

MEETING NOTES

Statewide Substance Use Response Working Group
Response Subcommittee Meeting

November 05, 2024
11:00 a.m.

Zoom Meeting ID: 868 3331 1069
Call in audio: (669) 444-9171
No Public Location

Members Present via Zoom or Telephone

Dr. Terry Kerns
Senator Jeff Stone
Dr. Shayla Holmes
Christine Payson
Nancy Lindler

Members absent

None

Attorney General's Office Staff

Joseph Peter Ostunio, Esq.

Social Entrepreneurs, Inc. Support Team

Crystal Duarte, Madalyn Larson, and Mary O'Leary

Members of the Public via Zoom

Tray Abney, Belz & Case Government Affairs Scribe by Rewatch, Jeff Clark, Luke Flanagan, Joanna Jacob, Fireflies.ai Notetaker Alex, Tgujardo, Elyse Monroy, Joan Waldock, Todd Weiss, Pauline Whelan

1. Call to Order and Roll Call to Establish Quorum

Chair Kerns called the meeting to order at 11:04 am.

Ms. Duarte called the roll and established a quorum.

2. Public Comment (*Discussion Only*)

Chair Kerns asked for public comment and read the public comment guidance.

No public comment.

3. Review and Approve Minutes from September 18, 2024 Response Subcommittee Meeting (*For Possible Action*)

Chair Kerns would like to change page 16 (above item number 8, in the 4th paragraph). She said it currently says, “The Clark County Overdose Fatality Review” but it should be the “The Clark County Opioid Task Force.”

Chair Kerns asked for a motion to approve the September 18, 2024 Response Subcommittee meeting minutes with amendments.

- Senator Stone made the motion;
- Ms. Payson seconded the motion;
- The motion passed unanimously.

4. Presentation on Clark County Opioid Task Force (11:06 am) *(For Possible Action)*

Ms. Joanna Jacob gave an overview of the Clark County Opioid Task Force. She said the Task Force was a result of the passage of Assembly Bill 132 during the 2023 session. She noted the bill was effective on October 1st, 2023 and the Task Force convened in January of 2024. As a large committee, it was a challenge getting everybody together. However, they have managed to have five detailed in-person meetings, and then they have also convened several virtual meetings to work on a final report which is required by the legislation to be filed at the end of this year in advance of the 2025 Legislative Session.

She mentioned that for today’s presentation she was asked to discuss a component of the bill – the types of data the Task Force was required to look at in order to conduct a systemic review of fatalities occurring after October 1st, which was after the bill’s effective date. The purpose was to try and get a sense of where we are in the community and where we are targeting resources in our community. She noted that the Task Force was empowered in this legislation to look at the highest zip codes where fatalities are occurring in Clark County, which is what they did.

Ms. Jacob said this effort was led by the Southern Nevada Health District (SNHD) and their epidemiology team as well as Melanie Ross, who's the Coroner and the Chair of the Committee. Ms. Jacob said Chair Ross and the SNHD team looked at the volume of cases that were occurring after October 1st, 2023 and up until August 2024. She noted the Task Force did most of this review in September 2024 and that this took effort because there were more than 600 opioid related fatalities in Clark County just in that time period. She said the Task Force did not have the resources to look at all 600 of those cases so they had to work with the committee members to narrow their focus to three distinct areas. The committee members agreed to focus on the locations within specific subcategories where there was an opioid overdose fatality. In addition, the committee members focused on age/demographic groups with more than a 50% increase in death during the time period, and finally drug-related fatalities.

Ms. Jacob noted that when they were working on this bill in the 2023 session, one of the goals, originally of the legislation, was to get timely data out in order for our community to respond. This is why the Task Force decided to look at the 50% increase in deaths because that data would show a trend, and that is something that they could use in the community when they are responding.

Ms. Jacob explained the categories of the cases reviewed. Category #1 is the zip codes with the highest crude opioid overdose death rates (including: 89101, 89104, 89106, 89119, 89121, 89103, 89011, 89123, 89115); Category #2 is the groups marked with increase in deaths

(fentanyl deaths: 30-34 year olds, 45-49 year olds and meth & fentanyl deaths: 30-34 year olds and 40-44 year olds); Category #3 is the emerging drug-related fatalities (smoking fentanyl and novel substances).

Ms. Jacob explained for Category #1: the zip codes with the highest crude opioid overdose death rates (including: 89101, 89104, 89106, 89119, 89121, 89103, 89011, 89123, 89115) they categorized all 600 deaths and extracted the zip codes with the highest number of deaths. She said some of these deaths are in central Las Vegas and that is where a lot of the prevention and harm reduction activities by SNHD are happening. Ms. Jacob noted there were five zip codes where a majority of the overdoses that are happening have no services/activities for naloxone distribution. These zip codes include 89119, 89103, 89011, 89123, and 89115. See slide 6 of the Clark County Regional Opioid Task Force – Update PowerPoint.

Ms. Jacob explained Category #2 as the groups marked with increase in deaths (fentanyl deaths: 30-34 year olds, 45-49 year olds and meth & fentanyl deaths: 30-34 year olds and 40-44 year olds). She noted SNHD put this slide together to show the groups with a 50% or greater increase in deaths from October 2023-August 2024 versus October 2022-August 2023. There was an increase of 137.50% in meth + fentanyl overdoses in people aged 30-34 years old. She said they used this chart to target public health interventions. See slide 7.

Ms. Jacob explained Category #3 as the emerging drug-related fatalities (smoking fentanyl and novel substances). She shared links to nationwide studies/articles that focus on the comparison of smoking versus injection of fentanyl. She said these articles show that deaths from smoking fentanyl and meth have increased a lot. There was some new activity for novel substances such as drug overdose deaths involving xylazine among Clark County residents have risen from 1 death in 2020 to 5 deaths in 2024. Furthermore, she noted drug overdose deaths involving carfentanil among Clark County residents have risen from 0 deaths in 2020 to 10 deaths in 2024. See slide 8.

Ms. Jacob said they did a deep dive on 15 cases, which she said may not seem like a lot, but it was a lot of work to do that in-depth analysis because they looked at hospitalization and prescription drug monitoring program data. Additionally, she noted the legislation required the Task Force to identify social determinants that may lead to substance abuse generally and that may be looked at for prevention activities. Ms. Jacob explained the categories they used to do the deeper dive, which included: recurrent hospitalizations, hospitalizations with complaints of pain, hospitalizations w/o UDS, issuance of narcotics w/o drug screen, past overdose, receiving Narcan, mental illness, legal 2000 hold, arrests/jail/incarceration, outpatient treatment, inpatient treatment, admission to substance abuse, ETOH use, smoking/vaping, job loss, unemployment, being unhoused, lack of permanent housing, prescription drug monitoring program.

Slide 10 includes all of these categories which included the percentage with risk factor of meth and fentanyl use, just fentanyl use, just smoking fentanyl, risk with novel substances, and total percentages across all groups. She said the committee will use this data to make recommendations to the legislature for policy change. She noted the Chair of this committee did an all areas medical request to all the hospital facilities in Southern Nevada to compile this data. She explained that for meth and fentanyl use, 83% of the deaths involved people who had gone

to the hospital with a complaint about pain. She also mentioned a large history of unemployment and prescription drug monitoring program records. Ms. Jacob mentioned another significant finding was the percentage of risk factors for fentanyl use was 100% of the folks had a history of going to the hospital with the complaint of pain and a history of substance abuse. She noted that for column three, percentage of risk factor smoking fentanyl, they found that 100% had a prior history of prior substance abuse. Finally, she noted that the highest percentages across all risk factors were for hospitalizations with complaints of pain, prior history of substance abuse, being unemployed.

Ms. Jacob said the key highlights from those doing the review of the data include average and above prescription monitoring program (PMP) reports (although there was a 2 year limitation on the PMP), positive urine drug screens, lack of urine drug screens, admission to drug abuse treatment, unemployment, and hospitalizations with complaints of pain.

Ms. Jacob highlighted the regional conditions related to extreme heat conditions in Southern Nevada and how that impacts an individual's ability to thermoregulate. She provided an overview of risk factors related to heat death and data on environmental exposures and drug-related deaths. Please see slides 12-15 of Ms. Jacob's presentation for this detailed information.

Chair Kerns thanked Ms. Jacob for her presentation. She highlighted the importance of this presentation because the Response Subcommittee recommended an overdose fatality review in previous years and the potential for this recommendation to be re-energized.

Vice Chair Holmes asked if the Opioid Task Force made meaningful change through going through this process?

Ms. Jacob said she hopes this work is meaningful. She said having a regional approach with a variety of different agencies present (law enforcement, health district, community providers, fire department, social services, juvenile justice, PACT Coalition, etc.) is helpful.

Vice Chair Holmes said this is helpful information. She said having a regional approach is beneficial because we have small counties. Vice Chair Holmes asked if the bill outlined who needed to participate in the subcommittee?

Ms. Jacob said the legislation listed the types of individuals who needed to be present in this subcommittee. The Task Force included the school district, community health workers, law enforcement, health district, community providers, fire department, social services, juvenile justice, PACT Coalition, and others. She said this structure worked for Clark County and other counties may need a different structure to meet their needs.

Dr. Kerns asked what the funding was for this Task Force?

Ms. Jacobs said there is no funding for the Task Force. The county absorbed the costs of staffing this Task Force.

Senator Stone asked about carfentanil. He asked if the fentanyl detection kits detect carfentanil?

Ms. Jacob said she does not know this but can find out and get back to him.
Senator Stone asked if the fatalities are broken down by the route of administration?

Ms. Jacob said they did break it down by the percentage of smoking/inhalation of fentanyl.

Senator Stone asked if these deaths are only Clark County residents or is it also tourists?

Ms. Jacob said the Coroner does track whether the death is a tourist or resident. Ms. Jacob said they could pull this data.

Chair Kerns thanked Ms. Jacob for her presentation.

Ms. Jacob mentioned the Task Force has not yet finalized their recommendations but they could look at the resources they have to support the effort for the Response subcommittee if they decided to revitalize the overdose fatality review recommendation.

5. Finalize and Adopt Recommendations (11:45 am) (For Possible Action)

Recommendation #1 – Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.

See slide 10 for more information.

This recommendation has no suggested revisions.

Senator Stone asked if this recommendation is a bill draft request and who will be sponsoring it?

Chair Kerns said this recommendation was originally going to be a BDR but they will now take it to the state agencies and allow agencies to have a definition. This will be more of a policy issue rather than needing state legislation.

Recommendation #2 – Recommend research into implementation of statewide Data Sharing Agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, and alcohol) to help tailor interventions geographically.

See slide 11 for more information.

Chair Kerns said this recommendation has no suggested revisions.

Chair Kerns said they brought the Chief Data Officer into these conversations and this work would not be a surprise to them.

*Recommendation #3 – Support the collaborative proposal to the Fund for a Resilient Nevada to conduct **wastewater** sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted*

naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.

See slide 12 for more information.

Chair Kerns said this recommendation had one suggested revision to add “wastewater” to the first sentence. She said the Fund for Resilient Nevada has been in negotiations for funding this program out of the University of Nevada, Las Vegas.

Vice Chair Holmes said the last she heard they have been funded and they are also revisiting the outcomes of this study.

Recommendation #4 - Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate action may include recommending community level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.

See slide 13 for more information.

This recommendation has no suggested revisions.

Vice Chair Holmes said this is a recommendation that they did not want to lose and to continue exploring it. She mentioned that the legal side of the house says this language is good enough but those with lived experience still are hesitant to call for help.

Chair Kerns asked Senator Stone if they needed to add more information/different language for legislators to have to be able to work with this?

Senator Stone said he thinks this is appropriate. Is there a current bill draft request for this?

Chair Kerns said there is currently no one sponsoring this, but if the Attorney General’s Office or the Department of Health and Human Services doesn’t pick it up, they will look at getting someone as a sponsor.

Recommendation #5 – Implement a voluntary program to install “drug take back bins” in retail pharmacies.

See slide 14 for more information.

Senator Stone offered that this bill turned into a law in California that he worked on when he was a state Senator there. He said this bill was favored last session, but funding was a problem. He is looking for opioid money to fund this.

Additional Recommendation for Consideration:

(Revised from 2022 and removed from 2023 Annual Report Rankings for further consideration in 2024)

Recommendation #6 - *Review the operations and lessons learned from Clark County's Opioid Fatality Review Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, 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 (See Also Overdose Fatality Review for Additional Resources).* *Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner or Medical Examiner's office for personnel.*

See slide 15 for more information.

Chair Kerns said this recommendation has merit to be moved forward again, especially after we heard the presentation from Joanna Jacobs today about the Clark County Opioid Task Force.

Dr. Holmes also agreed moving this recommendation forward. She said this aligns with the Regional Behavioral Health systems and this would work for our smaller counties. She said she has concerns about the capacity of Coroners in Nevada.

Chair Kerns said this may be able to be initially funded through the Fund for Resilient Nevada. She said noted the need to add language about overall funding for this work and funding for the Coroner's office to do this work.

6. Rank Recommendations (12:13pm) (For Possible Action)

Chair Kerns explained the Excel ranking process. She noted this process uses a formula that weighs each ranking – the weights are determined based off of their relative priority. 1 is eight points, 2 is seven points, 3 is six points, 4 is five points, 5 is four points. Each member prepared their rankings and provided them verbally and the SEI support staff entered them into the Excel spreadsheet.

One by one, the subcommittee members verbally stated their rankings, and SEI staff entered it into the Excel spreadsheet. Following the ranking of each subcommittee member, Ms. Duarte asked each person to confirm that what was visible on the screen matched their stated ranking.

Dr. Holmes ranked recommendations as follows: 2, 6, 4, 1, 3, 5

Dr. Kerns ranked recommendations as follows: 2, 3, 6, 4, 1, 5

Ms. Lindler ranked recommendations as follows: 4, 5, 3, 1, 6, 2

Ms. Payson ranked recommendations as follows: 2, 3, 6, 1, 4, 5

Senator Stone ranked recommendations as follows: 3, 4, 2, 5, 1, 6

Based on the rankings received from members, Ms. Duarte noted this subcommittee ranked recommendations as follows:

1. *Recommend research into implementation of statewide Data Sharing Agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, and alcohol) to help tailor interventions geographically.*
2. *Support the collaborative proposal to the Fund for a Resilient Nevada to conduct **wastewater** sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.*
3. *Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate action may include recommending community level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.*
4. *Review the operations and lessons learned from Clark County's Opioid Fatality Review Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, 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 (See Also Overdose Fatality Review for Additional Resources). **Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner or Medical Examiner's office for personnel.***
5. *Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.*
6. *Implement a voluntary program to install "drug take back bins" in retail pharmacies.*

Chair Kerns asked for a motion to approve the ranking of the Response Subcommittee Recommendations.

- Senator Stone made the motion;
- Dr. Holmes seconded the motion;
- The motion passed unanimously, and the ranking process has been completed.

7. Presentation of Response Subcommittee Recommendations for December SURG Meeting (12:28 pm) (*For Possible Action*)

Chair Kerns said the larger SURG will be voting on the rankings, but not changing the rankings.

8. Discussion of 2025 Subcommittee Membership and Schedule (12:29 pm) (For Possible Action)

Chair Kerns said in January, two new members of the SURG will be appointed and others will be reappointed, this includes the Senate Minority Leader's appointment, a representative from a government entity that provides or oversees the provision of human services in a county whose population is less than 100,000, and a representative from the Nevada Sheriffs' and Chiefs' Association, or its successor organization.

Chair Kerns said the Response Subcommittee will meet six times in 2025, likely on the first Tuesday of the month at 11am.

9. Public Comment (12:31 pm) (Discussion Only)

Chair Kerns asked for public comment and read the public comment guidance.

There was no public comment.

10. Adjournment

The meeting was adjourned at 12:32 pm.