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PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

July 17, 2023

10:30 am

**1. CALL TO ORDER AND
ROLL CALL TO ESTABLISH
QUORUM**

Chair Johnson

1. Call to Order and Roll Call to Establish Quorum Cont.

Member	SURG Role	Committee Role
Senator Fabian Doñate	Senate Majority Appointee	Member
Jessica Johnson	Urban Human Services (Clark County)	Chair
Debi Nadler	Advocate/Family Member	Member
Angela Nickels	Representative of a School District	Member
Erik Schoen	SUD Prevention Coalition	Vice Chair
Senator Heidi Seevers-Gansert	Senate Minority Appointee	Member

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.
- If you are dialing in from a telephone:
 - Dial 1 253 205 0468
 - When prompted enter the Meeting ID: 825 0031 7472
 - Please press *9 so the host can prompt you to unmute.

**3. REVIEW AND APPROVE
JUNE 20, 2023 PREVENTION
SUBCOMMITTEE MEETING
MINUTES**

Chair Johnson

4. PRESENTATION ON ADOLESCENT PEER SUPPORT

Ari Chelli, LCSW & LADC, and Joe Engle, CEO, There
is No Hero in Heroin

PRESENTATION TO THE PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

Ariann Chelli, LCSW, LCADC

Peer Support for Teens Combating Addiction

TINHIIH

Disclosures

- PACT Minor prevention grants that end September 30th, 2023 – approx. 5k left in funding.
- SOR Minimal peer support, community engagement, early screening, access to treatment, and data collection funding ending September 30th, 2023 approx. 50k left in funding.
- Proposed recommendations seek to expand services statewide.

Introduction (part 1)

- **Alternative Peer Group (APG):** An APG is a community-based, peer-led support program designed to help young people recover from substance abuse and maintain long-term sobriety. It offers a supportive network of peers who understand the challenges of addiction and provide encouragement, mentorship, and guidance.
- **Best Practices in APG Interventions:**
 - **Peer Support and Mentorship:** APGs emphasize the importance of peer support and mentorship as key components of recovery. Peers who have successfully overcome substance abuse serve as role models and provide guidance, empathy, and accountability to their peers in the program.

Introduction (part 2)

- **Holistic Approach:** APGs take a holistic approach to recovery by addressing the physical, emotional, social, and spiritual aspects of individuals' lives. They provide access to a variety of services, including counseling, life skills development, educational support, and recreational activities, to support overall well-being.
- **Family Involvement:** Recognizing the significance of family dynamics in the recovery process, APGs involve families in the treatment and support process. This may include family therapy sessions, educational workshops, and ongoing communication to foster healthier family relationships and support networks.
- **Positive Peer Culture:** APGs promote the development of a positive peer culture where individuals in recovery can interact with others who share similar experiences, values, and goals. This culture encourages healthy behaviors, fosters a sense of belonging, and provides a social network that supports sobriety.

Introduction (part 3)

- Long-Term Support: APGs recognize that recovery is an ongoing process and provide long-term support to individuals beyond the initial treatment phase. This may include aftercare programs, alumni networks, and continued involvement in the APG community to help maintain sobriety and prevent relapse.

Issues (part 1)

- **Peer Influence:** Peer pressure and the influence of friends can greatly impact an individual's decision to engage in substance abuse. The APG model aims to provide a positive peer culture that counters negative influences, offering a supportive network of peers in recovery who can serve as role models and provide guidance.
- **Lack of Supportive Communities:** Traditional treatment settings may not always provide the necessary social support and sense of belonging for young people in recovery. APGs create a community where individuals can connect with others who share similar experiences, fostering a supportive and understanding environment.
- **Holistic Approach to Recovery:** Substance abuse often stems from underlying issues such as trauma, mental health disorders, or family problems. The APG model adopts a holistic approach by addressing the physical, emotional, social, and spiritual aspects of individuals' lives, providing a range of services to support overall well-being.

Issues (part 2)

- **Long-Term Support and Relapse Prevention:** Recovery from substance abuse is an ongoing process that requires long-term support. APGs offer continued support beyond the initial treatment phase through aftercare programs, alumni networks, and ongoing involvement in the APG community, helping individuals maintain sobriety and prevent relapse.
- **Family Dynamics and Involvement:** Substance abuse can strain family relationships and create a need for family support and education. APGs involve families in the treatment process, offering family therapy sessions, educational workshops, and ongoing communication to improve family dynamics and strengthen support networks.
- **Youth-Specific Treatment and Intervention:** Adolescents and young adults may have unique treatment needs that differ from adults. The APG model provides age-appropriate interventions and support tailored to the developmental stages and challenges faced by young people, increasing the effectiveness of treatment outcomes.

Issues (part 3)

- By addressing these issues, the APG initiative aims to create a supportive, empowering, and sustainable recovery environment for adolescents and young adults, helping them overcome substance abuse, build resilience, and achieve long-term sobriety.

Special Populations

- Groups who receive services from TINHIH are:
 - Youth ages 12-24
 - Our youth demographics are comprised of:
 - LBGTQ+ members
 - Youth in the child welfare system
 - Youth in court programing
 - Pregnant youth
 - Minorities
 - Under or noninsured

What's Working Well / Evidence Based Practice (part 1)

- TINHIH utilizes the Alternative Peer Group Model
- The Alternative Peer Group is a comprehensive adolescent recovery support model that integrates recovering peers and prosocial activities into evidence-based clinical practice.
- Alternative Peer Group serves are a developmentally appropriate recovery support service for adolescents with substance use disorder.

What's Working Well / Evidence Based Practice (part 2)

- **Positive Psychosocial Outcomes:** APGs have demonstrated improvements in various psychosocial domains, including self-esteem, social functioning, and overall well-being. The sense of community and peer support fostered by APGs positively impact participants' emotional and social development during the recovery process.
- **Enhanced Relapse Prevention Skills:** APGs emphasize the development of relapse prevention skills and coping strategies. Studies have shown that APG participants acquire effective tools to manage triggers, cravings, and high-risk situations, enhancing their ability to prevent relapse and maintain long-term recovery.

What's Working Well / Evidence Based Practice (part 3)

- Research on the Alternative Peer Group (APG) model has provided positive evidence of its effectiveness in supporting substance abuse treatment and recovery among adolescents and young adults.
- Improved Treatment Engagement and Retention: Studies have shown that APG participants have higher rates of treatment engagement and retention compared to those receiving traditional treatment alone. The presence of a supportive peer network in APGs enhances motivation, accountability, and a sense of belonging, leading to increased treatment adherence.
- Reduction in Substance Use: Research has indicated that APG participation is associated with reduced substance use and improved sobriety outcomes. The peer-led support and guidance within APGs contribute to decreased relapse rates and a higher likelihood of maintaining abstinence.

What's Working Well / Evidence Based Practice (part 4)

- Cost-Effectiveness: Some studies suggest that APGs can be cost-effective compared to traditional treatment approaches. The support provided by peers within APGs, in addition to professional guidance, offers an additional layer of assistance at a potentially lower cost compared to individual therapy.

Gaps (part 1)

- **Access to Specialized Youth Treatment Services:** There is a shortage of specialized treatment programs and resources designed specifically for adolescents and young adults. Youth may require age-appropriate treatment approaches that consider their developmental stage, unique challenges, and co-occurring mental health issues.
- **Integrated Mental Health Services:** Many youth struggling with addiction also experience co-occurring mental health disorders such as depression, anxiety, or trauma-related conditions. There is a need for integrated treatment models that address both substance use disorders and mental health needs simultaneously to provide comprehensive care.
- **Transition from Adolescent to Adult Services:** Adolescents who receive treatment may face challenges transitioning to adult services as they age out of youth-specific programs. There is a need for seamless transitions and continuity of care to ensure ongoing support as they navigate the complexities of adulthood.

Gaps (part 2)

- **Culturally and Linguistically Appropriate Services:** Providing culturally sensitive and linguistically appropriate services is crucial in meeting the needs of diverse youth populations. Ensuring that treatment and support services are inclusive, respectful, and consider cultural factors can enhance engagement and improve outcomes.
- **Early Intervention and Prevention Programs:** Prevention efforts targeted at youth often focus on educating about the risks of substance abuse. However, there is a need for comprehensive, evidence-based early intervention programs that identify and address risk factors for substance use disorders at an early stage to prevent escalation and support healthy development.
- **Family and Community Support:** Families and communities play a critical role in supporting youth struggling with addiction. There is a need for increased access to family-focused interventions, support groups, and community resources that empower families to understand and address substance abuse issues effectively.

Gaps (part 3)

- **Peer Support Networks:** Peer support is essential for youth in recovery. Expanding peer support programs, including APGs and other community-based initiatives, can provide young people with a supportive network of individuals who understand their experiences and can offer guidance and encouragement.
- **Continuum of Care:** Ensuring a comprehensive continuum of care is crucial for youth in recovery. This includes access to outpatient services, aftercare programs, vocational training, education support, and housing resources to support their long-term recovery and successful reintegration into society.
- **Addressing these gaps** requires collaborative efforts from policymakers, healthcare providers, communities, and families to allocate resources, develop targeted interventions, and advocate for comprehensive support systems that prioritize the unique needs of youth struggling with addiction.

Recommendation(s) (part 1)

- Education and Awareness:
 - a. Develop and implement comprehensive substance abuse prevention programs targeting various age groups and demographics within the community. These programs should provide accurate information about the risks associated with substance abuse, signs of addiction, and available resources for prevention and treatment.
 - b. Collaborate with schools, community organizations, and healthcare providers to integrate substance abuse prevention into existing educational curricula and outreach activities.
 - c. Organize regular awareness campaigns, workshops, and community forums to educate the public about the dangers of substance abuse and promote healthy lifestyles.

Recommendation(s) (part 2)

- Access to Treatment and Support:
 - a. Advocate for increased funding and resources to improve accessibility and affordability of substance abuse treatment programs, including detoxification, rehabilitation, and counseling services.
 - b. Establish partnerships with local healthcare providers, mental health centers, and support groups to ensure individuals struggling with substance abuse have access to appropriate treatment and ongoing support.
 - c. Promote the development and implementation of evidence-based intervention programs that address the underlying causes of substance abuse and provide holistic support to individuals in recovery.

Recommendation(s) (part 3)

- Community Engagement:
 - a. Foster collaboration among community members, organizations, and law enforcement agencies to create a united front against substance abuse. Encourage active participation in prevention initiatives, such as neighborhood watch programs and community clean-up events, to promote a safe and supportive environment.
 - b. Establish a volunteer network to provide mentorship and support to individuals at risk of substance abuse, as well as those in recovery.
 - c. Develop partnerships with local businesses, faith-based organizations, and social service agencies to raise awareness, reduce stigma, and promote community-wide efforts to prevent substance abuse.

Recommendation(s) (part 4)

- Early Intervention and Screening:
 - a. Advocate for the implementation of regular substance abuse screening programs in schools, healthcare facilities, and community centers to identify individuals at risk at an early stage.
 - b. Collaborate with healthcare providers to improve the integration of substance abuse screening and brief interventions into routine healthcare visits.
 - c. Develop and disseminate educational materials on recognizing the signs of substance abuse and providing appropriate support to individuals in need.

Recommendation(s) (part 5)

- Policy and Advocacy:
 - a. Work with local, state, and national policymakers to promote evidence-based policies and regulations that support substance abuse prevention, treatment, and recovery efforts.
 - b. Advocate for stricter regulations on the availability and marketing of addictive substances, including alcohol and tobacco products.
 - c. Support initiatives aimed at reducing social and economic disparities that contribute to substance abuse, such as poverty, unemployment, and lack of access to healthcare.

Recommendation(s) (part 6)

- Data Collection and Evaluation:
 - a. Establish a system to collect and analyze local data on substance abuse trends, including the types of substances being abused, demographics of affected individuals, and outcomes of prevention and treatment efforts.
 - b. Use this data to identify emerging patterns, gaps in services, and areas where prevention efforts can be strengthened.
 - c. Regularly evaluate the effectiveness of prevention programs and interventions, adjusting as necessary based on data-driven insights.

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Contact Information

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5. PRESENTATION ON YOUTH VAPING PREVENTION

Malcolm Ahlo, MPA, Tobacco Control Coordinator, NTCSC
President, Southern Nevada Health District, Nevada
Tobacco Control & Smoke-free Coalition (NTCSC)

PRESENTATION TO THE PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

Malcolm Ahlo

Tobacco Control Coordinator / NTCSC President

Southern Nevada Health District /

Nevada Tobacco Control & Smoke-free Coalition (NTCSC)

Disclosures

- **I have no disclosures.**

Introduction

- **We are in a youth vaping epidemic. 1 in 6 Nevada teens use electronic vapor products.**
- **This is important because we know that tobacco use is the number 1 cause of preventable illness and death in the United States.**
- **Tobacco kills more than 480,000 people annually. More than alcohol, car accidents, illegal drugs, murders, suicides and AIDS - COMBINED.**
- **Use of electronic cigarettes often lead to co-use or commercial tobacco use.**
- **Prevention is key. 90% of adult smokers started before the age 18.**

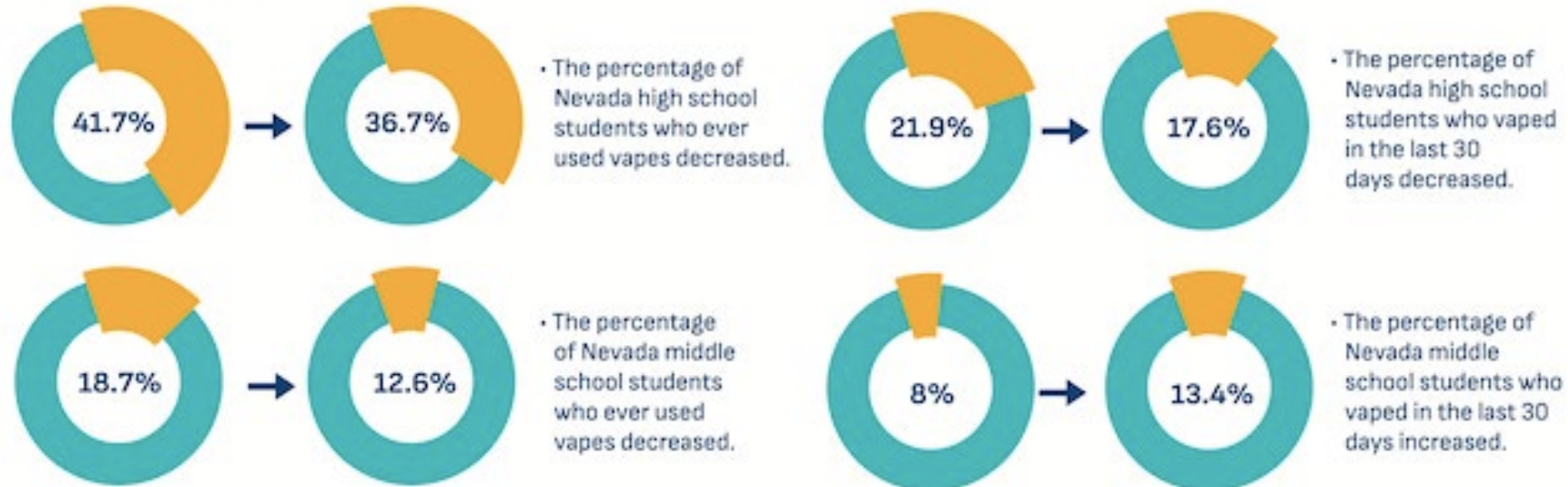
Issues

- **The Youth Vaping Epidemic**

- **Nevada's Youth Vaping Prevalence Rate:**

- **Current ever tried rate for high schoolers 36.7% (2021)**
- **Current ever tried rate for middle schoolers 12.6% (2021)**
- **Current past 30 days user high school 17.6% (2021)**
- **Current past 30 days user middle school 13.4% (2021)**

From 2019 – 2021:



Issues Cont.

- **Youth Vaping Prevention Funding Eliminated**
 - - **Nevada Tobacco Revenue**
 - - **\$231+ Million from Cigarette Taxes, Other Tobacco Taxes and Settlement Funding**
 - - **\$145.2 million of Cigarette Taxes / \$0 for tobacco control and prevention**
 - - **\$30.8 million of Other Tobacco Taxes / \$0 for tobacco control and prevention**
 - - **\$14.6 million Juul Settlement / \$0 for tobacco control and prevention**
 - - **\$41 million Master Settlement Funding / \$950,000 for tobacco control and prevention**

This equals .004% allocated in Nevada to Tobacco Control and Prevention efforts.

CDC Recommendation for Nevada Tobacco Control and Prevention is \$30mil.

This ranks Nevada as 47th in the country for Tobacco Control and Prevention funding.

Special Populations

- **Youth.**
 - **Priority Populations such as African American, Hispanic/ Latinx, LGBTQ+, Low Income, SES,**
 - **Sub-priority populations, athletic or sport participants youth.**

What's Working Well / Evidence Based Practice

A comprehensive tobacco control program is a statewide, coordinated effort to establish smoke-free policies and social norms, to promote quitting and help tobacco users quit, and to prevent tobacco use initiation.

Goal 1 - Prevent tobacco use initiation among youth and young adults

Goal 2 - Promote quitting among adults and youth

Goal 3 - Eliminate exposure to secondhand smoke

Goal 4 - Identify and eliminate tobacco-related disparities

CDC Best Practices state that a comprehensive tobacco control and prevention program would include.

- *State and community interventions*
- *Mass-Reach Health Communications*
- *Cessation Interventions*
- *Surveillance and Evaluation*

These strategies will reduce tobacco-related disease, disability, and death.
(CDC TCP Best Practices)

Gaps

- **Youth tobacco vaping prevention funding not funded in State of Nevada.**
- **Lack of resources.**

Recommendation(s)

- **Recommendation would be to allocate and prioritize tobacco control and prevention funding with tobacco settlement or tobacco tax dollars.**
- **The Nevada Tobacco Control & Smoke-free Coalition recommends \$2 per capita in Nevada dedicated to tobacco control and prevention efforts. Totaling \$6.2 million.**
(Moves Nevada from ranked 47th to 24th)
- **Allocate funding to local communities using the local lead agencies model.**
(SNHD, WCHD, CCHHS, Rural Coalition)

References

- **Nevada YRBS Data**
 - <https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey>
- **CDC Tobacco Funding Recommendations**
 - <https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.htm>
- **CDC Tobacco Control Best Practices**
 - <https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm>
- **Nevada Legislature 2023 Session**

Contact Information

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6. PREVENTION SUBCOMMITTEE RECOMMENDATIONS REVIEW AND DISCUSSION

Chair Johnson

PREVENTION SUBCOMMITTEE RECOMMENDATIONS

- 6 recommendations submitted in 2023
- During the June meeting, recommendations were further workshopped into 3 recommendations (see following slide) and incorporated into the harm reduction recommendations.
- Please reference the *SURG Prevention Subcommittee Recommendation Submissions* document for the complete submissions, posted here under the June Prevention meeting:
[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)

2023 SURG Prevention Subcommittee Preliminary Recommendation Submissions

Recommendation #1	
Prevention Subcommittee Member Name:	Debi Nadler
Please describe your recommendation. You will need to submit a new survey response for each subcommittee recommendation you would like to submit.	<p>DEA recognizes that not only reducing the quantity (supply) of drugs is essential to a safe and drug free country, but also reducing the desire (demand) for illicit drugs is a vital component to effectively reduce drug use in our Nation. For that reason, DEA created the Community Outreach Section as a critical complement to our primary law enforcement mission and included drug use prevention as one of the seven priorities in DEA's vision:</p> <p>"Support initiatives to reduce the demand for drugs and give assistance to community coalitions and drug prevention initiatives."</p> <p>DEA's Community Outreach Section provides the public with current and relevant drug information about illicit drug use, the misuse of prescription drugs, drug use trends, and the health consequences of drug use.</p> <p>The Community Outreach Section also develops drug information brochures, drug fact sheets, pamphlets, and parent/teacher drug education guides to assist the community in identifying drug use and finding help.</p> <p>Another major component of the Community Outreach Section is collaboration with various drug use prevention partners. These partners include other federal agencies, national and regional prevention organizations, law enforcement organizations, community coalitions, fraternal and civic organizations, youth-serving organizations, state local governments, and schools.</p>
Please describe your justification/background information for this recommendation.	<p>Nevada used to have DEA 360- it is no longer. Now the DEA has started a Community Outreach Program which is active in @15 states. California is one of those. I attended their family summit in November and was amazed at the outreach they are providing. They DEA's Community Outreach strategy is to develop and disseminate effective drug information for youth, parents, caregivers, and educators, and to increase the public's awareness about the dangers associated with using drugs. There are three major concepts of drug use prevention research at the core of this strategy:</p>

PREVENTION SUBCOMMITTEE RECOMMENDATIONS SUMMARY

1. Recommend to DHHS/(or whoever oversees those dollars) to double the amount of investment in primary prevention programming every two years for ages 0-24.
2. Increase support for youth vaping prevention.
3. Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet density.

7. HARM REDUCTION RECOMMENDATIONS REVIEW AND DISCUSSION

Chair Johnson

HARM REDUCTION RECOMMENDATIONS

- 9 survey responses were collected from SURG members following the April SURG Harm Reduction meeting.
- Prevention subcommittee was tasked with further refining recommendations during the June subcommittee meeting and reported out suggested revisions at July 12 SURG meeting.
- 6 recommendations are listed on the following slides (note that the alternative pain treatment recommendation was sent to the Treatment and Recovery subcommittee).

Harm Reduction Recommendations (Part 1)

1. Pilot and evaluate the use of the “Bad Batch” App services in one behavioral health region. Rigorously evaluate the impact and reach of the app to determine effectiveness and next steps for potential expansion.
2. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:
 - Work with harm reduction community to identify partners/ locations and provide guidance and training.
 - Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
 - Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.
 - Articulate principles and plans for what will happen to the data.

Harm Reduction Recommendations (Part 2)

3. Harm Reduction Shipping Supply: Provide travel costs for pick up of used products to be returned for destruction. Increase advertising about shipping programs. Establish alternative strategy if people can't receive delivery of the supplies.
4. Increase support for harm reduction based post-overdose outreach with public safety, including wrap-around services for surviving family members and/or postmortem services for families (for example, the services could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder).

Harm Reduction Recommendations (Part 3)

5. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.
6. Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada and prioritize funding for Community Health Workers to provide community-based harm reduction services.

**8. CONSIDER SUBJECT MATTER
EXPERTS AND TOPICS FOR
FUTURE MEETINGS**

Chair Johnson

9. PUBLIC COMMENT

Public Comment

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 - Dial 1 253 205 0468
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 - Please press *9 so the host can prompt you to unmute.

10. ADJOURNMENT

**ADDITIONAL INFORMATION, RESOURCES &
UPDATES AVAILABLE AT:**

[https://ag.nv.gov/About/Administration/Substance
Use Response Working Group \(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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