CROSS-SECTOR TASK FORCE TO ADDRESS OVERDOSE
JOINT MEETING OF
ADVISORY COMMITTEE FOR A RESILIENT NEVADA (ACRN)
SUBSTANCE USE RESPONSE WORKING GROUP (SURG)
NOVEMBER 2, 2022, 10 A.M. TO ADJOURNMENT

DRAFT MINUTES

1. Call to Order and Roll call to Establish Quorum

   Members present: Attorney General Aaron Ford, Dr. Stephanie Woodard, Angela Nickels, Lisa Lee, Chelsi Cheatom, Christine Payson, Erik Schoen, Debi Nadler, Shayla Holmes, Jessica Johnson, Cornelius Sheehan, Dr. Karla Wagner, Karissa Loper, Pauline Salla, Lilnetra Grady, Darcy Patterson, Quinnie Winbush, Cecilia Maria, Katherine Loudon, Ariana Saunders, Jamie Ross, Ryan Gustafson, Elyse Monroy, Dr. Farzad Kamyar, David Sanchez

   Members Absent: Senator Fabian Doñate, Senator Heidi Seevers-Gansert, Assemblywoman Claire Thomas, Assemblywoman Jill Tolles, Dr. Lesley Dickson, Mr. Jeffrey Iverson, Ms. Gina Flores-O'Toole, Steve Shell, Jessica Barlow

   Staff and Guest Present: Mark Krueger, Henna Rasul, Dr. Terry Kerns, Dawn Yohey, Dr. Beth Slamowitz, Michelle Berry, Lisa Hoover, Daria Winslow, Lea Tauchen, Marianne McKown, Tawny Chapman, Taylor Allison, Zoë Houghton, Cherylyn Rahr-Wood, Morgan Green, Jeanette Belz, K. Furlong, Bill Hart, Joe Dibble, Michelle Bennett, Dawn Davidson, Karina Fox, Rhonda Fairchild, Jolene Dalluhn, Jenise Johnson, Dan Musgrove, Pwhelan, Yolanda Chatwood, Lori Bryan, Marco Mendez, Josh Cabral, Jessica Tribett, Jennifer Atlas, Breanna Taylor, Shannon Ernst, Stephanie Cook, Julia Peek, Jackie, Tray Abney, J.P. Malikowski, Tyler Shaw, Wendy Nelsen, Betti Magney, Michelle Van Geel, Lindsey Kinsinger, Heather Kuhn, Tammie Shemenski, Lea Case, Erika Pond, B. Howard, Anne-Elizabeth Northan, Tyler Winkler, Dorothy Edwards, Vanessa Diaz, Shawn Thomas, Mary-Sarah Kinner, Miranda Branson, Morgan Biaselli, Iris A. Key, Christine Jones Brady, Abigail Bailey, Emma Rodriguez, Kelly Marschall, Giuseppe Manchell, Joan Waldock

2. Introduction and Review of What the ACRN and SURG Have Accomplished

   Dr. Kerns and Mr. Sanchez reported on what their groups have done since they were formed last year.

3. Public Comment

   Ms. Nadler pointed out there would not have been a lawsuit if not for the deaths and suffering from big pharma. They have been told the lawsuit has nothing to do with the victims; however, section 40 of the McKenzie lawsuit refers to injuries or deaths in the state. She requested victim compensation be considered as this situation is worse than 911. Grieving family members are struggling. Some are on disability and cannot afford medical or psychiatric care. Some are raising their grandchildren or losing second children. The post-traumatic stress disorder (PTSD) is horrific. Every day parents wake up to the fact their children are dead. Victims should be compensated. Everything else being worked on is great, but victims need to be compensated. She will not stop asking for it.

   Ms. Hoover is a bereaved mother who lost her son to an opioid overdose. He started out with pain pills and moved on to heroin. It was traumatizing to watch him go through that without help. His two children

no longer have a father because of the opioid crisis. She stated the funds need to be used to help the victims. She suggested better treatment centers and money to help children who no longer have parents. She added Nevada should provide on-demand treatment using settlement funds

Ms. Patterson lost her daughter to an opioid overdose. It started with pills. She agreed with Ms. Nadler and Ms. Hoover that there should be victim compensation. Families are the collateral damage caused by the opioid epidemic and should receive compensation for the treatment programs they put their families in, the children and grandchildren they are raising, the cost in therapy, and the funeral costs for their children. The victims do not have a voice anymore. The quiet victims died because of opioids.

4. Expectations of the Task Force—Operationalizing Recommendations

Dr. Woodard reported the state has been addressing the opioid crisis through federal grants for several years, and those funds must be optimized wherever possible. Recommendations in the state plan were developed by using quantitative and qualitative data, implementation plans, and community-based needs assessments. Most of the recommendations show the need for training and technical assistance. Regional training and technology transfer coordinators will be funded to help community partners assess where they are and support them in getting needed training and technical assistance.

Dr. Woodard stated fentanyl in the illicit drug supply is a growing risk. The task force will discuss how to fortify communities and reduce risk of harm from overdose, determining how to reduce the risk of overdose; prepare state and local responses in case of an increase; provide technical assistance, guidance, and resources to implement best practices to reduce the risk of overdoses; and enhance capacity to respond to events and recover if an event occurs. With more preparation, communities and the state can detect spikes in overdoses for rapid state and community response and resources to contain the risk and save lives. The state is developing a 1115 substance use disorder waiver to allow Nevada to maximize federal matching funds through Medicaid to bring down federal funds, allowing other block grant funds to expand availability of treatment.

The Fund for a Resilient Nevada (FRN) can supplement, not supplant, what is already being funded. Funds from the $16 million State Opioid Response (SOR) grant for treatment and prevention activities will be optimized first, allowing FRN to address areas lacking sufficient funding. Work on recovery housing with the Governor's Office of Economic Development will expand the availability of supports. Nevada will continue to focus on health equity and address disparities and will strike a balance between the need for planning and the need for urgent action.

Recommendations must be operationalized to be implemented, requiring knowledge of data and current activities to highlight existing gaps. The state will identify agencies already doing the work and actions taking place. Accountability will ensure continued effort and evaluate current interventions for effectiveness. Information on the evidence bases should be linked to the recommendations.

Ms. Berry and Ms. Green from the Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno (UNR) reported on SOR. Ms. Berry stated most of the information was taken from the SOR 3 application and the state needs assessment. Additional resources are needed to fill the unmet needs and gaps they identified. Naloxone saturation is part of the SOR 3 grant; SOR required Nevada to set aside a minimum amount for naloxone and opioid antagonists.

Ms. Green noted they collaborated with state Overdose Data to Action (OD2A), Southern Nevada Health District OD2A, and Dr. Wagner's team. Their goal is to have naloxone present 80 percent of witnessed overdoses. They need to develop Infrastructure with community partners to make naloxone easy to

access, reduce barriers, and increase the number of people who have it on-hand. They have the product; they do not have partners in locations where it is needed. It would help them if the task force would identify partners for this piece. They will ensure Black, Indigenous, and people of color communities have equal access, messages are culturally appropriate, and translated materials are vernacularly acceptable. The state will identify hot spots and work to ensure accessibility. Relationships must be developed with emergency rooms (ERs) to ensure people coming in for medical emergencies walk out with naloxone. Work is being done with the Nevada Minority Health and Equity Coalition and with tribes to ensure they receive needed resources. Casinos and the sex industry must be included in developing relationships that reduce stigma and barriers and increase partnerships.

Attorney General Ford asked if they would saturate the schools and distribute naloxone from them since there is concern about youth use of opioids.

Ms. Green replied schools are required to have naloxone on-site. School districts and charter schools have naloxone and naloxone training, and naloxone is carried by school police. Ms. Berry added reaching a saturation of 80 percent includes more naloxone units provided in schools.

Ms. Johnson asked whether they could encourage schools to distribute naloxone to families or young people who need it or increase the number of staff who could administer it.

Ms. Berry said they are educating on overdose, broadening the message, and providing individuals with locations of distribution sites. Students need to be aware of signs of overdose and risk.

[Ms. Winbush left the meeting.]

Ms. Ross reported prevention coalitions have long-standing relationships with school districts. In rural communities, coalitions train school staff, school nurses, hospital staff, and law enforcement. The connections already exist; the issue is saturation.

Attorney General Ford suggested augmenting what is already being done.

Ms. Johnson works with a group that distributes naloxone in the community. An existing system barrier is distribution in ERs. When folks leave ERs or the hospital, they are given prescriptions for naloxone, not the medication. People need to walk out with medication in hand. If someone experiences an overdose, the likelihood of another one is high. She asked if training could include a letter or an advisory for casinos, private business entertainment groups, or known hotspots. It would reduce barriers to availability. Some communities have had success with nalox-boxes.

Ms. Nadler said some schools do not have Narcan. She asked if the Nevada Board of Education could mandate it. She spoke of a boy who was in detox for the two days Medicaid allows. He was released with sleeping pills and gabapentin but was not given Narcan. She asked if Medicaid could increase the length of stay for detox.

Attorney General Ford explained a mandate would need a legislative fix.

Dr. Wagner, a professor in the School of Public Health at UNR, has researched naloxone distribution for over a decade. Nevada is moving from giving naloxone to everybody to determining where it needs to be to make a difference. Some ERs do not have outpatient pharmacies to dispense take-home medication; they send people home with prescriptions. She noted a cost difference between intranasal and injectable naloxone, but added the type of naloxone people want should be available to them.

Ms. Green said opioid antagonists targeting fentanyl are being fast-tracked by the Federal Drug Administration and may be available next year. Overdoses related to fentanyl take multiple doses to reverse, but most people carry only two doses. The person on the street is more comfortable providing

intranasal naloxone, but individuals at highest risk may be more comfortable with injectable naloxone. Trac-B's and the Southern Nevada Health District's vending machine will carry both.

Ms. Lee said most of the people she distributes naloxone to prefer it to be slowly delivered through intramuscular injection so reversing the overdose does not precipitate withdrawal. The naloxone distribution plan should include getting naloxone out to nonprofessionals reversing overdoses, and it should be delivered in a way that causes the least harm to the one receiving it.

Mr. Mandell asked whether schools could educate students and distribute naloxone to them, and if school boards could implement training just for the students, with no staff involved.

Ms. Ross said current law does not allow leave-behind to be distributed; it is for the use of nurses and their assistants. This would not be a quick solution; it would be a long-term solution.

Mr. Mandell asked whether they could educate students on the location of distributions sites or make announcements to get students onboard.

Dr. Wagner said Senate Bill (SB) 459 (2015) removed the legal barrier to providing naloxone to lay people. Whether it can or must happen through schools is a different issue. No legal barrier to training young people and equipping them with naloxone exists.

Ms. Johnson pointed out they could develop communication focused on where young folks can access to naloxone or receive it in the mail. Dr. Wagner said the legal framework exists.

Attorney General Ford stated a school district could hold voluntary trainings, which parents could attend with their children.

Ms. Loudon reported the Washoe School District collaborates with their prevention coalition on naloxone training and distribution. Parents can receive information and materials through a fentanyl awareness program at a high school. It is key to ensure teachers and staff are trained to be aware.

Ms. Monroy pointed out the data show 80 percent of people who died by fatal overdose in 2021 died in their homes, not in a school. Most were between the ages of 25 and 44.

Ms. Nadler asked if there is data for overdoses in schools. Overdoses need to be prevented before youths start to use. Nationally, drug use is their highest cause of death. They buy their drugs at school.

Ms. Lee said there are 2-3 overdose deaths a year in Washoe County, but there are around 200 nonfatal overdoses and hospitalizations. A previous nonfatal overdose is a risk factor for a fatal overdose.

5. Informational Report on Current Trends Occurring in Nevada

Dr. Kerns recently attended a fentanyl training put on by the National Association of Attorneys General. She drew her information from that training.

There was a 200 percent increase in fentanyl encounters by U.S. law enforcement from 2021 t-2022. United State Customs and Border Protection sees more fentanyl-laced pills than powders. As production increases, there will be an increase in fatal and nonfatal overdoses. Public health and public safety partnerships are needed. Emergency departments (EDs) can inform law enforcement and first responders on what they see in people being admitted; law enforcement can inform practitioners on trends in novel drugs. Hospital drug screen testing may not test for fentanyl. Tyler's law in California requires hospitals to include fentanyl on their panel of drug tests on patients who are admitted so they have better data on what is happening. Many EDs use naloxone drips to reverse fentanyl overdoses to prevent withdrawal. Nationally, 45 percent of overdoses are witnessed by a bystander. Nevada is held up as a model for the legislation and programs implemented.

Ms. Payson, with High Intensity Drug Trafficking Areas, covered more on fentanyl and law enforcement. A key in combatting the overdose crisis is removing illegal substances from communities through law enforcement actions. Assembly Bill (AB) 236 (2019) changed sentencing guidelines for drug offenses but failed to separate fentanyl from other illegal drugs; the penalties for fentanyl should be greater. 400 grams of fentanyl could kill 269,048 people. She suggested using settlement dollars to fund overdose response teams to investigate and prosecute drug-related crimes. The goals of the team operating in the Las Vegas Metro are to utilize a cross-disciplinary collaboration between public health and public safety at federal, state, and local levels; to reduce drug availability; to prevent drug overdoses; and to make treatment and recovery available to victims and impacted families by providing linkage to care. She requested funding for an independent medical examiner who could provide a report in these cases. Toxicology is key for cases to be successfully prosecuted.

Ms. Johnson mentioned Colorado legislation being considered concerning intentionality—whether folks are knowingly or unknowingly furnishing fentanyl.

Attorney General Ford said he and others are sponsoring a bill to lower weights for fentanyl for prosecution purposes. Colorado is an example they will look at.

Ms. Payson said few cases have gone forward in Nevada because there must be clear and convincing evidence that the person supplying the drug was fully aware of its lethality. They are looking at dealers and traffickers, not co-users.

Ms. Johnson asked if changes regarding weight of drugs would change prosecutorial perspective.

Ms. Payson replied amounts determine whether an individual is charged with possession or trafficking. In an overdose death case, they look at whether individuals clearly knew what they were providing.

Dr. Wagner said increasing prosecutions and penalties for drug trafficking is not an evidence-based strategy for preventing drug use or overdose; incarceration increases risk of overdose and transmission of bloodborne pathogens and causes disruptions in social determinants of health—housing, employment, education, and childcare. From a public health perspective, the need is to double down on evidence-based strategies that protect the public health: evidence-based drug prevention education; teaching young people to recognize and respond to or prevent an overdose; understanding what is in the drug supply; increasing access to treatment and to naloxone.

Attorney General Ford agreed the criminal justice and public health systems are in conflict. The criminal justice system punishes wrongdoers by putting them in prison, rehabilitating them, and restoring them back to society. Rehabilitation and restoration might include public health approaches in prison.

Ms. Nadler stated Attorney General Ford was one of 15 attorneys general who declared fentanyl a weapon of mass destruction; a bomb is a weapon of mass destruction. She asked if somebody who set off a bomb is let off on a first-time offense, or if criminal justice waits until four bombs have been set.

Attorney General Ford explained the letter brought national attention to an issue Nevada and his colleagues across the nation.

Ms. Lee has lived experience and is a scholar/practitioner in public health. She reiterated Dr. Wagner's and Ms. Johnson's points. Since 2011, 45 states have proposed legislation to increase penalties for fentanyl; 39 states passed or enacted such legislation. To date, harsher penalties have not resulted in a reduction in fentanyl-involved overdose deaths. Public health recommends expanding 911 Good Samaritan laws; increasing community-based naloxone access, distribution, and opioid agonist treatment; and improving drug-checking. Mass spectrometry is not available around the state so people who use drugs or do low-level sales cannot know what is in the drug supply, allowing law enforcement

to have an unfair advantage over people engaged in the sale of drugs. They recommend authorized supervised consumption sites and funding pilot injectable opioid treatment as an option for some people with chronic heroin use disorder. Many drug laws since the 1914 Harrison Act have been racist, criminalizing black and brown communities disproportionately.

Dr. Woodard noted the SURG committee and its response subcommittee's guiding principle is to harmonize public safety and public and behavioral health response to substance use in communities and the state.

Ms. Salla stated a balance between criminal justice and public health is needed. Criminal justice can be the entry point for people. It does not mean they should be put in prison or jail; they can be connected to needed services. Juvenile system reform provided better balance. There are specialty courts in the adult system and more diversion being done. Youth in the juvenile justice system need to get the right services at the right time.

6. Report on Overdose Data

Elyse Monroy and Shawn Thomas, epidemiologist, are with OD2A, Office of Public Health Informatics and Epidemiology at UNR. Mr. Thomas reported Nevada uses many systems to show the burden of overdose in the community: hospital billing data for charges from EDs or inpatient hospitals; syndromic surveillance, near real-time change detection in emergency department visits to inform a public health response; data from a surveillance system used by 90 percent of EDs; Overdose Detection Mapping Application Program (ODMAP), which provides near real-time suspected overdose data to support public safety and public health efforts in mobilizing immediate response; the electronic death registry system, reporting overdose mortality; and the State Unintentional Drug Overdose Reporting System (SUDORS), using death certificates and information from coroner/medical examiners to capture details on toxicology and death scene investigations, including route of administration and risk factors associated with overdose—past substance use or misuse history, whether they received treatment for pain, their veteran status, whether they were experiencing homelessness, or if they were recently released from an institutional setting like a hospital. It collects data on drug overdoses that were unintentional or undetermined; it does not report suicides.

Between 2017 and 2021, there was a 17 percent increase for suspected drug-related overdoses among Nevada residents. The highest rates of drug overdose and death in EDs were among male Black, non-Hispanic persons, and those aged 25-34 years.

In 2021, SUDORS detected an average of 2-3 substances per decedent, highlighting the focus should be on polysubstance use. Opioids and stimulants are the top two classes of substances involved in overdose deaths. SUDORS contains information on the circumstances surrounding overdose—the events that occurred prior to overdose that may be related and whether a bystander was present at the overdose. This information can be used by prevention, treatment, harm reduction, and other agencies when designing programs and interventions. Based on 2021 data, 78 percent of decedents had at least one opportunity for linkage to care prior to death or overdose. Events include recent release from an institutional setting, having a previous nonfatal overdose, having a mental health diagnosis, ever receiving substance use disorder treatment, and whether a bystander or witness was present when the fatal overdose occurred. Where opioid and stimulants contributed to death, 86 percent of decedents were in a home, six of ten had a bystander present, and one in three had a mental health diagnosis.

Attorney General Ford asked if any of the bystanders present were high school or middle school students. He wondered if a student with training on naloxone could have helped.

Mr. Thomas said they could do more research to determine whether school-age children were present. In 2021, there were 13 school-age decedents in SUDORS.

Overdoses remain high, driven by an increase in synthetic opioids, mostly manufactured fentanyl, and psychostimulants like methamphetamine. Overdoses disproportionately impact persons of color and younger populations. Polysubstance use is common among decedents. Unintentional drug overdoses can be prevented as over three in four decedents had a missed opportunity to prevent their death.

Ms. Monroy reminded the task force people have to die for them to have information about overdose spike risk. Some public health agencies and programs have good working relationships with law enforcement, but few formal agreements for data sharing exist. Information is not standardized. Often information law enforcement shares with a public health or prevention partner cannot be redisclosed publicly. Information on overdoses in school settings should be shared with public health programs and agencies. Nevada needs better bio-surveillance of the drug supply to understand and respond to substances causing harm and death closer to real time. The OD2A program is working on a needs assessment on how testing and bio-surveillance are being used to inform risk. Some limitations need to be addressed for this task force to develop its action plan, specifically identifying substances involved in overdoses quickly and connecting with public safety.

Nevada is one of two states with no statewide crime lab; however, in August, the Interim Finance Committee allocated American Rescue Plan Act funds to establish one within the state public health lab. Nevada has three regional crime labs, but each works independently so testing panels may not be standardized and labs may use and report on different testing protocols when running tests. In 2020, the Nevada Office of Traffic Safety published a gap analysis of the state's current forensic toxicology lab. The report noted inconsistent testing panels and thresholds distinguishing positive and negative that impact the interpretation of results. Nevada's crime labs are forensic; they use science for the purpose of criminal proceedings, not public health surveillance or to inform the public of risks. Many seized drugs are not tested unless a case goes to trial. Forensic testing is funded in part through counties' general fund. *Nevada Revised Statutes* 453.575 requires levying court fees to pay for controlled substance analysis. Crime labs serve their own counties and needs. The OD2A program is working with the state public health lab to purchase a mass spectrometer to start building processes and protocols for public health surveillance. Additional data and resources can be found at nvopioidresponse.org/od2a.

Ms. Nadler said cost is the determining factor for labs in California. Each county sets its own standards on what they test for.

Mr. Thomas explained their report on demographics is based on rates, rather than counts. Ms. Monroy explained the difference between a rate versus a count and why it is important to look at rates rather than counts. The rate helps standardize the situation across communities.

Dr. Wagner said the OD2A team transforms data generated for certain purposes into surveillance data to give a standardized picture of what is happening across our communities. Toxicology panels run by medical examiners (MEs) or coroners vary by jurisdiction because they are used by coroners and MEs to write death certificates; they are not intended for surveillance. The same is true for nonfatal overdoses presenting in EDs—they count how often EMS responds to an overdose with data generated for clinical and/or billing purposes. They transform those into common data elements that can be used for other

purposes. In principle, inconsistencies exist because the data are not generated to count what they are trying to count.

Attorney General Ford clarified the information may be consistent for the jurisdictions, but OD2A is standardizing the information to use it to address opioid and other substance-use-related issues.

Ms. Johnson asked if there is evidence of xylazine in what is being tested in Nevada.

Mr. Thomas said Nevada's coroner/medical examiners order expanded toxicology panels to test for opioid-related substances and emerging novel substances. One or two samples tested positive for xylazine in 2020 and in 2021. Ms. Monroy added OD2A pays for the expanded toxicology testing.

Mr. Mandell asked if there was a separate category for testing how much stimulant and opiate is present to determine whether users knew they were taking fentanyl.

Mr. Thomas did not know the limits used. SUDORS data shows if a substance was detected upon toxicology and if the coroner/medical examiner ruled it contributed to death.

Mr. Mandell said his brother died of cocaine with traces of fentanyl. If a person is using another substance, it does not take much fentanyl to cause an overdose that will kill.

Ms. Monroy said overdose data is broken down by substance and reminded them they must wait for people to die to know what is killing them because of the way data is collected. They cannot do confirmatory bio-surveillance of the drug supply. That problem must be fixed. Minnesota partners with their ERs to take excess urine drug screens on nonfatal overdoses to the state public health lab, but urine drug screen on nonfatal overdoses is not standardized.

Ms. Lee verified there were two deaths involving xylazine in Washoe county in 2020 and 2021. In the last month, there was another that included xylazine, fentanyl, methamphetamine, morphine or heroin, and benzodiazepines. Many overdose deaths derive from polysubstance use, so it is hard to tell what the major contributor was.

Dr. Woodard said the disconnect between information-sharing and data-sharing in a standardized way between public health and public safety was identified as one of the core strategies Nevada needs to lean in on. If individuals survive nonfatal overdoses and EMS detects an increase or ERs see a pattern, the information is shared with law enforcement so word gets out there is a bad batch in the community. If law enforcement action removes drugs from the streets, notifying public health officials is important so they know what has been detected for heightened awareness. Data-sharing and information-sharing agreements are important to ensure critical information that could hamper a law enforcement investigation is not disclosed. If law enforcement shares information with public health, harm reduction coalitions can go into communities at risk and alert them to be on the lookout for certain substances.

7. Overview of Overdose Response Spike Plans

Dr. Kerns reported the Attorney General's Office was awarded an ODMAP grant in 2018-2019 to help identify spikes. It requires that response plans be in place; each community developed one.

The overdose spike plans include who the community partners are; who needs to know in public safety, public health, community prevention coalitions, and treatment providers; how the community defines a spike; what activities are to be done, and who will complete them. Activities are defined for prior to a spike, during a spike, and after a spike. If a spike occurs, they deploy, evaluate their plan, and adjust it as needed based on their evaluations. County plans identify a lead agency and the points of contact and include whether there are data-sharing agreements in place.

Dr. Woodard said the state, Centers for Disease Control and Prevention, and Drug Enforcement Administration reevaluated the overdose spike response plans to include what will happen if there is an interruption in the drug supply in a community due. Shrinkage of supply can have harmful impacts in a community. in public safety.

Ms. Monroy said they are developing a plan to assess and look for spikes in syndromic surveillance using ERs' chief complaint data. Mr. Thomas added some national workings groups try to leverage syndromic surveillance to rapidly identify public health emergencies. In Nevada, the focus is on looking at suspected drug overdose and suspected opioid overdose thresholds two to three deviations above average to identify these spikes. Ms. Monroy explained the syndromic surveillance system only captures overdoses for people who made it to the ER. They will look at ODMAPS and EMS and hope to get law enforcement data. Each system has limitations.

Dr. Kerns said each state uses ODMAP differently. Nevada primarily pulls EMS data. A suspected spike in a community is a red flag. It is an early notification system.

Attorney General Ford announced they would not be able to finish today's agenda. The rest of the presentations will be shared at the next meeting.

Dr. Woodard referred to a recent spike in overdoses in Las Vegas. Most agencies were notified through a masked email that did allow implementation of Clark County's overdose spike response plan. If law enforcement reported directly into ODMAP, the information would have been available; in its absence, the overdoses went undetected, showing communication and information gaps and the impact they have on a community that has an overdose spike response plan but is unable to take action.

Dr. Kerns said most of the data is from EMS. A few counties enter law enforcement information. New Jersey's information is driven by law enforcement. They have a more actionable plan for identifying spikes and responding.

Attorney General Ford said some law enforcement agencies do not want to participate in ODMAP.

Ms. Lee stated when a dealer is busted, people have to go to an unknown, increasing the risk as they seek product outside of their known network.

Mr. Manchell asked if there is an emergency plan in place for bad batches.

Dr. Kerns said that would be in the community response plan. It is not specific to drug; it is a plan that can be used for any drug.

8. Report from Prevention Coalitions on Education and Communication
   This item was tabled to the next meeting.

9. Informational Impact on Tribal Communities
   This item was tabled to the next meeting.

10. For Possible Action Discussion and Possible Vote to Approve Task Force Action Plan
    This item was tabled to the next meeting.

11. For Possible Action Discussion of Next Steps for the Cross-Sector Task Force
    This item was tabled to the next meeting.

12. Public Comment

Ms. Hoover is a bereaved mom who lost one child to addiction and has another son in active addiction. She sees this from a completely different perspective. Since addiction is what leads to overdose, the problem of addiction needs to be tackled. That is why rehabs are important. Money should be spent on rehab and funded on-demand treatment. Rehab should be long enough to help the person with the substance abuse problem. Law enforcement needs to be educated. When her son passed away, the detective told her drugs are too big a problem, and there is nothing they can do. Many neighbors had called law enforcement for years, telling them drugs were sold from a particular house. After her son died, they went to that house. Nobody has been arrested, and the same activity is going on. Even though this area is known by law enforcement as Heroin Highway, they have done nothing to help. Addiction is the problem. If addiction is treated, there would not be overdoses. She asked them to look at how rehabs are run, the treatment provided, and how to eliminate the stigma.

Mr. Arnold Thomas, vice-chairman of the Shoshone Paiute Tribe of Duck Valley in northeastern Nevada, holds a master's in social work and is a chaplain, traditional healer, and elected official of his tribe. Elko County has been impacted heavily. His tribal nation has a problem and would like to know who in Elko County to collaborate with. His sovereign nation would like to be more involved in this.

Mr. Manchell said many issues can be solved by erasing stigma. He encouraged collaboration with schools. He also encouraged people in recovery or with a loved one in recovery to talk about it. The more it is talked about, the less the stigma happens. He suggested using different terms, like "person in long-term recovery," or "substance use disorder," rather than "addiction" since words have an impact on erasing stigma. He suggested saying "fentanyl poisoning" instead of "overdose." He encouraged everyone to start sharing their story and recovering out loud to erase stigma.

Attorney General Ford announced the next meeting will be on December 13.

13. Adjournment

The meeting adjourned at 1:02p.m.