SURG Response Subcommittee Recommendations

10/27/22

Guiding Principle: *Harmonize public safety and public and behavioral health responses to substance use in our communities and state.*

1. ***Support legislation to establish a statewide and regional Overdose Fatality Review (OFR) committees and recommend an allocation of funding to support the OFR to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance's Overdose Fatality Review: A Practitioner's Guide to Implementation.***
    - Justification:
        - Current systems limit data sharing and often first responders and public health don't fully understand the investigations, procedures, language, and sometimes conflicting priorities of the other discipline.
        - By conducting a series of OFRs, jurisdictions begin to see patterns of need and opportunity, not only within specific agencies, but across systems.
    - Action Step: Bill Draft Request
    - Research/Links:
        - Bureau of Justice Assistance, Overdose Fatality Review: A Practitioner's Guide to Implementation
        - Legislative Analysis and Public Policy Association, Overdose Fatality Review Fact Sheet
        - Legislative Analysis and Public Policy Association, Model Overdose Fatality Review Teams Act

2. ***Revise penalties based on the quantity of Fentanyl, analogues, or other synthetic drugs of high potency that are trafficked. (NRS 453.3385, NRS 453.336, 453.339, 453.3395).***
    - Justification:
        - While the intent of the legislation was to address Nevada's growing prison population and the expense of that growth to Nevada taxpayers, it did not consider the public safety threat stemming from increased weights involving deadlier drugs like fentanyl being trafficked in the community and the impact to overdose victims and their families.
        - Weight/Penalty (potential deaths when comparing 2 milligrams to grams of fentanyl):

          Less than 14g: deferral (potential to kill 6,995 people)
          Prior law: less than 4g – low level trafficking
          Greater than 14g less than 28g: 1-4 years (potential to kill 13,995 people)
          Prior law: 4g-28g – mid level trafficking
          Greater than 28g less than 42g: - 1-10 years (potential to kill 20,995 people)
          Prior law: 28g or more – high level trafficking
          Greater than 42g but less than 100g: 2-15 years (potential to kill 49,995 people)

- Action Step: Bill Draft Request (already in process from AG's Office and Sen. Seevers-Gansert)
- Research/Links:
  - Colorado General Assembly, Fentanyl Accountability and Prevention
  - RAND Corporation, Synopsis of "The Future of Fentanyl and other Synthetic Opioids"
  - United States Sentencing Commission, Fentanyl and Fentanyl Analogues: Federal Trends and Trafficking Patterns
  - Yahoo News, State Laws Are Treating Fentanyl Like the New Crack—And Making the Same Mistakes of the 80s and 90s

3. ***Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose.***
   - Justification: Similar programs have been piloted in Arizona, Texas, and Missouri and research is available to support the model.
   - Action Step: Expenditure state and federal funding
   - Research/Links:
     - White, M., Perron, D., Watts, S., Malm, A., (July 3, 2021). Moving Beyond Narcan: A Police, Social Service, and Researcher Collaborative Response to the Opioid Crisis. American Journal of Criminal Justice (46:626-643). https://pubmed.ncbi.nlm.nih.gov/34248322/

4. ***Fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases.***
   - Justification:
     - By arresting the source of supply dealers and traffickers who bring this into our communities are removed from the streets.
     - District Attorneys want causation experts to provide the reports before they will go forward with prosecution, particularly in cases where there are poly-drugs in the victim's system.
   - Action Step: Expenditure of settlement funds to update curriculums and hire, train, and retain staff
   - Research/Links: https://www.cdc.gov/drugoverdose/foa/state-opioid-mm.html

For Further Review:

Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel.

- Research/Links:

        - Government Accountability Office, GAO-21-248, DRUG MISUSE: Many States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects
        - Legislative Analysis and Public Policy Association, Good Samaritan Fatal Overdose Prevention: Laws and Implementation
    - Policy change to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities.

Note Support for BDR –332:

Medication-Assisted Treatment for Substance Use Disorder

10. Propose legislation to: a. Require a health care provider who is authorized to make a diagnosis of opioid use disorder to provide information and counseling on evidence-based treatment options, including controlled substances used for medication-assisted treatment of opioid use disorders approved by the United States Food and Drug Administration (FDA), to a patient the provider has diagnosed with an opioid use disorder. This is applicable to a health care provider who is licensed or certified as a: (1) physician; (2) physician assistant; (3) advanced practice registered nurse (APRN); and (4) certain licensed mental health providers, including a clinical psychologist; clinical social worker; marriage and family therapist or clinical professional counselor; and an alcohol, drug, and gambling counselor;

b. Require the health care provider—if medication-assisted treatment is indicated and requested by the patient—to offer a prescription of an FDA-approved medication for the treatment of an opioid use disorder. If the health care provider cannot prescribe such medication, he or she must refer the patient for treatment to a provider who is able to prescribe such medication;

c. Require all behavioral health care providers in the state to prioritize substance use disorder tre atment funded by federal or state money according to the priority populations of the federal Substance Abuse Prevention and Treatment Block Grant, administered by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, which currently has the following priority order: (1) pregnant women who use illicit drugs by injection; (2) pregnant women who use substances; (3) other injection drug users; and (4) all other individuals in need of substance use treatment. Authorize the State Board of Health to add other populations to this priority order by regulation; and

d. Require all jails and state prisons to take reasonable measures offering medication-assisted treatment for inmates diagnosed with opioid use disorder in the same manner and to the same extent as other forms of health care. Prohibit jails and prisons from discriminating against medication-assisted treatment in favor of other forms of treatment or abstinence without treatment. If a person is incarcerated in a jail or transferred from a jail to a prison and has already received medication-assisted treatment, the jail or prison must facilitate the continuation of this treatment. The jail or prison must also take reasonable measures to facilitate continuation of medication-assisted treatment upon release. **(BDR –332)**

- Research/Links:
    - Legislative Analysis and Public Policy Association, Medication for Addiction Treatment in Correctional Settings Fact Sheet
    - Legislative Analysis and Public Policy Association, Model Access to Medication for Addiction Treatment in Correctional Settings Act

- Legislative Analysis and Public Policy Association, Model Withdrawal Management Protocol in Correctional Settings Act