

SURG Harm Reduction Recommendation Submissions

Updated June 5, 2023

The below submissions were in response to a brief survey distributed in May 2023 to better understand which SURG member and presenter recommendations from the April 5th SURG Harm Reduction meeting should move to the Prevention subcommittee to be further workshopped for presentation at the July SURG meeting and for possible inclusion in the SURG annual report. The full list of recommendations from the Harm Reduction meeting will also be shared with the Joint Task Force.

The distribution of responses is illustrated in Part 1 on pages 1-5 and individual responses are detailed in Part 2 on pages 6-19.

Part 1: Summary of Responses by Question

Q2 Please select which Bad Batch App recommendation(s) you think should go to the Prevention subcommittee.

Answered: 9 Skipped: 0

ANSWER CHOICES	% Responses	# Responses
Support for expansion of services across Nevada (5 behavioral health regions?)	66.67%	6
Integration with quantitative drug checking services to alert end users of potentially lethal batches	55.56%	5
Support for app maintenance/administration (e.g., person to review data and push notifications to end users)	44.44%	4
Support to deploy public health and harm reduction resources into potential spike areas	44.44%	4
If you would like to combine any of these into one recommendation/add additional details, please do so below.	33.33%	3
I don't want any of these recommendations to move forward	11.11%	1

Additional comments/suggestions to combine recommendations from SURG members:

- *The term "Bad Batch" is misleading and inaccurate. It suggests that there could be a "good batch." Anything containing illicit drugs, especially fentanyl is a bad, potentially lethal batch. Spending money on maintenance/admin for an app to alert the obvious is a waste.*
- *I have no preference regarding "Bad Batch App" and would defer to others.*
- *Combine all recommendations.*

Q3 Please select which Quantitative Drug Checking for People Who Use Drugs recommendation(s) you think should go to the Prevention Subcommittee.

Answered: 9 Skipped: 0

ANSWER CHOICES	% Responses	# Responses
Connect with people in the harm reduction community who are involved with drug checking who can provide guidance and training	77.78%	7
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	66.67%	6
Identify municipalities with governments and police departments that would be most likely to create agreements allowing for drug checking	44.44%	4
Expand opportunities for drug-checking for syringe services programs and other programs that serve individuals who use drugs	22.22%	2
Have them discuss with their participants if they think this would be a useful service to them	22.22%	2
If you would like to combine any of these into one recommendation/add additional details, please do so below.	22.22%	2

Additional comments/suggestions to combine recommendations from SURG members:

- *Essentially, I am very pro-detailed testing, however that gets rolled out.*
- *Combine all recommendations.*

Q4 Please select which Harm Reduction Supply Shipping Efforts recommendation(s) you think should go to the Prevention Subcommittee.

Answered: 8 Skipped: 1

ANSWER CHOICES	% Responses	# Responses
Provide for the expansion of Harm Reduction services in every county including supporting shipping from urban Harm Reduction programs to rural/ frontier areas	75.00%	6
Additional funds for purchasing Naloxone in the future	62.50%	5

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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	50.00%	4
Education about Naloxone – particularly intramuscular	37.50%	3
Advertising about shipping programs	37.50%	3
I don't want any of these recommendations to move forward	0.00%	0

Q5 Please select which Post Overdose Outreach recommendation you think should go to the Prevention Subcommittee.

Answered: 9 Skipped: 0

ANSWER CHOICES	% Responses	# Responses
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.	77.78%	7
If you would like to add additional details, please do so below.	22.22%	2
I don't want this recommendation to move forward.	11.11%	1

Additional comments/suggestions to combine recommendations from SURG members:

- *I would also make this available to other localities as interested and capable.*
- *Funding through Clark county opioid funding or other.*

Q6 Please select which Alternative Pain Treatment recommendation(s) you think should go to the Prevention subcommittee.

Answered: 9 Skipped: 0

ANSWER CHOICES	% Responses	# Responses
Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments	77.78%	7
Provide Early Access to patients who would otherwise be prescribed opioids if treated in an emergency room setting	66.67%	6
Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues	55.56%	5
If you would like to combine any of these into one recommendation/add additional details, please do so below.	11.11%	1

Additional comments/suggestions to combine recommendations from SURG members:

- *I would include training on opioid stewardship, provider training on alternatives to opioids, patient education materials on tapering and options for pain management.*

Q7 Please select which Safe Smoking recommendation(s) you think should go to the Prevention Subcommittee.

Answered: 9 Skipped: 0

ANSWER CHOICES	% Responses	# Responses
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	66.67%	6
I don't think this recommendation should move forward	22.22%	2
If you would like to add additional details, please do so below.	11.11%	1

Additional comments/suggestions to combine recommendations from SURG members:

- *Challenge with existing legislation make this recommendation difficult to promote.*

Q8 Please select which Role of Community Health Workers and Harm Reduction recommendation(s) you think should go to the Prevention subcommittee.

Answered: 9 Skipped: 0

ANSWER CHOICES	% Responses	# Responses
Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada	77.78%	7
Prioritize funding for Community Health Workers to provide community-based harm reduction services	66.67%	6
If you would like to combine any of these into one recommendation/add additional details, please do so below.	11.11%	1

Additional comments/suggestions to combine recommendations from SURG members:

- *Funding should come through an expansion of scope through DHCFP.*

Part 2: Individual Responses by SURG Committee Member

SURG Member Name	Lisa Lee
<p>Please select which Bad Batch App recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Support for app maintenance/administration (e.g., person to review data and push notifications to end users). • Support for expansion of services across Nevada (5 behavioral health regions?). • Support to deploy public health and harm reduction resources into potential spike areas. • Integration with quantitative drug checking services to alert end users of potentially lethal batches.
<p>Please select which Quantitative Drug Checking for People Who Use Drugs recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • Expand opportunities for drug-checking for syringe services programs and other programs that serve individuals who use drugs. • 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. • Have them discuss with their participants if they think this would be a useful service to them. • Identify municipalities with governments and police departments that would be most likely to create agreements allowing for drug checking. • Connect with people in the harm reduction community who are involved with drug checking who can provide guidance and training.
<p>Please select which Harm Reduction Supply Shipping Efforts recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • Provide for the expansion of Harm Reduction services in every county including supporting shipping from urban Harm Reduction programs to rural/ frontier areas. • 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.

SURG Member Name	Lisa Lee
<p>Please select which Post Overdose Outreach recommendation you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> 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>Please select which Alternative Pain Treatment recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments.
<p>Please select which Safe Smoking recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> 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.
<p>Please select which Role of Community Health Workers and Harm Reduction recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> Prioritize funding for Community Health Workers to provide community-based harm reduction services

SURG Member Name	Dr. Stephanie Woodard
<p>Please select which Bad Batch App recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Support for app maintenance/administration (e.g., person to review data and push notifications to end users). • Support for expansion of services across Nevada (5 behavioral health regions?). • Support to deploy public health and harm reduction resources into potential spike areas. • Integration with quantitative drug checking services to alert end users of potentially lethal batches. • <i>If you would like to combine any of these into one recommendation/add additional details, please do so below:</i> All
<p>Please select which Quantitative Drug Checking for People Who Use Drugs recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • <i>If you would like to combine any of these into one recommendation/add additional details, please do so below:</i> All
<p>Please select which Post Overdose Outreach recommendation you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • <i>If you would like to add additional details, please do so below:</i> Funding through Clark County opioid funding or other.
<p>Please select which Alternative Pain Treatment recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Provide Early Access to patients who would otherwise be prescribed opioids if treated in an emergency room setting. • Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments. • <i>If you would like to combine any of these into one recommendation/add additional details, please do so below:</i> I would include training on opioid stewardship, provider training on alternatives to opioids, patient education materials on tapering and options for pain management.
<p>Please select which Safe Smoking recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • <i>If you would like to add additional details, please do so below:</i> Challenge with existing legislation make this recommendation difficult to promote.
<p>Please select which Role of Community Health Workers and Harm Reduction recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • <i>If you would like to combine any of these into one recommendation/add additional details, please do so below:</i> Funding should come through an expansion of scope through DHCFP.

SURG Member Name	Gina Flores-O'Toole
<p>Please select which Bad Batch App recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Support for expansion of services across Nevada (5 behavioral health regions?).
<p>Please select which Quantitative Drug Checking for People Who Use Drugs recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • Connect with people in the harm reduction community who are involved with drug checking who can provide guidance and training.
<p>Please select which Harm Reduction Supply Shipping Efforts recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • Provide for the expansion of Harm Reduction services in every county including supporting shipping from urban Harm Reduction programs to rural/ frontier areas. • Education about Naloxone – particularly intramuscular. • Additional funds for purchasing Naloxone in the future.
<p>Please select which Post Overdose Outreach recommendation you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • 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>Please select which Alternative Pain Treatment recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments.
<p>Please select which Safe Smoking recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • 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
<p>Please select which Role of Community Health Workers and Harm Reduction recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada

SURG Member Name	Erik Schoen
<p>Please select which Bad Batch App recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • <i>If you would like to combine any of these into one recommendation/add additional details, please do so below:</i> I have no preference regarding "Bad Batch App" and would defer to others.
<p>Please select which Quantitative Drug Checking for People Who Use Drugs recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • 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. • Have them discuss with their participants if they think this would be a useful service to them. • Identify municipalities with governments and police departments that would be most likely to create agreements allowing for drug checking. • <i>If you would like to combine any of these into one recommendation/add additional details, please do so below:</i> Essentially, I am very pro-detailed testing however that gets rolled out.
<p>Please select which Harm Reduction Supply Shipping Efforts recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • Additional funds for purchasing Naloxone in the future.

SURG Member Name	Erik Schoen
<p>Please select which Post Overdose Outreach recommendation you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • 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. • If you would like to add additional details, please do so below: I would also make this available to other localities as interested and capable.
<p>Please select which Alternative Pain Treatment recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues.
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SURG Member Name	Steve Shell
<p>Please select which Bad Batch App recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Support for expansion of services across Nevada (5 behavioral health regions?). • Integration with quantitative drug checking services to alert end users of potentially lethal batches.
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SURG Member Name	Steve Shell
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SURG Member Name	Shayla Holmes
Please select which Bad Batch App recommendation(s) you think should go to the Prevention subcommittee.	<ul style="list-style-type: none"> • Support for app maintenance/administration (e.g., person to review data and push notifications to end users). • Support for expansion of services across Nevada (5 behavioral health regions?). • Support to deploy public health and harm reduction resources into potential spike areas.
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Please select which Post Overdose Outreach recommendation you think should go to the Prevention Subcommittee.	<ul style="list-style-type: none"> • I don't want this recommendation to move forward.
Please select which Alternative Pain Treatment recommendation(s) you think should go to the Prevention subcommittee.	<ul style="list-style-type: none"> • Provide Early Access to patients who would otherwise be prescribed opioids if treated in an emergency room setting. • Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments. • Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues.

SURG Member Name	Shayla Holmes
<p>Please select which Safe Smoking recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • 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.
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SURG Member Name	Debi Nadler
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SURG Member Name	Debi Nadler
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<p>Please select which Safe Smoking recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • I don't think this recommendation should move forward.
<p>Please select which Role of Community Health Workers and Harm Reduction recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada. • Prioritize funding for Community Health Workers to provide community-based harm reduction services.

SURG Member Name	Chelsi Cheatom
<p>Please select which Bad Batch App recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Support for app maintenance/administration (e.g., person to review data and push notifications to end users). • Support to deploy public health and harm reduction resources into potential spike areas. • Integration with quantitative drug checking services to alert end users of potentially lethal batches.
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SURG Member Name	Chelsi Cheatom
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SURG Member Name	Christine Payson
<p>Please select which Bad Batch App recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • I don't want any of these recommendations to move forward • <i>If you would like to combine any of these into one. recommendation/add additional details, please do so below:</i> The term "Bad Batch" is misleading and inaccurate. It suggests that there could be a "good batch". Anything containing illicit drugs, especially fentanyl is a bad, potentially lethal batch. Spending money on maintenance/admin for an app to alert the obvious is a waste.
<p>Please select which Quantitative Drug Checking for People Who Use Drugs recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • Connect with people in the harm reduction community who are involved with drug checking who can provide guidance and training.
<p>Please select which Harm Reduction Supply Shipping Efforts recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • Education about Naloxone – particularly intramuscular. • Advertising about shipping programs. • Additional funds for purchasing Naloxone in the future.
<p>Please select which Post Overdose Outreach recommendation you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • 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.

SURG Member Name	Christine Payson
<p>Please select which Alternative Pain Treatment recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Provide Early Access to patients who would otherwise be prescribed opioids if treated in an emergency room setting. • Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments. • Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues.
<p>Please select which Safe Smoking recommendation(s) you think should go to the Prevention Subcommittee.</p>	<ul style="list-style-type: none"> • I don't think this recommendation should move forward.
<p>Please select which Role of Community Health Workers and Harm Reduction recommendation(s) you think should go to the Prevention subcommittee.</p>	<ul style="list-style-type: none"> • Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada.