

MEETING NOTES

Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

May 15, 2023
10:30 a.m.

Zoom Meeting ID: 825 0031 7472
Call in audio: 1 253 205 0468
No Physical Public Location

Members Present via Zoom or Telephone

Chair Jessica Johnson, Debi Nadler, Angela Nickels, Erik Schoen

Attorney General's Office Staff

Dr. Terry Kerns and Joel Bekker

Social Entrepreneurs, Inc. Support Team

Emma Rodriguez and Margaret Del Giudice

Members of the Public via Zoom

Ashley Tackett, Jamie Ross, Abigail Bailey, Dr. Traci Green, Ruth Morales, Anne-Elisabeth Northan, Linda Anderson

Call to Order and Roll Call to Establish Quorum

Chair Johnson called the meeting to order at 10:33 am.

Ms. Rodriguez called the roll and established a quorum.

2. Public Comment (*Discussion Only*)

Chair Johnson asked for public comment. There was no public comment.

3. Review and Approve Minutes from April 6, 2023 Prevention Subcommittee Meeting (*For Possible Action*)

Chair Johnson asked for a motion to approve the minutes from the April 6, 2023 Prevention Subcommittee.

- Mr. Schoen made a motion to approve the minutes.
- Ms. Nickels seconded the motion.
- The motion passed unanimously.

4. Presentation on Barriers and Facilitators of Implementing Drug Checking Services with Spectrometry Devices (*For Possible Action*)

The presentation slides for Dr. Traci Green, Professor and Director of the Opioid Policy Research Collaborative, Brandeis University, are posted online at the [SURG webpage](#) under attachments for this meeting.

Dr. Green presented on actions taken in Massachusetts and a couple of other states to address the toxic drug supply. See slide 9 for Dr. Green's overview of drug supply and community drug checking.

Dr. Green noted that relative to other approaches that states and counties have taken to expand and improve, the toxicological and forensic lab infrastructure are worthwhile and can improve court processes and other public health measures but noted that community drug checking is special because the remnant drug and frequent testing that can be done can provide more real-time information to the community. She explained that the risk is that it can overwhelm a system that was built for a fraction of the number of samples at a level of precision that is required for diagnostic and court related work.

Dr. Green emphasized that community drug checking is more of a public health-based approach or a harm reduction-based approach where any information, if it's valid, is helpful. She added that people without chemistry degrees, and who are not in a laboratory environment, or who are not law enforcement, can be trained to use tests, test strips, and other drug checking machinery. Dr. Green described this as a consumer safety approach that has been proven effective for nutrition as well as for drugs.

Dr. Green explained that breaking open access to existing technology that allows people to learn about drug contents and relevant safety data can expand the tools to work and a set of responses that can be helpful (for details see slide 10). She emphasized that no one population is served more or less than any other through community drug checking, but that the approach liberalizes access to information and serves all populations (see slide 11 for details).

Dr. Green reviewed how people are using the data made available through community drug checking (see slide 12 for details), as well as how people can access and interact with the public data using figures publicly accessible on the data dashboard at Streetcheck.org (see slide 13 for details). She reviewed the data dashboard in more detail on slide 14 and looked at Massachusetts as an example of the data available. Looking at the Massachusetts data one could see that about a third of the opioid drug supply in Massachusetts has xylazine contained in it, and this could then inform next steps.

Mr. Schoen expressed interest in the level of xylazine and surprise at the high levels. He asked for confirmation that with this data, the quantity is unknown but that what is known is that it is present.

Dr. Green confirmed that quantifying how much xylazine is present is the next stage of testing.

She continued by looking at what can be done with the data in terms of public health alerts and informational bulletins. Cases from Massachusetts were given as examples (see slide 15 for details). One alert was in plain language and was translated into seven languages. An alert was designed for providers and clinicians using more technical language and specific information on intervention. Another was designed for EMS and law enforcement using language developed with first responder advisors.

DAG Joel Bekker asked if xylazine was also called Tranq and creates flesh-eating like symptoms at the injection site. Dr. Green confirmed this and emphasized the importance of early detection and early treatment.

Dr. Green reviewed current/potential gaps in community drug checking on slide 16 and a set of recommendations for the subcommittee to consider on slide 17:

- **Expand access to community drug checking in your state**

- Plan for a statewide initiative. Work with harm reduction community to identify partners and locations.
- Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
- Standardize 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

Ms. Nadler asked if it was true that if xylazine is mixed in with fentanyl or another drug then Narcan is not as effective in saving a life.

Dr. Green responded that it is true to the extent that xylazine is not an opioid, though there is some research to suggest it may be somewhat effective. She added that in most cases there is an opioid on board so the response may not be akin to an opioid only overdose, but it will still be effective.

Ms. Nadler followed up asking if there is a rapid test to show if xylazine is in one's system.

Dr. Green reported that ERs and hospitals do not often test xylazine on-site but will typically send out for this test so that it may be days or months later for confirmation that xylazine was taken. She noted that a policy suggestion could be to strongly encourage or set a standard to include xylazine in a panel for hospitals, though she clarified that she did not know the cost impact.

Mr. Schoen expressed appreciation for the presentation and emphasized the need to democratize access to instantaneous data to improve public safety. He asked Dr. Green about potential technological methods to make drug checking even easier and more accessible.

Dr. Green responded that technological innovations are not imminent though certainly expected and warrant optimism about the future.

Chair Johnson thanked Dr. Green for presenting and moved to agenda item 5.

5. Presentation on DEA Community Outreach *(For Possible Action)*

The presentation slides for Ruth Morales, Community Outreach Specialist, Drug Enforcement Administration, are posted on the [SURG Website](#).

Ms. Morales began her presentation by reviewing the primary roles of the DEA on slide 22. She explained that the DEA is primarily known for the investigation of illegal drug manufacturing, trafficking, and distributing of drugs such as cocaine, heroin, ecstasy, and now fentanyl. She noted they also have the Diversion Control Division which ensures that doctors, or anyone who is a DEA registrant, is prescribing for a legitimate purpose and not selling or prescribing out of practice. She continued that the Diversion Control Division also has an outreach department which does the Take Back program and conducts educational sessions for providers to ensure they are compliant.

Ms. Morales provided an overview of the Los Angeles Field Division and the areas overseen, including Nevada, on slide 23. She then reviewed Operation Engage (see slide 24 for details). She explained that this program is typically a multi-year program and not meant to last indefinitely so they work with local entities like community-based organizations, local agencies, and other stakeholders to sustain the programs as Operation Engage will typically move from

city to city. She explained that the DEA will work with adults, youth, media, and engage schools and workplaces to bring more awareness and prevention to drug related issues.

Ms. Morales elaborated on several DEA engagement/awareness resources. She described the DEA's "One Pill Can Kill" Campaign, created around 2020/2021 when there was an increase in the number of fentanyl overdoses (see slide 25 for details). She then went over some of the fact sheets that are publicly available online and that are printed out and taken to community events to spread awareness (see slide 26 for details). Next, she discussed the Family Summit, the first of which took place in June 2022, where families who had lost loved ones to the overdose epidemic were invited to attend (for details see slide 27). She provided an overview of Red Ribbon Week, which began after the death of Agent Kiki Camarena and is celebrated yearly in October (see slides 28-29 for details).

Ms. Morales reviewed Operation Prevention, which is a tool created in 2016 in partnership with Discovery Education (see slide 30 for details). It is a curriculum that includes a tool for educators to download a curriculum or want more information on positive or healthy living as well as a parent toolkit to help them have conversations with their kids about the science of addiction and more (provided in both English and Spanish). Ms. Morales highlighted a couple additional resources, Just Think Twice and Get Smart About Drugs.

Chair Johnson thanked Ms. Morales for the presentation and asked if there were any questions or comments from subcommittee members.

Ms. Nadler reported attending the Family Summit and shared that it was extremely informative and would be a great benefit to have in Nevada.

Ms. Morales commented that despite no community outreach specialist in Las Vegas, the Las Vegas office is working on doing some type of youth summit though she did not know the dates yet but would share after receiving them.

Chair Johnson asked for clarification around the DEA 360 program and if Operation Engage is providing similar resources and information for the community.

Ms. Morales confirmed that DEA 360 has turned into Operation Engage, currently in Los Angeles but will potentially be in Las Vegas in a year or two.

Chair Johnson thanked Ms. Morales for the clarification and noted that she's been working with the new special agent in charge at the community level who has been working with the prevention coalitions and other advocates and expressed gratitude for his work.

6. Presentation on the Alcohol Outlet Density Report *(For Possible Action)*

The presentation slides for Jamie Ross, Executive Director, PACT Coalition, and Anne-Elizabeth Northan, Executive of Join Together Northern Nevada, on alcohol outlet density and its correlates, including the correlation of alcohol use to overdose rates and underage use of drugs are included on slides 32-35 of the PowerPoint posted on the [SURG Website](#).

Ms. Ross explained that overlapping hotspots are observed when looking at the overlay of alcohol outlet density and cannabis dispensary outlet density.

Ms. Northan discussed some of the data relating to alcohol density (see slide 34 for details) and noted that effective policies to impact youth use and overdose rates include limiting licenses in particular areas and implementing alcohol taxes.

Chair Johnson thanked Ms. Ross and Ms. Northan for their presentation and welcomed questions from subcommittee members.

Ms. Nadler asked about alcohol outlet density in lower socioeconomic locations. She noted that experientially she sees alcohol use evenly throughout populations, including wealthy areas and populations. She asked where the data comes from that shows correlation with low socioeconomic demographics.

Ms. Northan clarified the data is not looking at data related to use but instead at geographic concentrations of alcohol outlets.

Mr. Schoen underscored the persistent problem of alcohol and thanked the presenters for speaking on the topic. He highlighted new research is showing that there is no such thing as a safe amount of alcohol and expressed hope that this new research can play into productive messaging.

Chair Johnson asked the presenters to describe the barriers to regulations around alcohol density and best practices or policy recommendations that could address these barriers and that the subcommittee could consider moving forward.

Ms. Ross responded that statewide in Nevada, alcohol is entirely regulated by the county so there is nearly zero regulation by the State and no Alcohol Control Board. This means practices vary across counties and even across communities within counties. Ms. Ross offered federal best practices shown to be effective across states. These included: limiting the number of outlets, reducing all you can drink packages, reducing or eliminating happy hour specials, making sure there is at least x number of miles between recreation centers/schools/other places where children congregate and alcohol outlets, and ensuring that alcohol advertisements don't reach children. She explained that these are all federal best-practices, and most are not statute in Nevada.

Chair Johnson thanked Ms. Ross for these recommendations and indicated that these would be discussed by the subcommittee at the June meeting.

Chair Johnson moved onto agenda item number 7.

7. Presentation on Prevention Programming in Schools *(For Possible Action)*

Jamie Ross, Executive Director, Executive Director, PACT Coalition/Nevada Statewide coalition Partnership, and Anne-Elizabeth Northan, Executive Director of Join Together Northern Nevada presented on this item as well; their slides are available on the [SURG Website](#).

Ms. Ross presented on prevention coalitions shown providing evidence-based prevention programs for students (for details see slides 38). She explained that due to improved evidence of what works, current substance prevention programs do not resemble what most think of (e.g., DARE, Every Fifteen Minutes). The gold standard for prevention programming are things that increase protective factors and decrease risk factors that address adverse childhood experiences and social determinants of health. Most prevention programming is not ostensibly related to youth substance use but appears to be designed to improve classroom management or connect students to their community.

Ms. Northan spoke about prevention programs statewide (see slide 39 for details). She emphasized that substance use is a complex problem and requires a complex solution, which is

why there is such a varied list of different programs all of which are evidence-based and data driven.

Ms. Ross covered some of the programs in Clark County and Ms. Northan went over programs in Washoe County (see slides 40-41 for details).

Ms. Ross reviewed some of the strengths and challenges to prevention programming (see slide 42 for details). She noted that when new funding comes out it is often about what new programs can do rather than how to expand existing programs shown to be effective.

Ms. Nadler asked if others had seen that whippets and huffing have become more popular across the county and if this was being addressed. She also asked about ID Cards with hotlines and resources on the back, noting that schools in southern Nevada are not doing this or Red Ribbon. She also commented on a program called Choose Love that is not in Nevada. It's an elementary school program but addresses coping mechanisms, social and emotional learning, etc. She then asked if the programs discussed in this presentation are mandated.

Ms. Ross said she was unfamiliar with Choose Love. She clarified that national registries exist about what has been proved to reduce substance use in the long run, this informs the programs chosen to implement. She said she'd check if Choose Love is on this list. Ms. Ross continued that in the Clark County School District, the mental health hotline is on middle school ID cards though she was unsure about high school, and that Red Ribbon Week is sent out with funding from the state and engages about 20 schools. This is usually sent out in late August or early September.

In response to Ms. Nadler's question about whippets and huffing, Ms. Ross clarified that in most programs one specific drug is not discussed, adding that to her knowledge there is no evidence-based prevention that specifies or works only inhalants but that use of inhalants, like other drugs, ebb and flow.

Chair Johnson asked Ms. Ross and Ms. Northan to share the links for the subcommittee to review the evidence-based prevention programs. Following the meeting, Ms. Ross provided the following links for national evidence-based prevention programs:

- **National:**
 - Blueprints: [Blueprints for Healthy Youth Development – Committed to Healthy Youth, Families and Communities \(blueprintsprograms.org\)](https://blueprintsprograms.org)
 - SAMHSA Evidence-Based Practices Resource Center (formerly NREPP): [Resource Center | SAMHSA](https://www.samhsa.gov/evidence-based-practices)
 - California Clearinghouse: [The California Evidence-Based Clearinghouse for Child Welfare \(cebc4cw.org\)](https://cebc4cw.org)
 - PEW Charitable Trusts: [Results First Clearinghouse Database | The Pew Charitable Trusts \(pewtrusts.org\)](https://www.pewtrusts.org)
 - CASEL: [Advancing Social and Emotional Learning - CASEL](https://casel.org)
 - NIDA: [Screening Tools and Prevention | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](https://www.nida.nih.gov)
 - OJJDP: [Enhancing Law Enforcement Efforts and Engagement with Youth | Office of Juvenile Justice and Delinquency Prevention \(ojp.gov\)](https://www.ojp.gov)

- Crime Solutions: [CrimeSolutions - The Evidence-Based Guide for Justice Agencies in Search of Practices and Programs that Really Work | National Institute of Justice \(ojp.gov\)](#)
- Youth.gov
- PTTC: [Lesson Package 2 \(pttnetwork.org\)](#)

Following the meeting, Ms. Ross also shared a PDF of the state clearinghouse of evidence-based practices, programs, and policies, which is attached at the end of these minutes.

Chair Johnson then asked about the process through which a program is determined to be evidence-based.

Ms. Ross replied that there is an entire field of science devoted to this. For a local expert in this field, she recommended Dr. Timothy Grigsby at the University of Nevada, Las Vegas, or Alyssa O’Hair at Region 9 PTTC Learning. Ms. Ross added that it takes a long time and multiple pilot programs across jurisdictions to ensure results are replicable across the country.

8. 2023 Legislative Session Update *(For Possible Action)*

In the interest of time, Chair Johnson asked Ms. Rodriguez to scroll through slides 44-47 and referred members to the full [Substance Use Bills Tracker](#) (included as part of the meeting materials and available on the [SURG Website](#)) and noted that SEI intends to update this tracker monthly.

9. Overview of Recommendations Received and Next Steps *(For Possible Action)*

Chair Johnson reviewed submitted recommendations and presentations scheduled (see slides 49 and 50). In the interest of time, she asked that subcommittee members reach out to Ms. Rodriguez with any presenter recommendations for the July meeting. She also asked that members complete the recommendation request form in response to something heard today. These would be discussed at that June 20 meeting in preparation for the full SURG meeting in July.

In reference to the earlier discussion about prevention programming, Ms. Nadler entered the link for Choose Love in the chat, <https://legacy.chooselovemovement.org/choose-love-for-schools/>

10. Discussion of Report Out for July SURG Meeting *(For Possible Action)*

Due to limited time, this agenda item was tabled for the June meeting.

11. Public Comment *(Discussion Only)*

Chair Johnson asked for public comment.

Hearing no public comment, Chair Johnson thanked the public, subcommittee members, and SEI.

12. Adjournment

The meeting was adjourned at 12:03 pm.