

## MEETING NOTES

### Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

June 20, 2023  
2:00 p.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 Rosalie Bordelove

#### Social Entrepreneurs, Inc. Support Team

Emma Rodriguez and Margaret Del Giudice

#### Members of the Public via Zoom

Vanessa Dunn, Stephanie Cook, Malieka Toston, Reagan Hart, Alex Tanchek

### **Call to Order and Roll Call to Establish Quorum**

Chair Johnson called the meeting to order at 2:00 pm.

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 May 15, 2023 Prevention Subcommittee Meeting (*For Possible Action*)**

Chair Johnson asked for a motion to approve the minutes from the May 15, 2023 Prevention Subcommittee.

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

### **4. Prevention Subcommittee Recommendations Review and Discussion (*For Possible Action*)**

Ms. Rodriguez provided an overview of Prevention Subcommittee Recommendations submitted via SurveyMonkey. See slides 8-9 for summary details. She encouraged members to download the 2023 SURG Prevention Subcommittee Preliminary Recommendation Submissions posted on the [SURG webpage](#) to review in its entirety during the discussion.

Chair Johnson recommended that members share if there are any areas in need of clarification with the goal of getting the recommendations to a place where they can be presented at the full SURG meeting in July.

The first recommendation was reviewed (see slide 10 for details) and centered around DEA Operation Engage.

Chair Johnson provided a reminder and clarification around specific program recommendations and the role of the SURG via communication received from Dr. Kerns on behalf of the Attorney General's Office and shared with the subcommittee in August of 2022. The communication read "the SURG does not make direct grants to any programs but rather makes recommendations to DHHS on the use of funding to address the impact of opioid misuse and other substance use disorders. When discussing programs or organizations with which a SURG committee member is affiliated, the member should make that disclosure or state their intention to abstain from specific motions or casting a vote prior to any discussion." Chair Johnson paraphrased the remainder of the communication which indicated that if one is unsure about a conflict, seek guidance from the AG's Office.

Chair Johnson added that as the subcommittee is looking at many different types of programs to address prevention, there's an opportunity to think about how the work can be generalized statewide. She suggested that in workshopping Recommendation #1: DEA Operation Engage, the subcommittee could consider something broader that says "*increasing awareness and support of prevention programs.*" She explained that this could apply to a few of the specific program names that have been presented. She opened for discussion a broader recommendation around increasing an awareness of support of prevention programs.

Ms. Nadler asked for clarification if Chair Johnson was talking about a broader approach to all recommendations or just Recommendation #1.

Chair Johnson clarified that she was looking at broadening any recommendation that refers to specific programming, such as Recommendations #1: DEA Operation Engage and #4: Revamped version of the old DARE program. She explained that considering the diversity of communities across the State and the need to address prevention, specific programs will be tied to relevant local data and conditions. She recommended combining Recommendation #1 and Recommendation #4 under an "increasing awareness and support of prevention programs" recommendation to apply more broadly.

Ms. Nadler added that the DARE program is currently operating in Washoe County and that it is relatively low cost, requiring primarily training. In this area this DARE program goes throughout elementary, middle school, and high school. She encouraged members to investigate this programming and possibly replicate it in southern Nevada and/or implement it in all schools statewide.

Chair Johnson thanked Ms. Nadler for her suggestion and clarified that rather than identifying specific programs by name in the recommendation, the subcommittee could embrace guidance from some of the presentation from May 2023 from some of the statewide prevention experts around evidence-based prevention programming. She suggested that to this, they could draft a broader recommendation about increasing awareness and support of evidence-based programs for communities to then dive deeper into looking at the evidence and identifying the programming themselves to suit their needs.

Mr. Schoen agreed that the job of the subcommittee is to suggest where to focus energy and attention at a high-level but expressed concern about the language being too broad to be actionable and suggested finding a middle ground between specific and broad.

Ms. Nadler encouraged the group to think outside of the box and agreed with Mr. Schoen that the language suggested by Chair Johnson is too broad.

Mr. Schoen suggested the following recommendation to combine Recommendations #1 and #4 and speak more broadly about prevention programming: *Double the amount of investment in prevention programming, year over year, for the next five years.*

He explained that this would be something measurable and tangible and would emphasize the need to significantly increase the current level of commitment and model of investment and prevention.

Chair Johnson liked Mr. Schoen's suggestion of a more actionable recommendation. She added that funding is currently a major barrier. She suggested adding language to specify primary prevention programming and an age range of 0-24.

Mr. Schoen and Ms. Nadler agreed that this was a good place to start.

Chair Johnson suggested working from a baseline, i.e., clarifying what is meant by "double." She suggested reaching out to May 2023 presenter Jamie Ross or reach out to someone on the state committee to get an estimate.

Mr. Schoen clarified that his suggestion was not meant to refer to funding but rather investment of resources, if the SURG cannot make a recommendation about funding.

Chair Johnson clarified that the subcommittee can make a recommendation to DHHS relating to funding, though it cannot make any grants to specific programs.

Mr. Schoen expressed concern that the investment level is too low and suggested revising Recommendation #1 to: *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.*

Ms. Rodriguez asked if there is primary prevention available for infants.

Chair Johnson explained that there is health promotion and programming all the way down to preschool and primary prevention programming in some instances can look like evidence based adequate child care, demonstrated over time to help improve outcomes for children and families. She noted that there may need to be a need for increased specificity if there's different types of programming the committee is looking for.

Ms. Nadler added that in the UK, prevention is primarily social and emotional well-being education begins in preschool and as they progress through school more levels of education are added. She suggested implementing programming to mirror this type of education at these early stages.

Ms. Rodriguez noted that additional justification for recommendations will be needed so that legislators or anyone who is reviewing it and wasn't at these meetings will have background information. She encouraged that subcommittee members keep notes of their supporting information that they would want to go along with these recommendations in the final report.

Ms. Rodriguez asked Ms. Bordelove if votes should be taken on each individual recommendation as it is reviewed and workshopped, or if a vote can be taken on all recommendations together. She noted that these are merely preliminary recommendations.

Ms. Bordelove indicated that it depends on whether the subcommittee is approaching this as a working document or if final decisions are being made. If this is a working document that will be returned to at a later meeting, no action is needed. Any final recommendation or direction to staff to compile something or forward something on the subcommittee's behalf would require an action.

Mr. Schoen commented that it would be a good idea to include justification for expanding the age range beyond K-12. He explained that most people seem to think that prevention only occurs within the K-12 school system.

Chair Johnson agreed this was an important piece and that additional drafts would be sent out via SurveyMonkey to allow members to submit justifications and supporting resources. She added that justifications and supporting links/research will be helpful for Recommendation #1, primary prevention programming, and the age range.

Chair Johnson asked for any additional feedback on Recommendation #1. Hearing none she moved to Recommendation #2: Increase support for youth vaping prevention (see slide 11 for details).

Chair Johnson recommended that discussion of this be paused until the subcommittee meeting on July 17 to hear the presentation from Malcolm Ahlo from the Southern Nevada Health District.

Ms. Nadler and Mr. Schoen agreed to move on to Recommendation #3: Accurate drug testing resources into communities (see slide 12 for details).

Chair Johnson added that there was a similar recommendation in the Harm Reduction Recommendations, to be reviewed later in this meeting. She suggested pausing discussion until reaching that.

Ms. Nadler and Mr. Schoen agreed to move to Recommendation #4: Revamped version of the old DARE program (see slide 13 for details).

Chair Johnson moved to integrate this, and any other that refers to specific programs, into Recommendation #1.

Ms. Nadler and Mr. Schoen agreed.

Chair Johnson moved on to Recommendation #5: Create one or more recommendations regarding alcohol outlet density regulations, such as: create a statewide report on alcohol outlet density and associated outcomes, form state liquor control board to create statewide regulations regarding access, create guidelines on alcohol outlets including limiting advertising happy hour specials, and "all you can drink" promotions, ensure alcohol advertisement is not targeted children/youth under 21, regulating new alcohol outlets near areas of recreation for children, including schools (see slide 14 for details).

Chair Johnson suggested integrating these into a singular broad recommendation around taking some type of action or a BDR request, around alcohol outlet density. She asked members for feedback around workshopping this.

Mr. Schoen suggested that if there is not yet a statewide report on alcohol outlet density to capture the information, this could be an opportunity to develop a standard or comprehensive approach for capturing that information. He recommended: *Modifying or institutionalizing the creation of a statewide report on alcohol outlet density for policymakers to reference.*

Chair Johnson thought this was a great first step and suggested including some evidence-based recommendations or action items from the report, inclusive of the data.

Mr. Schoen suggested incorporating “*include evidence-based actions based on the data outlined in the report to better target interventions.*”

Chair Johnson was favorable to Mr. Schoen’s suggestion.

Mr. Schoen clarified that the tool would be a living, breathing document, to be updated regularly (possibly monthly).

Chair Johnson asked if he was thinking about a data dashboard with the capacity for regular data input.

Mr. Schoen agreed.

Chair Johnson asked if there was a specific entity to which making this recommendation would be helpful, possibly DHHS?

Mr. Schoen asked if there was an Office of Analytics within the state and if so, it seems appropriate for them to do.

Chair Johnson suggested: *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 for policymakers to reference evidence-based actions based on the data outlined in the report to better target interventions.*”

Mr. Schoen added that these may be two distinct tools, the data dashboard, and the initial report. He suggested: *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.*

Hearing no additional feedback, Chair Johnson moved to Recommendation #6: Northstarcare - A wonderful approach to harm reduction. A program that encompasses all from nutrition to mental health science and compassion (see slide 15 for details).

Chair Johnson suggested this be included in Recommendation #1 as it refers to a specific program.

Mr. Schoen agreed.

Ms. Nadler suggested that this be paused until hearing the Harm Reduction recommendations and/or a presentation from Dr. Amanda Wilson at a future meeting.

Chair Johnson paused consideration of Recommendation #6 until review of Harm Reduction Recommendation #3 relating to drug checking.

## **5. Review the Harm Recommendations Review and Discussion** *(For Possible Action)*

Chair Johnson reviewed the number of responses to the Harm Reduction recommendation survey and provided an overview of the task of the Prevention Subcommittee to refine recommendations for the full SURG meeting on July 12 (see slide 17 for summary details).

Ms. Rodriguez provided background information and walked subcommittee members through the presentation of each recommendation in terms of the possible recommendations that move forward, the number of SURG members who voted to move each recommendation forward, and additional comments. She explained that the task for Prevention subcommittee members was to

look at all of these and decide which recommendation should move forward and/or which to combine and/or further edit (see slide 17-18 for details).

Chair Johnson began review of the Harm Reduction Recommendation - Bad Batch App (see slide 18 for details).

Recommendations for consideration around the Bad Batch App:

1. *Support for expansion of services across Nevada (5 behavioral health regions?).*
2. *Integration with quantitative drug checking services to alert end users of potentially lethal batches.*
3. *Support for app maintenance/administration (e.g., person to review data and push notifications to end users).*
4. *Support to deploy public health and harm reduction resources into potential spike areas.*
5. *If you would like to combine any of these into one recommendation/add additional details, please do so below.*
6. *I don't want any of these recommendations to move forward.*

Ms. Nadler suggested combining recommendations 1 and 2 to read: *Support expansion of Bad Batch App services across Nevada and integrate with quantitative drug checking services to alert end users of potentially lethal batches.*

Mr. Schoen suggested combining recommendation 1, 2, 3, and 4. He thought these worked well together such that if there was a statewide app integrated with drug checking services to give user alerts and was maintained on a regular basis, then this could be a public health and harm reduction resource. He suggested a recommendation that captured 1-4.

Ms. Nadler agreed.

Chair Johnson, in reference to a comment from the survey (see slide 18 for details), recommended renaming the app or putting “Bad Batch” in quotation marks. She added that an evaluation on the impact of Bad Batch App has not yet been conducted and suggested adding to the recommendation “*the opportunity to rigorously evaluate the impact and reach of the app.*”

Mr. Schoen agreed that more needs to be known about the impact of the app.

Chair Johnson suggested making this into two recommendations, the first about piloting and evaluating Bad Batch App type services across Nevada or in a particular behavioral health region, and based on the results of evaluation, consider expansion and support. She added that each county has a spike response plan and so in that evaluation it would be important to determine if this could be data that could be in consideration for how this would impact the spike response and what that might look like as a data point for public health and harm reduction services.

Mr. Schoen recommended removing recommendations predicated on Bad Batch App services being an effective approach that would be worthwhile to pursue, as the efficacy is not yet known.

Chair Johnson suggested: *Pilot and evaluation 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.*

Chair Johnson was in favor of removing other parts of the recommendation.

Ms. Rodriguez asked if during the SURG meeting in July, this subcommittee wanted to discuss the Bad Batch App language or keep the name in quotations.

Chair Johnson was ok with leaving “Bad Batch” in quotation marks.

Chair Johnson moved to the Quantitative Drug Checking Recommendation (see slide 19 for details). Recommendation options are:

1. *Connect with people in the harm reduction community who are involved with drug checking who can provide guidance and training.*
2. *Work with existing harm reduction organizations to implement a drug checking program/ Accessible sites for community members to submit substances and/or samples for rapid testing and reporting.*
3. *Identify municipalities with governments and police departments that would be most likely to create agreements allowing for drug checking.*
4. *Expand opportunities for drug-checking for syringe services programs and other programs that serve individuals who use drugs.*
5. *Have them discuss with their participants if they think this would be a useful service to them.*
6. *If you would like to combine any of these into one recommendation/add additional details, please do so below.*

Mr. Schoen noted that many of these strategies seem to be fairly new. He also noted that he wasn't sure if this would be helpful for people actively in addiction.

Ms. Nadler noted that this may be more helpful for youth buying pills and with jail time.

Chair Johnson noted that the health district is doing qualitative drug checking as part of their grant from the CDC, working in collaboration with the local syringe services program. She indicated that this drug checking is more in line with recommendation choice 4 as they collect refuse (discarded paraphernalia) and swab to analyze. She wasn't sure if these were submitted to the quantitative drug checking. She added that Dr. Green's presentation detailed work done in the field that consisted of swabbing for qualitative drug checking, and then sending the sample off for confirmatory quantitative drug checking that's more useful for surveillance than for informing people on the street.

Mr. Schoen supported this as it's a path already established and that additional information from a surveillance perspective would be helpful on the public health side. He added that testing will likely not be widely embraced until the technology is easily accessible.

Ms. Rodriguez offered for consideration Dr. Green's recommendations:

- 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.

Mr. Schoen expressed enthusiasm for these, noting its similarity to the recommendation suggested earlier about a pilot program to determine what level of traction there might be and who the partners could be.

Chair Johnson added that prior to creating a pilot program, perhaps recommend the establishment of a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking. She added that both have merit and are scalable for communities based on need.

The recommendation was workshopped as: *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 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 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.*

Chair Johnson suggested adding to the first bullet point above “and provide guidance and training.”

*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.*

Chair Johnson asked for additional feedback from the subcommittee. Hearing none she moved to the Harm Reduction Supply Shipping Efforts recommendation (see slide 20 for details).

Recommendation options included:

1. *Provide for the expansion of Harm Reduction services in every county including supporting shipping from urban Harm Reduction programs to rural/ frontier areas.*
2. *Additional funds for purchasing Naloxone in the future.*
3. *Travel costs for pickup of used products to be returned for destruction. The most ideal solution would include 2 cities for returns to end at: Reno and Las Vegas.*
4. *Education about Naloxone – particularly intramuscular.*
5. *Advertising about shipping programs.*
6. *I don't want any of these recommendations to move forward.*

Ms. Nadler suggested combining 1-4.

Ms. Schoen agreed that 1-4 do work well together.

Chair Johnson noted that one of the barriers is getting supplies to people through shipping to some of the rural and frontier areas. She suggested prioritizing efforts to expand into rural areas, particularly around advertising and travel costs.

Ms. Rodriguez asked for clarification about Chair Johnson's suggestion to either focus entirely on the travel costs or to prioritize this and combine with others.

Chair Johnson clarified that her recommendation is to prioritize and combine the recommendations relating to associated travel costs and barriers around addresses and delivery of supplies in addition to the advertising components and leave the others out. She also recommended adding "establish alternative strategy if people can't receive delivery of the supplies."

Suggested recommendation to be further workshopped at the full SURG in July:

*Provide travel costs for pickup 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.*

Chair Johnson moved to the Post Overdose Outreach recommendation (see slide 21 for details) and added that this recommendation was a co-recommendation with the Joint Task Force.

Recommendation choices:

- 1. 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.*
- 2. I don't want this recommendation to move forward.*

Chair Johnson noted that this was analogous to the earlier recommendation around specific programming and the subcommittees decision to broaden the recommendation. She suggested having a broader recommendation for increasing support for harm reduction based post-overdose outreach with law enforcement or with public safety.

Ms. Nadler noted that there are two different outcomes, death or survival, and highlighted a particular sentence from the submitted recommendation about providing services, counseling, etc. to families of those who lose a family member.

In light of both Chair Johnson's and Ms. Nadler's comments, the suggested recommendation was:

*Increase support for harm reduction based post-overdose outreach with public safety to provide needed services that 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.*

Chair Johnson commented that she is currently involved in programming related to this such that she did not feel comfortable getting too involved in a recommendation around the specific program. She suggested making the recommendation broad around increasing programs that include harm reduction based support and wrap around services for families.

Ms. Nadler agreed.

The recommendation was further workshopped as:

*Increase support for harm reduction based post-overdose outreach with public safety and wrap-around services for families to provide needed services (for example, the services could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder).*

Mr. Schoen suggested specifying “wrap-around services and/or postmortem services” to be proactive and anticipate needs of families.

Ms. Nadler agreed and suggested the language “fatal overdose” and “surviving family members.”

The recommendation was then workshopped as:

*Increase support for harm reduction based post-overdose outreach with public safety, including wrap-around services for surviving family members and/or postpartum 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).*

Ms. Nadler expressed approval of this recommendation.

Chair Johnson moved to the Alternative Pain Treatment recommendation (see slide 22 for details).

Recommendation options include:

- 1. Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments.*
- 2. Provide Early Access to patients who would otherwise be prescribed opioids if treated in an emergency room setting.*
- 3. Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues.*
- 4. If you would like to combine any of these into one recommendation/add additional details, please do so below.*

Chair Johnson suggested that this be moved to the Treatment and Recovery Subcommittee to review and discuss.

Ms. Nadler and Mr. Schoen agreed.

Chair Johnson moved to the Safe Smoking recommendation (see slide 23 for details).

Recommendation options include:

1. *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.*
2. *I don't think this recommendation should move forward.*
3. *If you would like to add additional details, please do so below.*

Chair Johnson suggested reframing this recommendation around a BDR at the legislature to change the language around drug-paraphernalia as it related to smoking supplies. She added that other states that have looked at this from a public health perspective have then been able to allocate additional resources to these types of programs.

Ms. Nadler agreed with Chair Johnson.

Mr. Schoen could not recall this presentation but was in favor of moving forward with Chair Johnson's suggestion.

Chair Johnson moved forward with the Community Health Workers recommendation (see slide 24 for details).

Recommendation choices included:

1. *Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada.*
2. *Prioritize funding for Community Health Workers to provide community-based harm reduction services.*
3. *If you would like to combine any of these into one recommendation/add additional details, please do so below.*

Mr. Schoen recommended combining 1-2.

Suggested recommendation:

*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.*

Ms. Nadler agreed.

Chair Johnson moved to agenda item number 6.

## **6. Discussion of Report Out for July SURG Meeting**

Chair Johnson reviewed the plan to present a summary on the progress made on Prevention and Harm Reduction recommendations, not as final drafts but to reflect work done today for further consideration. There will also be a discussion on including recommendations from the 2022 Annual Report.

## **7. Public Comment (Discussion Only)**

Chair Johnson asked for public comment.

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

## **8. Adjournment**

The meeting was adjourned at 3:30 pm.