doing with it as far as the State and one of our major gaps, we made huge strides with a lot of different programs as far as the peer navigators and hospitals and the people working programs and stuff like that. And we're starting to kind of miss that key gap of what do we do with them from there? And we'd love to hear more about different actual treatment programs for that next step, so that we can try to get these numbers down and reverse from there and learn more about those programs. And if there are funding opportunities for some of the good programs out there.*

I think it would be great to invite some of those companies to the table to hear about what they're doing where once we get them captured in the ER or we got the prevention side. We've got the harm reduction side. What are we doing about the treatment side? And then that piece of recovery? And we're missing a little bit, even though we're making strides, and a lot of us in the public field would love to hear more about that part. And thank you guys very much. And again, thank you for allowing me to be a part of your meeting. Thank you.

Maureen Strohm from Southern Hills Hospital said she would like to tag team with Giuseppe and his comments and bring members up to date with what's going on at Southern Hills. She is the Program Director for an addiction medicine fellowship. It's the first and so far, only one in the State of Nevada. They have two fellows per year, because they lack funding to meet the four that they could have per the accrediting body.

In this past year they began to pilot services in the hospital setting to provide addiction medicine consults to raise the bar for evidence-based treatment in the hospital setting for individuals coming in in withdrawal, or with other complications of their substance use disorders. She is really pleased and honored to say that two of her recent graduates are going to be staying on board and helping her to build that service. Once they establish that, they look forward to expanding that to other hospitals, first within their system in HCA and then on to other hospitals that she has already been in discussion with. They are at the physician workforce level. They're working very hard to train residents and fellows throughout the city through their services, and Dr. Dixon has been involved with that, as they have many residents and students rotating through the behavioral health group.

Stephanie Cook, Nevada State Opioid Treatment Authority, Bureau of Behavioral Health, Wellness, and Prevention, Division of Public and Behavioral Health, said they are just finishing their Strategic Plan to inform programming for the next five years. They leveraged information and recommendations from SURG, ACRN (Advisory Committee for Resilient Nevada), et al. She would like to present the plan to the SURG when it is completed, together with an anti-stigma campaign related to substance use disorders (SUD), and they would like feedback from the SURG members.

3. **Review and Approve Minutes for April 9, 2025, SURG Meeting**

Chair Ford asked for a motion to approve the minutes.

- Dr. Dickson made the motion to approve the minutes
- Dr. Holmes seconded the motion.
- The motion carried unanimously.

4. **Update on Opioid Litigation, Settlement Funds, and Distribution**

Chair Ford commended Chief Deputy Attorney General Mark Krueger for the work done to ensure bringing in $1.2 billion to the state for the opioid abatement and recovery efforts.

Chief Krueger announced having finally reached a settlement from Purdue for $57, 941,000 to Nevada to distribute through the One Nevada agreement for allocation toward opioid recovery. The state share will be $19,900,000. All 55 states and territories have agreed to the settlement and payments are expected by June 2026 at the latest. It puts the total recovery at just over $1.2 billion. His research shows Nevada is the 3rd most successful participant per capita, behind two other hard-hit states--West Virginia and New Mexico. He cited Attorney General Ford's amazing leadership, adding that the recovery numbers speak for themselves. He noted that Dawn Yohey (Manager for the Fund for Resilient Nevada) will probably present to the SURG on program and services expenditures that really help Nevadans and save lives.

Chair Ford reiterated that the Office of the Attorney General doesn't determine how funds are spent. Chief Krueger elaborated on this reminding everyone that the statutes direct the Department of Health and Human Services (DHHS) to determine expenditure of funds for programs to best address the opioid epidemic, which is ever-changing. Recommendations from the SURG are important to incorporate into the State Plan to correspond to changes in the environment.

(Chair Ford noted he would be relying on Vice Chair Shell to take over chairing this meeting at 2:24.)

5. **Current Trends in Substance Use** (All slides available on the SURG webpage)
   - Update for Opioid/Overdose Prevention Activities from CASAT

Morgan Green, MA, Project Manager, Opioid Treatment Accreditation Course (OTAC), Center for Application of Substance Abuse Technologies (CASAT) presented slides reflecting their activities. They receive funding from the Division of Public and Behavioral Health (DPBH) State Opioid Response (SOR) and the Fund for Resilient Nevada (FRN) for harm reduction, distribution of supplies, and some evaluation.

The Nevada Opioid Center of Excellence (NOCE) received funding in January 2024 and launched their website in April, with training beginning in June 2024. They have completed 28 public events with access throughout Nevada typically offering continuing education credits. Extended learning series were directed to special populations, and 12 targeted technical assistance events were offered to start up programs and other activities. In addition, 21 podcasts highlighted professional behavioral health services with various approaches to different communities and populations. Staff also presented at 50 different outreach events.

Some of this work was based on a needs assessment completed through FRN while other services were specifically requested, including presentations on the Good Samaritan Act and Drug Induced Homicide law and Assembly Bill 156, related to pharmacists' prescription and dispensation. These presentations have occurred over the last six months. The learning series included working with tribal populations, ACES (adverse childhood experiences), and Doulas with targeted approaches for different professionals.

In southern Nevada, an outreach coordinator was funded to support Clark County. Support in rural areas includes boots on the ground to support special populations, including youth, tribal, and veteran populations. In Esmeralda County, a health and resource fair supplied needed resources.

Major upcoming events include support for pregnant and parenting people who use substances, in August in Washoe County, with in-person and virtual options as part of a learning series, leveraging Washoe County abatement funds. Another provides Crisis Intervention Team (CIT) training for rural

dispatchers, as requested by Bill Teel, who works with the jails in rural areas. They are working to set up some scholarships to support individuals who can't attend in person.

Two new centers are being created within the NOCE organization:

- The Nevada Prevention Technical Assistance Center to work with community coalitions, nonprofit agencies, local government agencies, school districts, and private businesses to bolster prevention activities; and
- Screening prevention intervention collaboration with universal screening for early identification, working with Community Health Workers (CHW), criminal justice professionals, and adolescent service providers.

They have three mobile units, with three identified organizations, including Roseman (Western and Central Nevada), Vitality (Northeastern Nevada), and Westcare (Southern Nevada). Rural areas are allocated within each region. One award has been executed with a tentative launch date in September 2025.

Harm reduction supplies were distributed over the last year as follows:

- Naloxone: 56,880 (2 dose units)
    - Community Partners: 54,875
    - Law Enforcement: 2,005
- fentanyl Test Strips: 108,050
- Xylazine Test Strips: 58,400

Vice Chair Shell thanked Ms. Green for her presentation and asked members for questions.

Ms. Johnson asked Ms. Green to share more information about mobile units and the services they will provide. Ms. Green said this is considered a pilot project under the Fund for Resilient Nevada, targeting individuals with OUD or at risk of an overdose. They have also asked to specifically work with the jails where Bill Teel is working to help support some all-around services. The Roseman unit will also offer pre- and perinatal services for individuals of child-bearing age.

Assemblywoman Goulding thanked Ms. Green for her presentation and asked if surveys are conducted to track how many test strips are used versus how many are distributed. Ms. Green confirmed that surveys are distributed through community partners to help identify those back-end numbers. She noted that people may be cautious about completing surveys if they have trust issues with authorities, so they ask whether the dose is a refill and whether one was lost or shared with others. The survey response data is updated on their website every six months. They recognize that this is underreported, but it is the best available data. Assemblywoman Goulding thanked Ms. Green for her responses.

Ms. Cheatom followed up on Ms. Johnson's earlier question about what services would be provided on mobile units as related to medical services testing. Ms. Green said it depends on staffing of the units, but at a minimum, there will be Community Health Workers and Peer Support Specialists, as well as telehealth services for counseling and prescribers for MOUD. Some have a counselor physically on the unit and there is some primary care screening targeted for individuals without access.

Chair Shell thanked Ms. Morgan and introduced James Dardis for his presentation.

<u>Nevada Substance Use Trends and Public Health Inspections</u>

James Dardis, MS, Biostatistician III, Fund for Resilient Nevada, Office of Analytics, Nevada Health Authority shared slides. Mr. Dardis referenced Nevada's population growth from 2.2 million in 2014 to 3.2 million in 2023 to set the stage for interpreting trends in substance use and in emergency department visits with increased demand for health systems.

Over-prescribing of opioids for pain management in the 1990s led to increased government oversight, but a second wave emerged from street analogs, e.g. heroin and fentanyl with higher potency, resulting in more overdose deaths. The prescription drug monitoring program (PDMP) required prescribers to register, and a database was established to monitor prescribing and dispensing to help identify drug misuse and support health care efforts. Since 2018, the opioid prescription rate dropped from 785 Nevadans per 1000 to 412. But Emergency Department encounters for opioids and other substances increased, reflecting an increase in the illicit drug supply. Demographically, male overdose is up 124% since 2019, while it has remained relatively flat for females. The increased overdose for black Nevadans is the most alarming trend in recent years. Data for 2024 show that over 200 overdose deaths in Nevada were among people who resided out of state.

Mr. Dardis made a distinction between illicit opioids being prohibited, but not regulated, so people can get multiple quantities of illicit drugs from their dealers at any time.

Illicit use of stimulants such as methamphetamine and cocaine, and related emergency department encounters, have been relatively flat over the period of this study. But stimulant death rates are up 325% since 2014. Mr. Dardis said many of these deaths involved opioids as well, saying "it's the cocktail that's killing people." If a person is non-responsive but breathing, you can administer Narcan, call an ambulance, or take them to the ED, whereas with stimulants, people are dying from cardiovascular collapse and hyperthermia, which happen much more rapidly.

This data is available online through the Office of Analytics reports and dashboards, in the Behavioral Health Section, with regional breakouts.

Ms. Johnson referenced her familiarity with some of this data over a long period of time, noting the important contextual information from community partners to help understand these trends, such as the impact of heat and lack of housing. On the slide for Figure 80, she could not see the description for the data to determine if they were counts or rates. Mr. Dardis clarified that these are counts where more than one can appear for a single death. All the slides are screen grabs from the epidemiologic profile.

Dr. Wagner thanked James and encouraged the SURG members and the Office of Analytics to consider important regional variations across the state with decreases in Washoe and rural regions, but not in southern Nevada. She reiterated James's point that when we're counting deaths that had fentanyl or methamphetamine on board, it's important to remember that the majority of those deaths are polydrug deaths, which may look like opioid deaths, but we need to understand which are attributable to methamphetamine or stimulants alone, not in the presence of opioids.

Dr. Wagner added that consistently for the past 20 years, the lion's share of deaths are occurring inside a residence, unobserved. She recalled that Morgan shared data about Naloxone and test strip distribution, but if people are dying alone inside, there's nobody there to witness that death. They need to look at local contextual information to inform where to infuse resources and focus efforts to prevent deaths.

Mr. Dardis noted that the regional variations being referenced are in the health profiles.

Chair Shell thanked Mr. Dardis and introduced Christine Payson as the Drug Intelligence Officer for HIDTA.

Ms. Payson explained that she is no longer commissioned, but she does have a background in law enforcement. She noted that the *High Intensity Drug Trafficking Area* (HIDTA) gets federal grant money directed toward combating drug trafficking organizations and money laundering organizations. They have also partnered with the CDC (Centers for Disease Control) Foundation as part of the Overdose Response Strategy (ORS). She partners with Lacey Alderson, a Public Health Analyst at the Southern Nevada Health District to "marry the two disciplines of public safety or law enforcement with public health," because "law enforcement has long known that they're not going to arrest their way out of this overdose problem."

Both Washoe and Clark County are designated HIDTA counties within Nevada, but they will coordinate with any partners or coalitions throughout the state on overdose response strategy. The goal of ORS is to share data for effective community overdose prevention and evidence-based response to reduce overdose deaths. They work to design promising strategies at the intersection of public health and public safety and then use efficient and effective primary prevention strategies to reduce overdose and substance use in the long term.

Ms. Payson said that people who transport and smuggle these substances don't care who buys them. Every year, HIDTA does an annual threat assessment to determine the top four drug threats for their areas. fentanyl is at the top, followed by methamphetamine, heroin and other opioids, and cocaine. Up until 2022, methamphetamine was the number one threat in Nevada, but was overtaken by fentanyl, as in the rest of the US. They still consider methamphetamine to be their number one drug threat because such a small amount can be fatal.

In 2023, 1.7 million fentanyl pills were seized and there is still a very high demand. In 2024, 27.4 kg of fentanyl was seized, which is the equivalent of 1,000,216,652 dosage units, and they continue to see powder along with pressed pills. Reporting data in dosage units creates a standardized scale, reflecting how drugs are sold on the street, and reflecting the lifesaving value of each seizure. Overdose deaths continue to increase, involving a combination of both methamphetamine and fentanyl. A kilogram of cocaine is 505,556 dosage units; a kilogram of fentanyl has 672,619 dosage units, and potential overdose deaths.

Looking at methamphetamine, Ms. Payson identified this as the number two threat, with low volume in 2020, then a spiked volume in 2021, possibly due to things opening up after the COVID-19 pandemic. Then the volume declines again in 2023 and 2024. For cocaine, there was a large multi-jurisdictional seizure which caused the reported quantity to spike in 2023. They have seen a decline in heroin seizures in this 2021–2024 timeframe. The data show a slight decrease in fatal overdoses for 2023-2024, due to administration of Naloxone, while the non-fatal overdoses go up quite a bit.

Ms. Payson stated that the fentanyl supply chain is coming up from the southern border for broad distribution. She recommended the dea.gov website for additional information. Drugs are produced by "mega labs" in Mexico with precursors coming primarily from China, then two major drug cartels distribute in the United States with the help of street gangs. Seizures were down a little in 2024 from 78.8 million pills to 60 million pills for fentanyl, and from 12,000 pounds to 8,000 pounds of powder, which means some border security is working, but the seizures still reflect 380 million lethal doses of fentanyl. At halfway through 2025, they have seized more than half the 60 million pills seized in 2024.

Ms. Payson noted that the tremendous tourist population in Clark County makes it difficult to compare with other states, because the coroner's data does not distinguish whether an overdose death is a tourist or a resident.

Dr. Dickson asked about whether drugs are coming from California to Nevada. Ms. Payson didn't have HIDTA data, but she stated that even if drugs are coming through California, they are still originating in Mexico.

Ms. Johnson asked how they determine the threat ranking and whether there are quantitative or qualitative inputs. Ms. Payson said both types of inputs are used for overall seizures, and there is an extensive survey sent out to the task force detectives about what they are seeing on the ground. Ms. Johnson asked if there is testing of the seized drugs to determine adulteration such as xylazine or medetomidine on the east coast, and the quantities of such substances. Ms. Payson knew they had seen xylazine and she could provide contact information for lab technicians with more detail.

Chair Shell thanked Ms. Payson for her presentation and introduced Karla Wagner, Ph.D., University of Nevada, Reno School of Public Health

Drug Testing Performed by Public Health Programs

Dr. Wagner distinguished her presentation as talking about testing drugs that people who use drugs bring to them for analysis. Her presentation is not based on her own work in isolation, but rather it comes from grassroots efforts by and for people who use drugs, in the context of community care and mobilization. People who use drugs have always been at the forefront of developing programs to reduce the morbidity and mortality associated with using drugs. Naloxone distribution was started by and for people who use drugs in 1996 in Chicago and continues today as people are trying to address the increasingly toxic, volatile, and unregulated drug market.

Dr. Wagner made an analogy to a nut allergy that causes more severe reactions as exposure increases, so you carry an epi pen to administer medication in case of accidental exposure. Information can help limit exposure to the source of the problem, such as the use of peanuts in a facility that makes other products, or the percentage of alcohol in a drink at a barbecue. Because the illicit drug market is completely unregulated, there are no ingredient lists about potential contaminants.

Research at UNR with people who use drugs suggests that people are doing all kinds of things to try to keep themselves safe in this unregulated environment, including buying from trusted sources, using sensory cues like color or texture or smell, to see if they can identify contaminants in their drugs, like fentanyl.

Public health drug checking has been around for decades in criminal legal systems, and it can also be used in community settings to gain information about what is in unregulated drugs. Examples include fentanyl test strips, which were originally created for use in urine drug screens, but now they are available for people to test their drugs for the presence of fentanyl before they use them.

Spectrometers separate a substance into its component parts to identify everything in it, and depending on the technology, how much of each component is in it. This technology is much more expensive than test strips and requires time, infrastructure, and expertise to support it. A program called Erowid is the longest standing drug checking program that is used internationally and offers mail-in services for people to check drug samples.

Public Health agencies are scaling up drug checking to help people who are using drugs in the same way that ingredient lists help people with allergies or alcohol levels help people determine how much they can tolerate in social settings. When people have this information, they make safer choices. It can be used both at the individual level and at the community level for surveillance purposes to stay on top of emerging threats, rather than waiting for detailed information from a toxicology report after someone has

died. Promoting autonomy among people who use the service helps them make safe choices by connecting them to public health and alerting them to new threats before people start dying. Research shows that people are motivated to use these programs, and they change their behavior to address the risks that are identified.

There are obvious barriers to overcome, mostly due to the criminalized nature of drug use and the consequences for participating in programs like this. Just like the 911 Good Samaritan laws designed to address those fears for people calling 911 to respond to an overdose, we need to make sure that these programs are established in a policy environment that protects people from the consequences that they worry about and make it easier for them to access these programs and make safer choices.

In northern Nevada, UNR has a grant via the State Opioid Response (SOR) program to develop a comprehensive street drug surveillance program, with assistance from southern Nevada, and Jessica Johnson's team. Samples will be sent to the National Institute for Standards and Technology, which is a federal lab. Data will be triangulated with data from the Washoe County Forensic Lab on the contents of drugs seized by law enforcement officers and from the Washoe County Medical Examiner on the results of toxicology tests from decedents. Analysis of collected samples will be disseminated via data dashboards and community facing materials, ideally integrated with other surveillance mechanisms. Dr. Wagner will send updated links for this information. [Updated links were added to the meeting PowerPoint].

Vice Chair Shell thanked Dr. Wagner for her presentation and opened discussion for member questions.

Ms. Johnson thanked Dr. Wagner for her great presentation on the history and the work they are doing. She asked if there have been any reports about different substances for which people are not accessing these programs, and if there are different risk profiles or substances that might be missed or any research to identify barriers?

Dr. Wagner said this is an interesting question. She doesn't know the answer, but there is an opportunity to triangulate the data sets including law enforcement seizures, drug checking data, and medical data on drugs that people did use. They can get closer and there is clearly a large portion of the population who are not connected to life saving services.

Vice Chair Shell introduced Marco G. Méndez, MPH, Public Health Evaluator, Division of Disease Surveillance & Control, Southern Nevada Health District

<u>Surveillance of the Clark County Illicit Drug Supply</u>

Mr. Mendez thanked members for the invitation to present to them and shared his slides. He noted that these surveillance activities are conducted as part of the CDC's Overdose Data to Action (OD2A) local efforts**.** The drug checking program at SNHD was launched in September of 2023 with full scale sample collection operationalized in roughly February 2024 with partners: Lincoln action team, the local LGBT center in Las Vegas, and Impact Exchange, the syringe services provider within the State.

Samples from residues on used drug paraphernalia that community members voluntarily submit are used to inform harm reduction and overdose prevention efforts throughout Clark County. They detect novel adulterants within the drug supply to stay as ahead of the curve as possible, in collaboration with the rapid analysis of drugs program housed within NIST (National Institute for Standards and Technology.)

(The Office of the Attorney General, Las Vegas location disconnected temporarily. Vice Chair Shell asked Mr. Méndez to proceed at approximately 3:43 p.m.)

Mr. Méndez said the primary goal of the initiative is to monitor local illicit drug supply trends and also detect novel adulterants before they become a big issue within the community, in collaboration with the rapid analysis of drugs program housed within NIST, to get qualitative readings from each of these samples to at least determine whether or not certain substances are present within a sample.
and not necessarily the amount of each substance.

A breakdown of the different items sampled from February 2024 through May of 2025 show the following:

- 54% from syringes,
- almost 30% from smoking or snorting supplies such as straws, pipes, and chores,
- the remaining 16.7% are spread out among other paraphernalia types that clients have voluntarily submitted for sampling.

Among 2,438 samples that were collected over this time, 35 (1.4%) show detection of fentanyl without any other adulterants or compounds. For samples that read only as fentanyl, the highest number of detections was in August of 2024. These are qualitative findings, so they don't give us information on the amount or proportions of each substance detected within a sample.

The number of samples by month over the same period that contain fentanyl, and at least one other substance, including anything from meth, heroin, cocaine, etc. is about 9.7% or 366 samples. While some of these samples may have been adulterated with fentanyl unbeknownst to the user, other samples may have contained fentanyl, and the person did know about it.

Altogether this trend of fentanyl detection in mixtures appears to be roughly increasing over time. These same 366 samples that contain fentanyl, and at least one other substance were typically seen in straws submitted for sampling, so that suggests a route of administration of snorting or intranasal. The next most common paraphernalia type containing these mixtures was pipes and chores, suggesting a route of administration, of smoking. It is most likely people who are consuming substances that have fentanyl and something else in it are either snorting or smoking those substances rather than injecting them.

From another study 1,407 samples that contained only methamphetamine represents 57.7% of all samples taken during this time period, where the trend appears to be decreasing with less and less methamphetamine only in these samples, and more samples over time with methamphetamine and other substances, or fentanyl and other substances, etc.

Another sample shows the proportion containing methamphetamine only versus samples containing methamphetamine and fentanyl. Methamphetamine only is typically larger than the proportion of samples containing methamphetamine and fentanyl.

The proportion of methamphetamine containing fentanyl increases between April and May 2025.
Mr. Méndez noted that at the time this analysis was conducted, results from samples taken towards the end of May were not yet available from partners at the NIST lab. Since then that proportion has decreased slightly. Either way, it shows an inverse of the trends for meth only decreasing while this mixed sample shows increasing trends.

Among the 366 samples, 237 were samples that contained fentanyl, and at least methamphetamine. There could have been other things in there, but they at least contained meth and fentanyl, and that represents 64.7% of those 366 samples.

Those same 237 samples when put in the context of all the samples represents about 9.7%. So roughly 10% of all samples taken over this time contained meth and fentanyl, and maybe other things. But at least methamphetamine and fentanyl. There are some limitations to keep in mind when interpreting the data which are voluntarily submitted by community members who are seeking harm reduction or other services through the mobile outreach team or through other sample collection partners, and dependent on continued rapport with the community to continue to receive samples.

Another limitation is that samples are taken post-use, so it's not possible to reliably know how many times a particular item was used, how many individuals may have used that item, how many, and which substances were used by the person volunteering their item. By the time of the sample test, there might be three substances present in a sample. But the person who submitted that item maybe, was told, when they acquired it, that they were getting just one substance, and that may be true, but with contamination from previous uses it would read differently once it gets to the lab. Additionally, NIST is in Maryland, delaying results from 72 hours up to a week.

Primary populations of focus for this initiative and other overdose prevention initiatives are essentially anyone who uses drugs or who may use drugs. They can belong to any demographic group, racial group, ethnic group, sex or gender. However, other populations that are disproportionately affected by substance use disorders include justice involved, adults and youth, people experiencing homelessness, our queer community and others.

They work hard to maintain community rapport and receptiveness to this initiative with a sample collection process that is entirely anonymous when people submit their paraphernalia for sampling. Each sample is assigned a unique numerical identifier by the lab without any identifying information for the people submitting and no way to trace which specific person may have submitted which samples. The data inform prevention work in Clark County, including what educational talking points the outreach team might use, based on what adulterants they're seeing most commonly in a given month or a given quarter. It can also inform where they distribute naloxone and test strips, and where they conduct bi-weekly outreach events.

A continuing gap in service is a lack of community accessible pre-use drug checking, especially in Clark County. While these trends may inform future directions for prevention activities, real time on the spot drug checking data aren't yet available. But that would definitely boost harm reduction and educational efforts to be able to counsel people prior to use rather than after.

Keeping all of this in mind, some recommendations to consider include the following:

- Continue to scale up regional laboratories within Nevada, to test samples and substances with high throughput and sensitivity. And this will also help track regional nuances in drug supplies, especially because there are differences between Northern and Southern Nevada's drug supplies and drug distribution routes.
- Increasing the number of accessible sites for the community to submit paraphernalia for this type of testing, and expand harm reduction centers.
- Implement overdose prevention sites for a more immediate response, especially in the case of an overdose, and
- Further expansion of 24/7 access to free Naloxone as a first line of defense.

Mr. Méndez shared references, dashboard information, and community resources, along with his contact information for any follow-up questions.

Vice Chair Shell thanked Mr. Méndez for his great presentation and opened the discussion for questions.

Dr. Dickson said that urine tests done at her clinic that are positive for methamphetamine, usually also come up as "strip positive for MDMA or ecstasy." They are wondering if this is accurate because patients deny that they're using ecstasy. Mr. Méndez will follow up on this question and get back to SURG members. He noted that some substances may cause interactions with test strips; for example, lidocaine can create false positives with xylazine test strips, so there may be a similar situation with methamphetamine and ecstasy, but he will need to confirm that.[1]

Ms. Johnson thanked Marco for his great presentation and asked for his thoughts on the role of fentanyl test strips and xylazine in the drug checking efforts. Mr. Méndez thought current resources in Clark County would support some qualitative testing to help identify the presence of fentanyl, but not at the level of a mass spectrometer. If they are seeing more fentanyl in the meth supply, that could also inform educational efforts and materials to encourage using the test strips.

Vice Chair Shell called for a break at 4:03 and reconvened at 4:08 pm.

6. Changes to SURG Membership and Reporting Timelines and Legislative Recap
Terry Kerns, Ph.D., Office of the Attorney General, and Laura Hale, Social Entrepreneurs, Inc.

Dr. Kerns reported an update on AB19 and outreach to recruit new SURG members authorized under this bill. Appointments include the Executive Director of the Department of Indigent Defense Services, and a representative from the Division of Child and Family Services, and another from the Nevada District Attorneys Association. A press release was distributed requesting applications for members, also including the following:

- a member of the general public, with preference for a multi-lingual person residing in a multi-lingual household; and
- a person who is an emergency response employee.

Members were asked to help spread the word, with responses going to Dr. Kerns' email address.

Dr. Kerns also reviewed updates for reporting on progress and the Annual Report. Recommendations will now be reported on August 1st of every year, beginning in 2026. The report due on January 31st of 2026 will be a progress report on SURG activities, without recommendations.

These changes will require updates to SURG Bylaws that will be presented for approval in the future.

The Fund for Resilient Nevada is in the process of doing another needs assessment as part of the opioid litigation settlement, to be included in the State Plan. This will be done in-house this year, and SURG members may be asked for input, along with other stakeholders. Dr. Kerns encouraged members to respond to outreach from Heather Kerwood.

Ms. Hale provided status updates on the legislative report for SURG-related bills. She noted different implementation dates for approved bills and distinguished between bills that did not receive a hearing

[1] Following the meeting, Mr. Méndez provided a response: As methamphetamine and MDMA/ecstasy are both synthetic amphetamines, cross-reactivity is possible such that the presence of one may (potentially falsely) indicate the presence of the other. In this case, the presence of methamphetamine may be yielding a false positive result for MDMA/ecstasy. Chromatographic testing may be used to confirm which substance is present (e.g., gas chromatography-mass spectrometry, etc.).

versus those that may have passed through committees but were not ultimately approved. Bill draft requests submitted to the Legislative Counsel Bureau do not always get drafted or get a committee hearing. Those that do get a hearing and make it even part way through the process have some level of support, so SURG members may want to look at those or even listen to the hearings to try to learn how they could be improved for future recommendations. For SB457, there are some parts of this bill related to previous SURG recommendations. Although it didn't pass through the regular session, there is some expectation that it could resurface if a special session is called later this year, so members may want to keep track of that.

Vice Chair Shell thanked Ms. Hale and Dr. Kerns for their presentations.

7. **Subcommittee Reports**

Eric Schoen, Vice Chair, Prevention Subcommittee reported review of previous recommendations and possible new recommendations based on recent presentations as highlighted in the slides including presentations on:

- Low Barrier Emergency Department Based Naloxone Distribution by Kelly Morgan, MD and Josh Luftig, PA-C
- Update on Multi-Tiered System of Support (MTSS) Project by Kaci Fleetwood, M. Ed, BCBA, LBA: Dr. Ashley Greenwald, Ph.D. BCBA-D, LBA: and Brooke Wagner, MSC-SC, M.Ed, BCBA, LBA
- Boys and Girls Club of Nevada Alliance: Fund for Resilient Nevada SMART Moves Tween & Teen Initiative by Noelle Hardt and Tamika Shauntee Rosales

Mr. Schoen noted that future presentations might include how to adjust existing recommendations related to cannabis and tobacco to make them more actionable, based on feedback from Senator Doñate and Attorney General Ford.

Mr. Schoen felt a big success out of the legislative session was that Prevention Specialists were recognized and can now be certified. In the last 10 years, they have gained Community Health Workers and Peers, and now Prevention Specialists to help develop the workforce.

Another area of discussion was to support drug surveillance, as presented earlier in this meeting. Mr. Schoen thought more specific information about drugs would support good interventions.

Steve Shell, Chair, Treatment and Recovery Subcommittee reported review of progress on prior recommendations and continued follow-up work, including the following presentations:

- Retrospective assessment and/or prospective study to assess the outcomes of patients following discharge from detoxification and examine mortality and overdose, by John Hamilton, Liberation Programs, Connecticut
- John Firestone, Executive Director, Life Change Center, Reno, on CFR 42, Part 8 on updating regulations for opioid treatment programs, and
- Dr. Jose Maria Pardita Corona, Pardita Corona Medical Center, Las Vegas on trends and opportunities related to substance misuse treatment.

Subcommittee Chair Shell also referenced a very thorough presentation on legislation from Ms. Hale. For future meetings, they are lining up presentations on treatment modalities, and they are workshopping two prior recommendations.

Dr. Terry Kerns, Chair, Response Subcommittee reported review of progress on prior recommendations along with several new presentations:

- Good Samaritan Drug Overdose Act Community Education and Prescription Take-Back Programs by Jamie Ross, CEO, PACT Coalition, Director, Nevada Statewide Coalition Partnership and Daria Singer, Executive Director, Partnership of Douglas County
- Emergency Bridge Program by Kelly Morgan, MD, Emergency Physician; Medical Director, Las Vegas Fire & Rescue; Cofounder/Chief Medical Officer, Elite 7 Sports Medicine
    - Dr. Kerns noted the presentation also looked at paramedics being able to provide treatment following emergency room services because it's not always easy to get into treatment.
- Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) Access in Certified Community Behavioral Health Clinics (CBHCs) by Mark Disselkoen, MSW, LCSW, LADC Project Manager, Center for Application of Sub-stance Abuse Technologies (CASAT), University of Nevada, Reno, and Lori Follett, Social Services Chief II, Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP), Behavioral Health Benefits Coverage Team
- Update on Wastewater Surveillance of High-Risk Substances in Nevada by Daniel Gerrity, Ph.D., P.E., Principal Research Scientist, Southern Nevada Water Authority, and Edwin Oh, Ph.D., Associate Professor, Neurogenetics and Precision Medicine Lab, University of Nevada, Las Vegas

Future presentations may include:

- Workforce Development
- Defining recidivism and desistance
- Drug and alcohol prevention, education, and enforcement

Also, they are currently workshopping two recommendations.

8. Review and Consider Items for Next Meeting

Dr. Kerns reviewed presentations confirmed for the October 8, 2025, meeting

- Medication for opioid use disorder in rural jails
- Clark County Regional Opioid Task Force
- DHHS Updates – Laura Hale is working on getting this information
- Stephanie Cook – DPBH (Division of Public and Behavioral Health) Strategic Plan

Additional recommendations may be submitted to Dr. Kerns or to SEI staff.

For the January 2026 meeting, the progress report will be reviewed for approval, and any special presentations may be scheduled. April 2026 may include a preliminary review of subcommittee recommendations, and a possible June 2026 meeting to review the annual report with recommendations ahead of the July 2026 meeting to approve the final report for August submission.

With the changing schedule, subcommittees may want to review the number of meetings needed to complete presentations and recommendations which can have flexible timeframes given the extra time for submitting recommendations in 2026.

9. Public Comment

Dr. Kerns highlighted a flyer that went out to SURG members and is on the website. Christine Payson submitted this from the Overdose Response Strategy: Trends, Analysis and Threats webinar series which is offered bi-monthly on current and emerging drug trends from experts with leading forensic and toxicology labs. The July meeting was one of the best Dr. Kerns has seen, including regional trends, as

well as novel and emerging drugs they are seeing. She highly recommends this for anyone who would like to register and listen in.

Kelly Marschall read the notice on screen for dial in public comment.

Beth Scott, NV Medicaid commented on a bill for workforce development through UNR for Behavioral Health practitioners allowing reimbursement for their practicum students. She also referenced another bill on compact licensure for social workers - - either LCSW or LCPCs -- that was approved. She believes Senator Dondero Loop sponsored the bill and thought she might be open to sponsoring future bills.

10. Adjournment

Vice Chair Shell adjourned the meeting at 4:36 p.m.

Chat Record:
01:12:33 Kim Hopkinson (she/her):Please do not use the chat for items other than technical support, as this becomes part of the public record.
03:38:35 Kim Hopkinson (she/her):Please do not use the chat for items other than technical support, as this becomes part of the public record.