

## MEETING NOTES

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

July 17, 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

#### Members Not Present

Senator Fabian Doñate, Senator Heidi Seevers-Gansert

#### Attorney General's Office Staff

Dr. Terry Kerns, Henna Rasul, and Ashley Tackett

#### Social Entrepreneurs, Inc. Support Team

Emma Rodriguez and Margaret Del Giudice

#### Members of the Public via Zoom

Alex Tanchek, Ariann Chelli, Debra DeCius, Joan Waldock, Linda Anderson, Malcolm Ahlo, Morgan Biaselli, Vanessa Diaz, Linda Anderson, Joe Engle, Lea Case, Lea Tauchen

### 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 June 20, 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.

Mr. Schoen took a moment to thank SEI for documentation of the Prevention subcommittee meetings, noting that they accurately capture both the content and tone of the meetings, which allows people who are not present for the meetings to follow the decision-making process.

- The motion passed unanimously.

### 4. Presentation on Adolescent Peer Support (*For Possible Action*)

Ari Chelli, LCSW & LADC, and Joe Engle, CEO, There is No Hero in Heroin (TINHIIH) provided a presentation on Adolescent Peer Support. To view the slides, visit the [SURG webpage](#).

Ms. Chelli provided an overview of Alternative Peer Groups (APG) and best practices in APG interventions (see slide for 10 details). She emphasized the value of support and mentorship and noted that they currently have two staff members who were recipients of this program and are now providing services to youth. She underscored the importance of a holistic approach in APG as well as family involvement and a positive peer culture (see slide 11 for details), emphasizing the difficulty of addressing youth needs when a youth has family members who are using, or lacks housing and/or other resources. In these cases, services/resources (e.g., state programs, vocational training, etc.) are offered not just to the adolescent but to the family as well. She highlighted positive peer culture as allowing adolescents to connect with each other, meeting them at the appropriate developmental milestone, and avoiding sending an adolescent back into a friend system where their friends are using.

Ms. Chelli reviewed the role of long-term support in APGs (see slide 12 for details) noting that the effects of substance use on an adolescent brain can last five times longer than on an adult brain. She added that within the TINHIIH program, about 30 of the adolescents are engaged in programming for over a year.

Ms. Chelli continued by highlighting the issues identified with adolescents, including peer influence, lack of supportive communities, and a holistic approach to recovery (see slide 13 for details). She noted that adolescents, more than adults, tend to lack supportive communities such as a work support system or a church support system because they haven't had enough lived experiences to identify the groups within which they feel supported.

Additional issues highlighted included long-term support and relapse prevention, family dynamics and involvement, and youth-specific treatment and intervention (see slide 14 for details). Ms. Chelli explained that while many treatment modalities are those that people graduate from, for adolescents recovery is a lifestyle and requires supportive services for an extended period. She noted that APG is tailored to address youth developmental stages and long-term support.

Ms. Chelli reviewed the special populations served by TINHIIH (see slide 16 for details) and what has worked well within/because of APG programming at TINHIIH (see slide 17-20 for details), including positive psychosocial outcomes, enhanced relapse prevention skills (e.g., how to administer Narcan, test for fentanyl poisoning), improved treatment engagement and retention, and a reduction in substance use.

She continued by reviewing the gaps in services and/or care for youth (see slides 21-23), paying particular attention to the need for culturally and linguistically appropriate services tailored to adolescents. She also highlighted early intervention and prevention programs, commenting on how frequently people fall through the cracks because of a lack of connections and brokering of services ensuring that an individual successfully intakes to the next program. She added that people caught with substances on school grounds are often removed from the school and sent to a behavioral school, which is not necessarily appropriate for treatment or positioned for successful outcomes.

Ms. Chelli presented recommendations around education and awareness (see slide 24), treatment and support (see slide 25), community engagement (see slide 26), early intervention and screening (see slide 27), policy and advocacy (see slide 28), and data collection and evaluation (see slide 29).

Ms. Nadler thanked Ms. Chelli for the presentation, expressing appreciation for the emphasis on family involvement, and thanked TINHIH for their work in the state.

Chair Johnson noted that several recommendations presented are beyond the scope of the Prevention subcommittee and expressed hope that staff could share these recommendations with the Treatment and Recovery subcommittee as some may align better with their priorities. She asked if the APG program that has been developed in Clark County (and discussed within this presentation) is more intensive than other APG programs, and if so, why this more intensive model was chosen.

Ms. Chelli explained that a more robust model was chosen because the population in Clark County is slightly younger, requiring more in-depth services. She explained further that many APG models are designed for the collegiate level. When serving youth under the age of 16 there are additional services needed, such as transportation, that require a more comprehensive model design.

Chair Johnson asked if TINHIH has any evaluation data about the APG program implemented in Clark County.

Ms. Chelli confirmed that there is evaluation data and reported that the program has had a 30% sustained engagement rate. She also described a community letter that is distributed quarterly containing anecdotal data collected through surveys. Based on these surveys, Ms. Chelli reported that 88% of youth reported feeling supported in their recovery, 82% reported that their caregivers were educated, and 81% said they formed new recovery-based friendships. She continued that 76% of respondents reported reduced substance use, 64% increased school attendance, 52% reduced school missing assignments, 21% continued attending for two months, and 30% for over a year. Ms. Chelli clarified that these surveys are distributed regularly on top of data in electronic health records containing demographics and that when taken together, these demonstrate a positive correlation between services offered and youth in long term recovery.

Chair Johnson thanked Ms. Chelli for sharing this information and noted that many recommendations presented around prevention and awareness and community engagement are supported by the Nevada Statewide Coalition Partnership. She asked if TINHIH has had any collaboration with this group.

Mr. Engle from TINHIH asked Chair Johnson for clarification about which statewide coalition she was referring to.

Chair Johnson clarified that she was inquiring about funding from the PACT Coalition and other prevention coalitions across the state disclosed at the outset of the TINHIH presentation (see slide 9 for details).

Mr. Engle reported that TINHIH funding streams are set to expand on September 30<sup>th</sup> and that they are exploring new opportunities. He added that they have a couple of grants written, one for the SUPTRS Block Grant, but that there are no commitments from any other funders.

Chair Johnson thanked Mr. Engle for his response and followed up seeking clarification around whether substance use among teens seen in TINHIH programming includes nicotine and tobacco use.

Ms. Chelli confirmed that they do screen for nicotine and tobacco and see adolescents who were caught vaping on school grounds. She added that wax pens for vaping are more common than nicotine and tobacco, and that adolescents sent to TINHIH are typically using marijuana.

Chair Johnson thanked Ms. Chelli for her response and asked how teens can find the APG services.

Ms. Chelli emphasized the importance of word of mouth in sustained engagement. Mr. Engle added that they receive referrals from the Harbor (Juvenile Assessment Center) and from DHHS.

Chair Johnson sought clarification around self-referrals and Ms. Chelli confirmed that the individual can either self-refer into the program or be referred through another agency in the community.

Chair Johnson asked if Ms. Chelli and Mr. Engle were familiar with the Nevada Youth Risk Behavior Survey (YRBS), a statewide bi-annual assessment of data that's produced by the University of Nevada, Reno. She added that they collect data on odd numbered years so the last report was 2021 and they should be collecting data this year. She explained that she was interested to know if the data recommendations presented included data from this survey.

Mr. Engle indicated familiarity with the survey and previous reports though he had not read the 2021 report.

Chair Johnson thanked Ms. Chelli and Mr. Engle and moved to agenda item number 5.

##### **5. Presentation on Youth Vaping Prevention (*For Possible Action*)**

Malcolm Ahlo, MPA, Tobacco Control Coordinator at the Southern Nevada Health District in the Office of Crime Disease Prevention presented on Youth Vaping (see slides 35-45 for details). He added that he was also speaking on behalf of the Nevada Tobacco Control & Smoke Coalition for which he serves as President. The coalition is comprised of over 40 different groups working together to reduce the burden of tobacco use in the state of Nevada.

Mr. Ahlo provided an overview of the youth vaping epidemic (see slide 37 for details). He highlighted a statistic, unchanged since 1999, that tobacco kills at a higher rate than alcohol, car accidents, illegal drugs, murders, suicides, and AIDS combined. He emphasized that tobacco use remains the leading cause of preventable death, even though traditional tobacco or commercial tobacco use has declined.

He continued with a review of 2021 youth vaping rates and youth vaping use trends from 2019-2021 with data from the Youth Risk Behavior Survey (YRBS) (see slide 38 for details). Mr. Ahlo clarified that 'current' is defined as use within the past 30 days and that 'middle school' refers to youth aged 11, 12, and 13. He highlighted as alarming the increase from 8% to 13.4% of middle school students who had vaped in the last 30 days.

Mr. Ahlo reviewed funding issues around youth vaping prevention, in particular the recent elimination of funding in the state for tobacco control and prevention (see slide 39 for details). He noted that the CDC recommends that upwards of 30 million dollars be spent on tobacco control and prevention and that in terms of meeting this recommendation, Nevada ranks as

number 47 in the country with two tobacco producing states ranked lower. He highlighted the special populations impacted by this lack of funding (see slide 40 for details).

Mr. Ahlo moved on to a description of what has worked well and/or evidence-based programs using the CDC's four goals and best practices/strategies for tobacco control and prevention programs (see slide 41 for details). He emphasized the importance of addressing tobacco use initiation among youth and young adults.

Mr. Ahlo described the current gaps associated with tobacco control and prevention efforts (see slide 42 for details). He underlined the lack of funding by noting that for the last four years, the state legislature had approved and funded (2.5 million dollars a year) vaping prevention efforts but that during this last legislative session these funds were eliminated, opening a major gap. Explicating the second gap, a lack of resources, Mr. Ahlo explained that there is a lack of educational resources, surveillance, media campaigns, etc.

Mr. Ahlo wrapped up his presentation with a set of recommendations to bolster tobacco control and prevention efforts in the state of Nevada (see slide 43 for details).

Ms. Nadler thanked Mr. Ahlo for the presentation and asked if he had any information about what percentage of vaping is with tobacco vs. marijuana.

Mr. Ahlo confirmed that he did.

Ms. Nadler recalled money set aside by the marijuana industry to be put towards education and expressed appreciation for efforts to address marijuana and tobacco use, but emphasized her understanding that funding for the SURG, from the opioid settlement, is meant to focus on opiates. She commented that her son died without ever smoking cigarettes in his life. She expressed appreciation for efforts to stop smoking but was personally committed to using the funds to address opiates.

Chair Johnson reminded the committee that the SURG is charged with addressing broadly all substances and clarified that there are two different settlement agreements, one currently with the Attorney General, and a Tobacco Master Settlement Agreement. She added that she believed Mr. Ahlo was referring to funds from the latter settlement in his presentation.

Mr. Ahlo, in response to Ms. Nadler's questions, confirmed that data from 2021 had shown that teens are using nicotine tobacco at the highest levels, followed by marijuana or cannabis. He explained that the fear is that a lot of teens using electronic vaping products are using both but more frequently caught on school grounds for nicotine and tobacco. In response to the issue of funding, Mr. Ahlo clarified that the settlement funds he was speaking of referred to the Juul settlement funding for deceptive marketing practices relating to illegal marketing of electronic products to teens nationwide. This settlement resulted in 14.6 million dollars over 5 years.

Ms. Nadler thanked Mr. Ahlo for the information and expressed interest in a future presentation on marijuana use among high schoolers.

Mr. Ahlo was enthusiastic about coming back and presenting to this subcommittee on cannabis and particularly on edibles, an issue with teen cannabis use.

Chair Johnson asked Mr. Ahlo if he had knowledge about how the Juul settlement is being disbursed in Nevada.

Mr. Ahlo reported that the reward did not specify what it needed to be used for (unlike the opiate settlement) so the state can use it as they see fit. He added that current Juul Settlement funds are being allocated to Nevada Legal Aid.

Chair Johnson asked Mr. Ahlo to share more about the statewide vaping campaigns from the funding that was eliminated and if any outcome data was available or any information about other projects stood up because of this eliminated funding.

Mr. Ahlo commented that a statewide media campaign, previously funded, was associated with a use rate decrease, except for use among middle schoolers because previous interventions were all at the high school level. He added that at the middle school level, where electronic use begins, the trend went in the opposite direction as there were no interventions, no education, and no outreach or any other strategies to address use at this level. He commented that the fear now is that without any new prevention funding in Nevada the trends in high school will reverse to an increase. He also added, in response to a previous question from Ms. Nadler, that the cannabis industry did allocate money for education, however none of that went towards prevention.

Ms. Nadler thanked Mr. Ahlo for this response.

Chair Johnson thanked Mr. Ahlo for his presentation and moved to agenda item number 6.

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

Ms. Rodriguez provided a brief review of the process through which the current recommendations were arrived at and reviewed the three Prevention Subcommittee Recommendations (see slides 47-48 for details):

- 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.*

Chair Johnson noted that feedback was received around recommendation #1 from Dr. Stephanie Woodard that it's important to understand how these funds come into the state and how they're distributed. She also expressed concern around shifting dollars from treatment to prevention. Based on this feedback, it would be important for this Subcommittee to reach out to Dr. Woodard or whoever oversees this type of collaboration work at the state to learn more about the funding streams and how to further workshop this recommendation to be more specific. Chair Johnson asked the subcommittee for feedback on this strategy.

Mr. Schoen noted that this was not meant to recommend that treatment dollars be pulled from treatment. He explained that it was meant to highlight the need to raise investment levels and make public a conversation around this increased investment.

Chair Johnson agreed and indicated that she had communicated that the recommendation was not meant to take funds away from treatment. She added that there may be a gap in knowledge around existent funding that the subcommittee could learn more about and identify additional sources or resources to help scale this up and potentially workshop the recommendation further.

Mr. Schoen agreed that the subcommittee could ask for some presentations and get into the weeds on what this funding looks like, but he did not think an understanding of funding was

required to know that more investment is needed and that current investment levels and that recommendation #1 has great symbolic value.

Ms. Nadler expressed strong agreement with Mr. Schoen.

Chair Johnson agreed with both Mr. Schoen and Ms. Nadler about the need for continued and increased investment. She added that it would be helpful to understand the baseline of what is currently available and noted that in her reading of the state plan, there does not seem to be a specific area that looks at primary prevention. She qualified that she may need to look at this more closely, as well as possible projects coming out of the Fund for Resilient Nevada and potential opportunities to increase investment in primary prevention. She recommended that the subcommittee follow up to learn more about existing funding streams and entertain additional workshopping of recommendation # 1 at the September subcommittee meeting.

Chair Johnson moved to recommendation #2.

Ms. Nadler asked if this was a recommendation that could be workshopped to include marijuana and edibles.

Chair Johnson suggested this be a separate recommendation as #2 is meant to focus on youth vaping. She suggested that an additional recommendation be formulated to incorporate marijuana and edible use, and that a speaker could be identified to present on this topic at the next subcommittee meeting.

Chair Johnson moved to recommendation #3. She noted that the subcommittee will receive guidance at the September meeting about weighting and finalizing recommendations.

Mr. Schoen asked if there was any feedback received around highlighting recommendations from prior years.

Ms. Rodriguez confirmed discussion around this, that Dr. Kerns reported this had come up at other subcommittees, and that the SURG decided that they should be revisited. This will be included in the guidance to be sent out in advance of the September SURG meeting. She continued that an important part of the process will be to highlight progress made on recommendations which may require the assistance of the subcommittee members.

Mr. Schoen commented that the process could be simpler and potentially binary with a survey asking subcommittee/SURG members simply if progress has been made (yes/no) anticipating that for most recommendations minimal progress will have been made.

Chair Johnson moved to agenda item number 7.

## **7. Harm Reduction Recommendations Review and Discussion** *(For Possible Action)*

Ms. Rodriguez reviewed the process through which the subcommittee arrived at the six recommendations to be further workshopped (see slide 50-53 for details).

Chair Johnson noted that the SURG did not provide much feedback for the first four recommendations but that legislators on the committee had not yet seen them so some feedback may come prior to September. She continued that Dr. Kerns offered model legislation that can be referenced to enhance recommendation #5: *Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.*

Chair Johnson asked Ms. Rodriguez if the Prevention subcommittee would be making changes to the Harm Reduction recommendations on behalf of the full SURG.

Ms. Rodriguez indicated that this decision is unclear but that she will have an opportunity to gain additional clarification at an upcoming meeting with the AG's office and DHHS staff.

Chair Johnson expressed concern over the Prevention subcommittee all work assigned in the time allotted.

Ms. Rodriguez asked, if needed, if the subcommittee would prefer scheduling an additional meeting or lengthening one of the currently scheduled meetings.

Ms. Nadler expressed preference over two shorter meetings.

Mr. Schoen and Chair Johnson agreed with Ms. Nadler.

Chair Johnson moved to recommendation #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.* She summarized discussion from the July SURG meeting reporting interest at the national level around community health workers and that Nevada has been a leader in this area. She added that it was also noted that the state has done work around providing opportunities for cross certification between community health workers and peer recovery support specialists and that Sean O'Donnell from the Foundation for Recovery was recommended as someone who could talk about this intersection. Following the meeting, Chair Johnson received additional information around the overlap between peers and CHWs. She said she would share with the subcommittee and post to the SURG website. She then asked if the subcommittee would like to see a presentation from Mr. O'Donnell.

Mr. Schoen thought this was a good idea. Ms. Nadler agreed.

Chair Johnson moved to agenda item 8.

### **8. Consider Subject Matter Experts and Topics for Future Meetings** *(For Possible Action)*

Chair Johnson reiterated that based on the July SURG meeting and the presentation discussed today, future presentations could include a presentation from Sean O'Donnell on the intersection of peer recovery support specialists and community health workers, and a presentation from Mr. Ahlo on cannabis and marijuana programming, funding, etc.

She added that a presentation may be coming up on the scoring tool that will be used to prioritize recommendations as well as a presentation about funding streams.

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

Chair Johnson asked for public comment.

Chair Johnson offered public comment to share the details of the Southern Nevada Substance Misuse and Overdose Prevention Summit at the Red Rock Casino in Clark County on August 120, from 8-5 pm. She described the event as a robust showcase of projects and programs happening in Clark County and across the state, as well as SHIELD training that will focus on training law enforcement and first responders on additional strategies for Naloxone and how to stay safe.

Ms. Nadler applauded Chair Johnson for her presentation during the July SURG meeting.



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

## **10. Adjournment**

The meeting was adjourned at 12:01 pm.