

**SURG Member Name: Lisa Lee**

Please describe your recommendation related to Harm Reduction.	Please describe your justification/background information for this recommendation.	Please include any associated research or links for your recommendation.
Bad batch application for people who use drugs (PWUDs) and people who work in harm reduction to enter data (positive tests, overdoses) and receive bad batch push notifications.	Two high school students are working on a bad batch app for their service learning project that will allow PWUDs to enter data about deadly drugs and receive life saving notifications. It is being modeled on the SOAR app from Ohio.	<a href="https://thesoarinitiative.org/the-soar-app/">https://thesoarinitiative.org/the-soar-app/</a>
<p><b>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</b></p>		<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>
(i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.		<ul style="list-style-type: none"> <li>a. Veterans, elderly persons and youth</li> <li>c. Pregnant women and the parents of dependent children</li> <li>d. Lesbian, gay, bisexual, transgender and questioning persons</li> <li>e. People who inject drugs; (as revised)</li> </ul>
<p align="center"><b>Please describe the Action Step aligned with your recommendation.</b></p>		<p><b>Is this a short-term or long-term recommendation?</b></p>
Expenditure of Opioid Settlement Funds		Long-term (2+ years)

If your recommendation requires a fiscal note, please approximate the amount.	On a scale of 1-3, please rate the urgency of your recommendation.	On a scale of 1-3, please rate the impact of your recommendation.	On a scale of 1-3, please rate the current capacity to implement your recommendation.
No fiscal note	3	3	3

SURG Member Name: Lisa Lee		
Please describe your recommendation related to Harm Reduction.	Please describe your justification/background information for this recommendation.	Please include any associated research or links for your recommendation.
Quantitative drug checking services for people who use drugs (PWUDs).	Currently, PWUDs in Nevada lack broad access to quantitative drug checking services, which has been shown to prevent overdoses and change drug using behavior.	<p>Borden, S. A., Saatchi, A., Vandergrift, G. W., Palaty, J., Lysyshyn, M., &amp; Gill, C. G. (2022). A new quantitative drug checking technology for harm reduction: Pilot study in Vancouver, Canada using paper spray mass spectrometry. <i>Drug and Alcohol Review</i>, 41(2), 410-418. <a href="https://doi.org/10.1111/dar.13370">https://doi.org/10.1111/dar.13370</a></p> <p>Bowles, J. M., McDonald, K., Maghsoudi, N., Thompson, H., Stefan, C., Beriault, D. R., ... &amp; Werb, D. (2021). Xylazine detected in unregulated opioids and drug administration equipment in Toronto, Canada: clinical and social implications. <i>Harm reduction journal</i>, 18(1), 1-6. <a href="https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00546-9">https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-021-00546-9</a></p> <p>Scott, Ian A., and Russ J. Scott. "Pill testing at music festivals: is it evidence-based harm reduction?." <i>Internal Medicine Journal</i> 50, no. 4 (2020): 395-402. <a href="https://doi.org/10.1111/imj.14742">https://doi.org/10.1111/imj.14742</a></p> <p>Vandergrift, G. W., &amp; Gill, C. G. (2019). Paper spray mass spectrometry: a new drug checking tool for harm reduction in the opioid overdose crisis. <i>Journal of Mass Spectrometry</i>, 54(9), 729-737. <a href="https://doi.org/10.1002/jms.4431">https://doi.org/10.1002/jms.4431</a></p>

<p><b>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</b></p>	<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>
<p>(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.</p> <p>(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.</p> <p>(i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.</p> <p>(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public</p>	<p>a. Veterans, elderly persons and youth</p> <p>c. Pregnant women and the parents of dependent children</p> <p>d. Lesbian, gay, bisexual, transgender and questioning persons</p> <p>e. People who inject drugs; (as revised)</p> <p>g. Other populations disproportionately impacted by substance use disorders</p>

concerning the funding of programs to address substance misuse and substance use disorders.			
<b>Please describe the Action Step aligned with your recommendation.</b>			<b>Is this a short-term or long-term recommendation?</b>
Expenditure of Opioid Settlement Funds			Long-term (2+ years)
<b>If your recommendation requires a fiscal note, please approximate the amount.</b>	<b>On a scale of 1-3, please rate the urgency of your recommendation.</b>	<b>On a scale of 1-3, please rate the impact of your recommendation.</b>	<b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b>
Unsure	3	2	2

**SURG Member Name: Christine Payson**

Please describe your recommendation related to Harm Reduction.	Please describe your justification/background information for this recommendation.	Please include any associated research or links for your recommendation.
<p>Funding is requested for a SNHD position to work with the HIDTA Overdose Response Team. The goal is to have a full-time position (SME) that would respond to overdose calls. Once the scene has been cleared by law enforcement, this health department subject matter expert would work with the victim, their family members, other persons on scene etc. to provide linkage to care services and harm reduction programs such as naloxone, fentanyl test strips and needle exchange programs. Other services needed could be funeral related, housing needs, health care, counseling or a warm handoff to treatment for substance use disorder. This position would also offer a continuum of care, providing follow up and case management as needed. The SNHD is currently working with the CFC Foundation, The National HIDTA Overdose Response Strategy (ORS), Las Vegas Metropolitan Police Department, Henderson Police Dept, Homeland Security Investigations and the Nevada Sheriff's and Chief's Association to bring harm reduction training to the law enforcement community as well as pilot the above program in an effort to combat the harmful effects of fentanyl related deaths in our communities.</p>	<p>The 2018 Overdose Response Strategy Cornerstone Project details Public Safety -Led Linkage to Care Programs in 23 States. Methods and strategies in this project can serve as guidance in how linkage to care can be provided starting at an overdose scene.</p>	<p><a href="https://www.hidtaprogram.org/pdf/cornerstone_2018.pdf">https://www.hidtaprogram.org/pdf/cornerstone_2018.pdf</a></p>

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<p>(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.</p> <p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.</p> <p>(d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.</p> <p>(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.</p> <p>(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.</p> <p>(i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.</p> <p>(k) Recommend strategies to improve coordination between local, state and federal</p>	<p>My recommendation does not focus on a special population.</p>

<p>law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.</p> <p>(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.</p>			
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>			<p><b>Is this a short-term or long-term recommendation?</b></p>
<p>Expenditure of Opioid Settlement Funds</p> <p>DHHS Policy</p>			<p>Long-term (2+ years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>
<p>Unsure</p>	<p>2</p>	<p>3</p>	<p>2</p>

**SURG Member Name: Dr. Terry Kerns**

<b>Please describe your recommendation related to Harm Reduction.</b>		<b>Please describe your justification/background information for this recommendation.</b>	<b>Please include any associated research or links for your recommendation.</b>
Alternative pain treatment		Using other than medication (opioids) to treat pain	
<p align="center"><b>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</b></p>			<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>
<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p>			My recommendation does not focus on a special population.
<p align="center"><b>Please describe the Action Step aligned with your recommendation.</b></p>			<b>Is this a short-term or long-term recommendation?</b>
Other (please specify) Unsure but possibly medicaid payment for alternate pain treatment			Long-term (2+years)
<b>If your recommendation requires a fiscal note, please approximate the amount.</b>	<b>On a scale of 1-3, please rate the urgency of your recommendation.</b>	<b>On a scale of 1-3, please rate the impact of your recommendation.</b>	<b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b>
Unsure	2	2	2



<p><b>Please describe your recommendation related to Harm Reduction.</b></p>	<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p><b>Please include any associated research or links for your recommendation.</b></p>
<p>Expand opportunities for drug-checking for syringe services programs and other programs that serve individuals who use drugs</p>	<p>Drug checking services analyze drug samples and provide information to people who use drugs about the chemical composition of the drugs they are taking. These services are provided in various settings, including anonymously at syringe services programs, at mobile services provided on site at events, and through distribution of test strips for personal use. A growing body of evidence has shown that drug checking services can alter behavioral intention and has demonstrated their impact on the behavior of people who use drugs. . Drug checking services, often coupled with tailored harm reduction advice, can facilitate outreach to people who use drugs and help them access substance use disorder treatment. When aggregated, data from drug checking services can provide important information about local drug supplies to inform policymaking and public health surveillance. Drug checking services have been effective in detecting adulterants and novel psychoactive compounds in the drug supply. NRS 453.554 (AB345 from the 2021 legislative session) which defines drug paraphernalia has already been amended to exclude "he term does not include: (a) Any type of hypodermic syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection; or (b) Testing products. 3. As used in this section: (a) "Fentanyl test strip" means a strip used to rapidly test for the presence of fentanyl or other synthetic opiates. (b) "Testing product" means a product, including, without limitation, a fentanyl test strip, that analyzes a controlled substance for the presence of adulterants."</p>	<p><a href="https://aspe.hhs.gov/sites/default/files/documents/79e1975d5921d309ed924148ef019417/drug-checking-programs.pdf">https://aspe.hhs.gov/sites/default/files/documents/79e1975d5921d309ed924148ef019417/drug-checking-programs.pdf</a>  <a href="https://publichealth.jhu.edu/2018/low-tech-low-cost-test-strips-show-promise-for-reducing-fentanyl-overdoses">https://publichealth.jhu.edu/2018/low-tech-low-cost-test-strips-show-promise-for-reducing-fentanyl-overdoses</a></p>
<p><b>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</b></p>		<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not</b></p>

			<b>focus on a special population, please select that response.</b>
(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.			e. People who inject drugs; (as revised)
<b>Please describe the Action Step aligned with your recommendation.</b>			<b>Is this a short-term or long-term recommendation?</b>
Other (please specify): Expand and encourage entities to offer drug-checking services			Short-term (Under 2 years)
<b>If your recommendation requires a fiscal note, please approximate the amount.</b>	<b>On a scale of 1-3, please rate the urgency of your recommendation.</b>	<b>On a scale of 1-3, please rate the impact of your recommendation.</b>	<b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b>
Unsure	2	2	2

<b>SURG Member Name: Jessica Johnson</b>		
<b>Please describe your recommendation related to Harm Reduction.</b>	<b>Please describe your justification/background information for this recommendation.</b>	<b>Please include any associated research or links for your recommendation.</b>
Expand the scope of materials that may be made available for public health purposes by syringe services programs (SSPS), such as access to safer smoking supplies	Fentanyl is rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky	Example briefing from Washington State: <a href="https://adai.uw.edu/wordpress/wp-content/uploads/SaferSmokingBrief_2022.pdf">https://adai.uw.edu/wordpress/wp-content/uploads/SaferSmokingBrief_2022.pdf</a> Summary of the evidence from CA:

	<p>mode of administration for people who are unwilling or unable to stop using drugs. A person's overall drug-related risk is lowered every time they choose to smoke instead of inject. Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection-specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19. Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies create safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This broadens the reach of harm reduction services and offers an additional pathway into care and recovery.</p>	<p><a href="https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IssueBrief_SmokingSupplies_Web_ADA.pdf">https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IssueBrief_SmokingSupplies_Web_ADA.pdf</a></p>
<p><b>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</b></p>		<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>
<p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.</p>	<p>"b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems  e. People who inject drugs; (as revised)  g. Other populations disproportionately impacted by substance use disorders"</p>	

Please describe the Action Step aligned with your recommendation.			Is this a short-term or long-term recommendation?
Bill Draft Request (BDR)			Long-term (2+ years)
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No Fiscal Note	3	3	3

SURG Member Name: Chelsi Cheatom		
Please describe your recommendation related to Harm Reduction.	Please describe your justification/background information for this recommendation.	Please include any associated research or links for your recommendation.
Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada	Nevada has a robust community health worker program and the community prevention coalitions each have community health workers on staff that provide support to their communities in various ways which could include harm reduction efforts that are for the communities they serve.	

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<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.</p>			<p>b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems</p> <p>g. Other populations disproportionately impacted by substance use disorders</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>			<p><b>Is this a short-term or long-term recommendation?</b></p>
<p>Expenditure of Opioid Settlement Funds</p>			<p>Long-term (2+ years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>
<p>Unsure</p>	<p>1</p>	<p>2</p>	<p>3</p>

**SURG Member Name: Chelsi Cheatom**

Please describe your recommendation related to Harm Reduction.	Please describe your justification/background information for this recommendation.	Please include any associated research or links for your recommendation.
<p>Provide for the expansion of Harm Reduction services in every county including supporting shipping from urban Harm Reduction programs to rural/ frontier areas</p>	<p>Syringe exchanges and harm reduction programs are not available throughout most of the state and distance should not be a barrier for people to receive harm reduction services and products.</p>	<p>Nextdistro is a national Harm Reduction Program that partners with local programs to ship overdose prevention supplies to individuals that need it. Trac-B/Impact Exchange in Las Vegas is a partner. <a href="http://www.nextdistro.org">Www.nextdistro.org</a></p>
<p align="center"><b>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</b></p>		<p align="center"><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>
<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.</p>		<p>e. People who inject drugs; (as revised)</p> <p>g. Other populations disproportionately impacted by substance use disorders</p>

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Expenditure of Opioid Settlement Funds			Long-term (2+ years)
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Unsure	1	3	3