



OFFICE OF THE ATTORNEY GENERAL

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Statewide Substance Use Response Working Group Meeting

July 9, 2025

1. Call to Order and Roll Call to Establish Quorum

Attorney General Ford or Vice Chair Shell

2. Public Comment

(Discussion Only)

Public Comment

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by virtual participants.
- No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.

Public Comment

Attending Virtually

If you are dialing in from a telephone:

- Dial 719-359-4580
- When prompted enter the Webinar ID: 841 1615 6896
- Then enter the Meeting Passcode: 676835
- Please press *6 so the host can prompt you to unmute.

If you are joining virtually with computer audio, please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.

Before commenting, please state your full name for the record.

Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

Please do not use the chat for items other than technical support, as this becomes part of the public record.

*Comments can also be emailed to lhale@socialent.com. These comments and questions will be recorded in meeting minutes.

3. Review and Approve Minutes for April 9, 2025, SURG Meeting

(For Possible Action)

Attorney General Ford or Vice Chair Shell

4. Update on Opioid Litigation, Settlement Funds, and Distribution

(Information and Discussion)

Chief Deputy Attorney General Mark Krueger, Office of the Attorney General, or
Designee

5. Current Trends in Substance Use

(Information and Discussion)

Multiple Presenters

Update for Opioid/Overdose Prevention Activities from CASAT

Michelle Berry, MBA, Associate Director, and Morgan Green, MA, Project Manager, Center for Application of Substance Abuse Technologies (CASAT)

UPDATE FOR OPIOID/OVERDOSE PREVENTION ACTIVITIES FROM CASAT

Substance Use Response Group (SURG)

Michelle Berry & Morgan Green

CASAT Director & Project Manager

UNR, School of Public Health, CASAT

Disclosures

- *CASAT receives funding from DPBH to support SOR III and FRN funding.*

What will be covered

- NOCE- Year in Review
 - What is new in the upcoming year
- Mobile Unit Update
- Naloxone- Year in Review

Nevada Opioid Center of Excellence (NOCE) In Review

- *Funding began Jan. 1, 2024*
- *Website launched April 2024*
- *First training began June 2024*
- *NOCE Public Events: 28, Including 3 extended learning series*
- *NOCE TA Events: 12*
- *Podcasts (The NOCE Dose): 21*
- *Outreach Events: 50*



Topic Highlights

- Good Samaritan Law & Drug Induced Homicide Laws in Nevada
- Community Response and Best Practices for Opioid Antagonists
- Assembly Bill 156: Pharmacists Prescribing Medications for Opioid Use Disorder (MOUD)
- An Overview of Opioid Use: Recent Trends, Emerging Substances and Strategies for Providers: LIVE WEBINAR
- Medications for Opioid Use Disorder (MOUD): The Basics
- In Plain Sight: Confronting the Human Trafficking Crisis in the Healthcare Setting
- Preventing ACEs and Their Associated Harms: Moving Upstream to Build Resilience
- Culturally Responsive Approaches to Addressing Mental Health and Substance Use Disorders in Nevada's Tribal Nations
- The Power of Storytelling: Lived Experience & Trauma-Informed Care
- Intersection of Gambling and Opioid Use Disorder
- Privacy and Confidentiality in Opioid Treatment
- Introduction to Resiliency-Informed Substance Use Prevention, a Fireside Chat with Cammie Wolf Rice CEO & Founder of CWC Alliance and Author of The Flight
- Understanding the Basics of Neonatal Opioid Withdrawal Syndrome (NOWs)
- Tobacco Use and Smoking Cessation Among People with Substance Use Disorders: A Summary of the State of the Science and New Evidence from Nevada
- Extended Learning Lecture: Adverse Childhood Experiences (ACEs) 101
- Community Resiliency Model (CRM) Training
- The Vital Role Community Health Workers in Behavioral Health & Opioid Use Disorder Care
- Creating Community: Protective Factors & Positive Childhood Experiences
- Understanding the Continuum of Care for OUD and Stimulant Use
- Doula Training Series: Supporting Clients with Substance Use Disorders
- Human Trafficking in Nevada: A Statewide Perspective on Prevention, Response, and Recovery

Location of Outreach

- *Locations for Outreach*

- *Clark: 4*
- *Washoe: 21*
- *Rural: 16*
- *Virtual Statewide: 9*

- *Special Populations Targeted*

- *Youth: 6*
- *Tribal: 7*
- *Veterans: 1*

- *Special Events:*

- *Esmeralda Health/Resource Fair*

- *Target Audience:*

- *Behavioral Health Professionals: 14*
- *Community Members: 20*
- *Public Officials: 9*

Upcoming Activities

- Supporting Pregnant and Parenting People Who Use Substances: Moving Toward Compassionate Care (August 20, 2025)
 - *In partnership with Washoe County Abatement Funding*
 - *Targeting Medical Professionals who work with individuals of childbearing age*
 - *Will be both in person & virtual learning series*
- CIT Training for Rural Dispatchers (September 2025)
 - *In partnership with Bill Teal*
 - *Will be held in person*

Addition of 2 New Centers within NOCE

- Nevada Prevention T/TA Center (Px TTAC)
 - The Nevada Prevention T/TA Center will serve a variety of audiences connected to the prevention of opioid misuse, overdose, and overdose deaths, including but not limited to: community coalitions; non-profit agencies; state, county, and local government agencies; non-profit agencies; faith-based groups; law enforcement and first responders; schools and school districts; private business; medical professionals, and community members.
- Screening Prevention Intervention Collaboration (SPI)
 - Will support local organizations or jurisdictions to expand and improve capacity for Opioid Use Disorder (OUD)/MOUD prevention, treatment, recovery and harm reduction services.
 - The SPI training and implementation project holds the potential to improve and strengthen Nevada's public health system by assisting community healthcare workers, criminal justice professionals and adolescent service providers to provide opportunities for screening, prevention and early intervention with at-risk substance users before more severe consequences occur.

Mobile Unit Updates

- *3 organizations have been identified*
 - *Roseman- West/Central North Portion of State*
 - *Vitality- North Eastern Portion of State*
 - *Westcare- Southern Portion of State*
- *1 Award has been executed with tentative launch date in Sept 2025*
- *2 Awards are in Process*



Harm Reduction Supplies Distributed 7/1/2024-6/30/2025

- *Naloxone: 56,880 (2 dose units)*
 - *Community Partners: 54,875*
 - *Law Enforcement: 2,005*
- *Fentanyl Test Strips: 108,050*
- *Xylazine Test Strips: 58,400*

Contact Information

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Title	Project Manager
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Nevada Substance Use Trends and Public Health Implications

James Dardis, MS, Biostatistician III, Fund for Resilient Nevada, Office of Analytics, Nevada Department of Health and Human Services

Substance Use in Nevada, 2014-2023

Office of Analytics

James Dardis, MS



July 9, 2025



Agenda

- Overview of Nevada's population growth (2014–2023)
- Substance use trends by category:
 - Opioids
 - Stimulants
- Questions raised by the data
- Behavioral Health Epidemiologic Profile 2024: Nevada



Population Growth Context

- Nevada population grew from ~2.82M in 2014 to ~3.21M in 2023
- ~14% increase over the nine-year interval
- Sets the context for interpreting absolute trends in substance use



Opioids - History

- Throughout the 1990's, overdose deaths shifted from street drugs to prescription opioids.
- In response to increased government oversight of these prescriptions, a second wave of overdose deaths emerged in 2010, mainly involving heroin.
- This was followed by another surge in overdose deaths, this time involving synthetic opioids including fentanyl and fentanyl analogs - **illicitly manufactured fentanyls** (IMFs). Synthetic opioids became the leading cause of overdose deaths in the United States starting 2016.
- Significant because of unintentional ingestion



Opioids – History continued

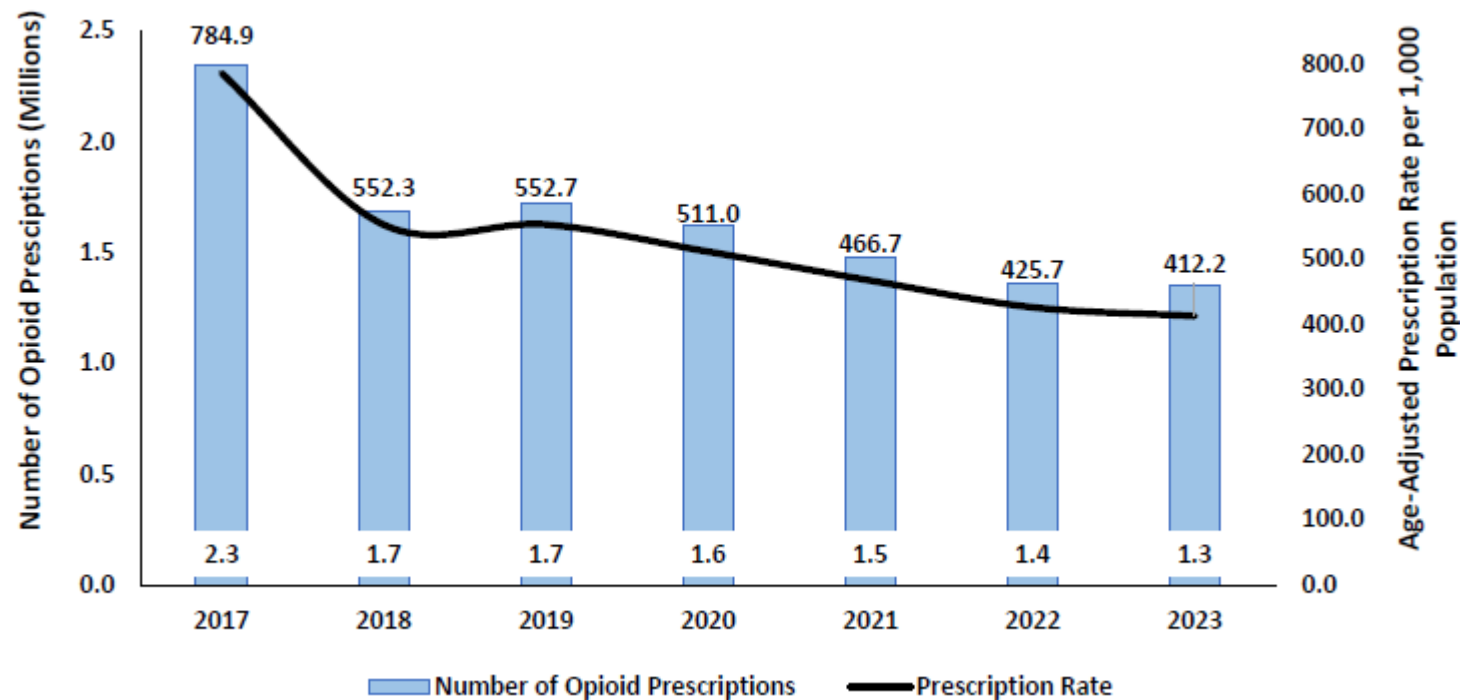
- Assembly Bill 474 revised NRS 453.226 in 2017
- Prescription Drug Monitoring Program (PDMP)



Opioids – Prescriptions vs. Harm

- Since 2017, opioid prescription rate dropped from 785 to 412 per 1,000 Nevadans in 2023

Figure 32. Total Opioid Prescriptions and Rates, Nevada Residents 2014-2023.

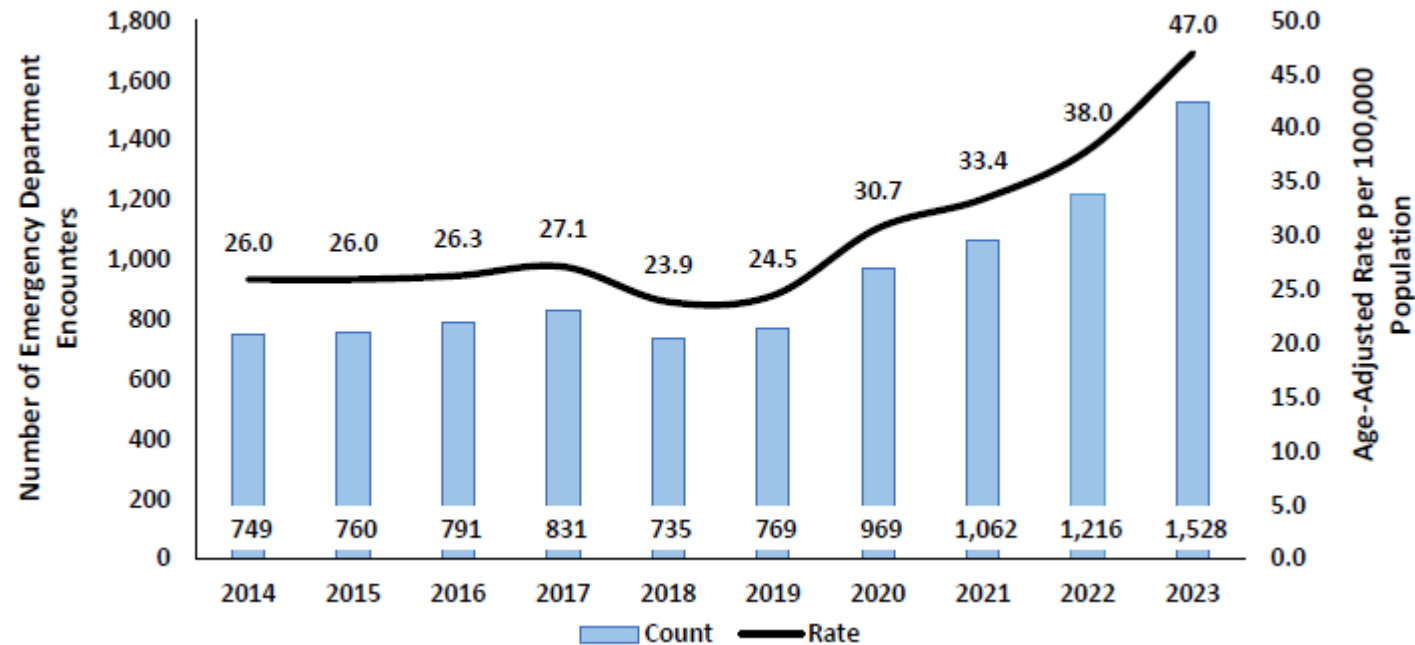




Opioids – Emergency Department Encounters

- Since 2017, ED encounters rose from 26 to 47 per 100,000 Nevadans in 2023

Figure 33. Opioid Overdose Emergency Department Encounters and Rates by Year, 2014-2023.





Opioids – ED Encounter Rates by Sex and Race/Ethnicity

- Male overdose rate up 124% since 2019

Figure 34. Opioid Overdose Emergency Department Encounter Rates by Year and Sex, 2014-2023.

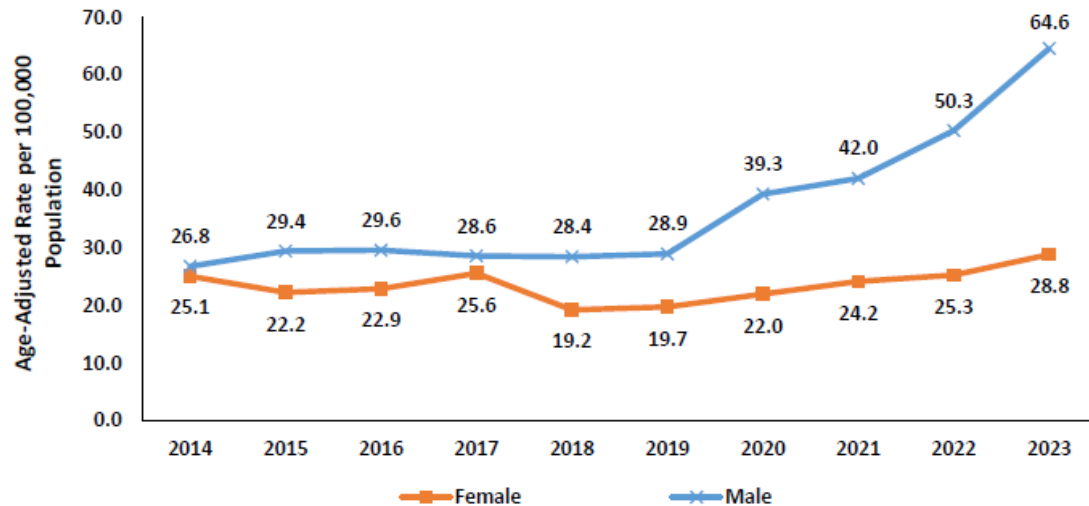
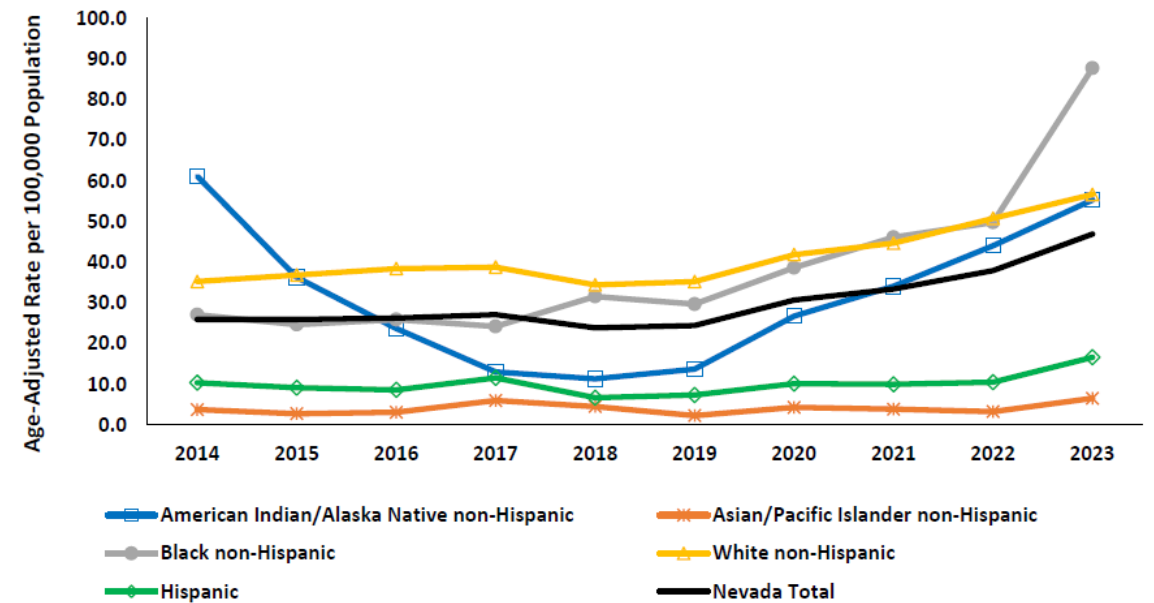


Figure 35. Opioid Overdose Emergency Department Encounter Rates by Year and Race/Ethnicity, 2014-2023.

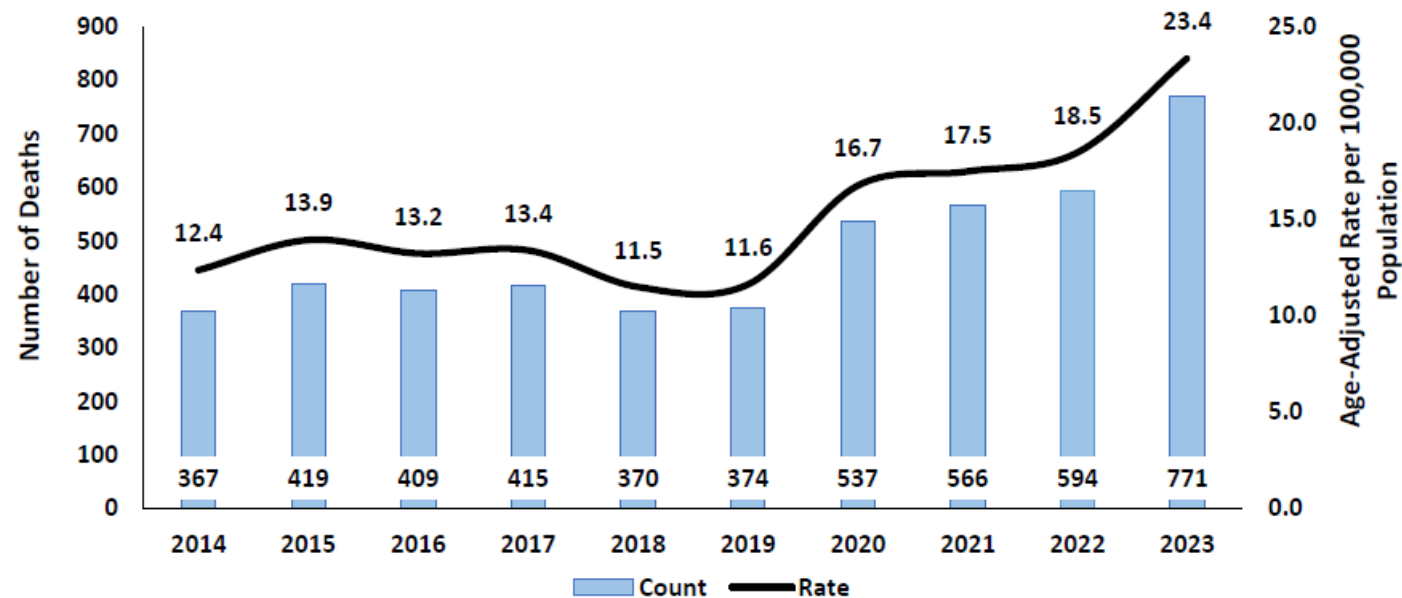




Opioids – Deaths

- Since 2018, opioid deaths and death rates have more than doubled.

Figure 39. Opioid Overdose Deaths and Rates, Nevada Residents 2014-2023.





Stimulants – A Different Threat

- Includes legal substances like caffeine and prescription medications such as dexamphetamines, Adderall, and methylphenidate (Ritalin)
- Illicit substances like methamphetamine and cocaine



Stimulants – ED Encounters by Sex and Race/Ethnicity

Figure 43. Stimulant Overdose Emergency Department Encounter Rates by Year and Sex, 2014-2023.

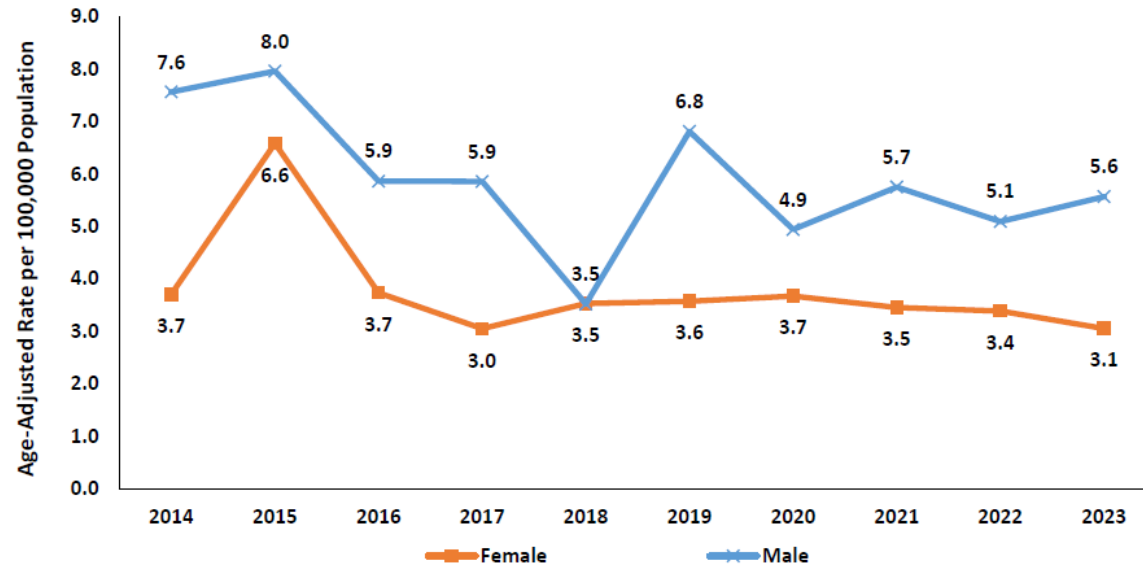
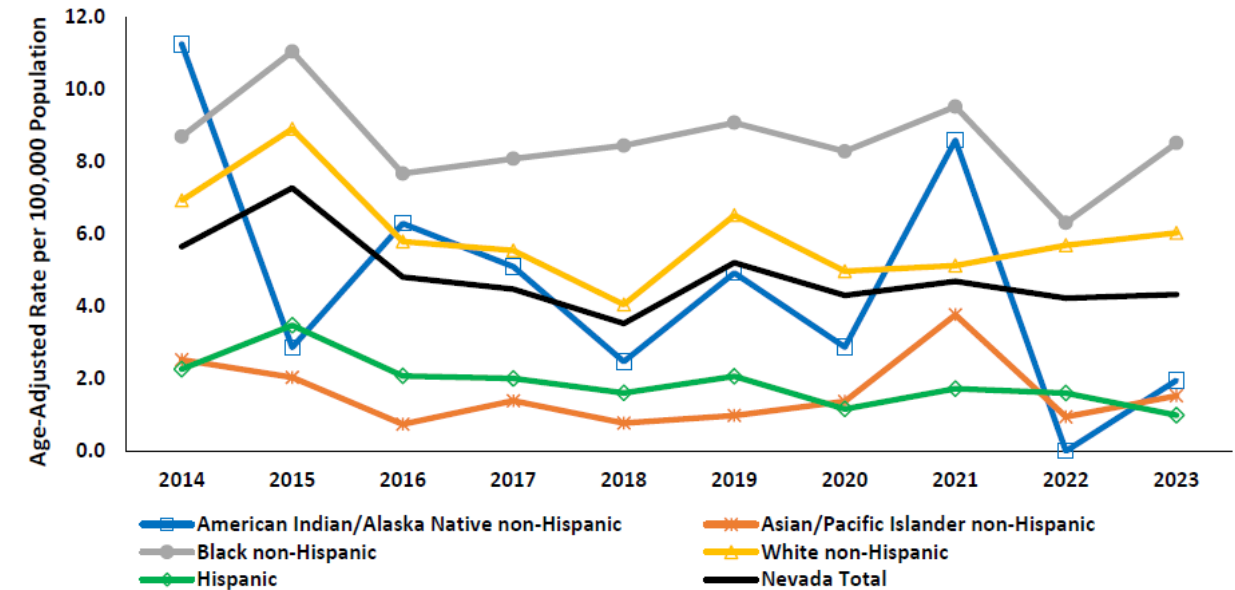


Figure 44. Stimulant Overdose Emergency Department Encounter Rates by Year and Race/Ethnicity, 2014-2023.

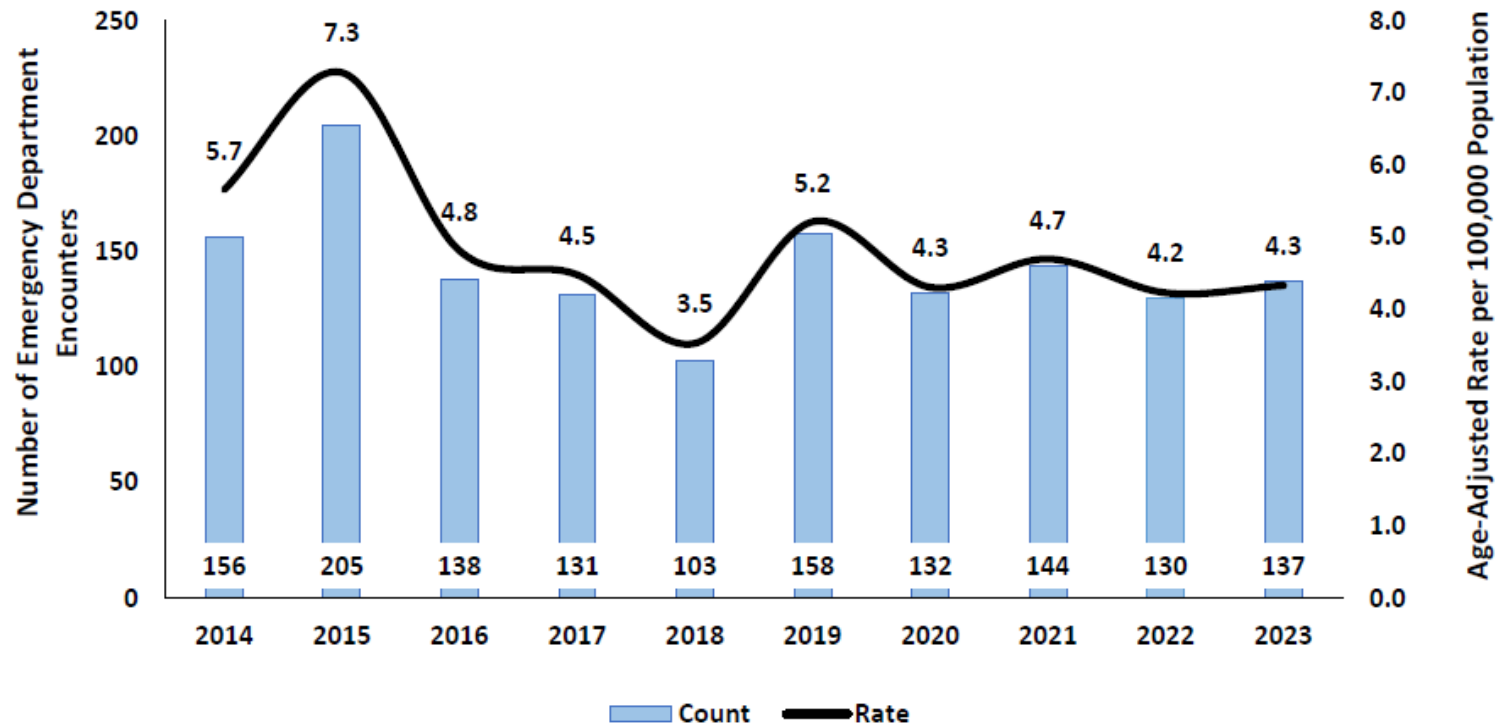




Stimulants – ED Encounters

- ED encounters rates steady since 2016

Figure 42. Stimulant Overdose Emergency Department Encounters and Rates by Year, 2014-2023.

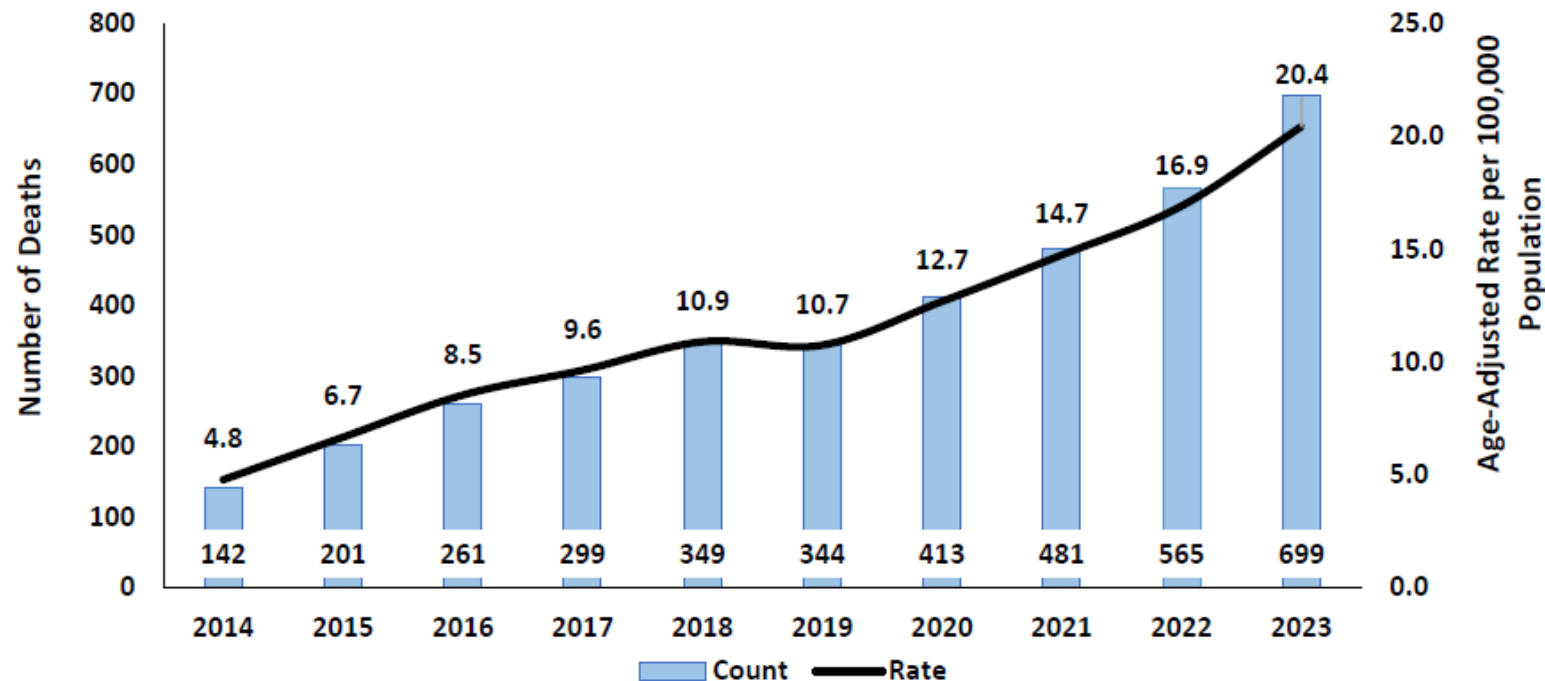




Stimulants – Death

- Stimulant deaths rates up 325% since 2014

Figure 48. Stimulant Overdose Deaths and Rates, Nevada Residents 2014-2023.





Stimulants – Fatal Overdose by Sex and Race/Ethnicity

Figure 49. Stimulant Overdose Death Rates by Sex, Nevada Residents 2014-2023.

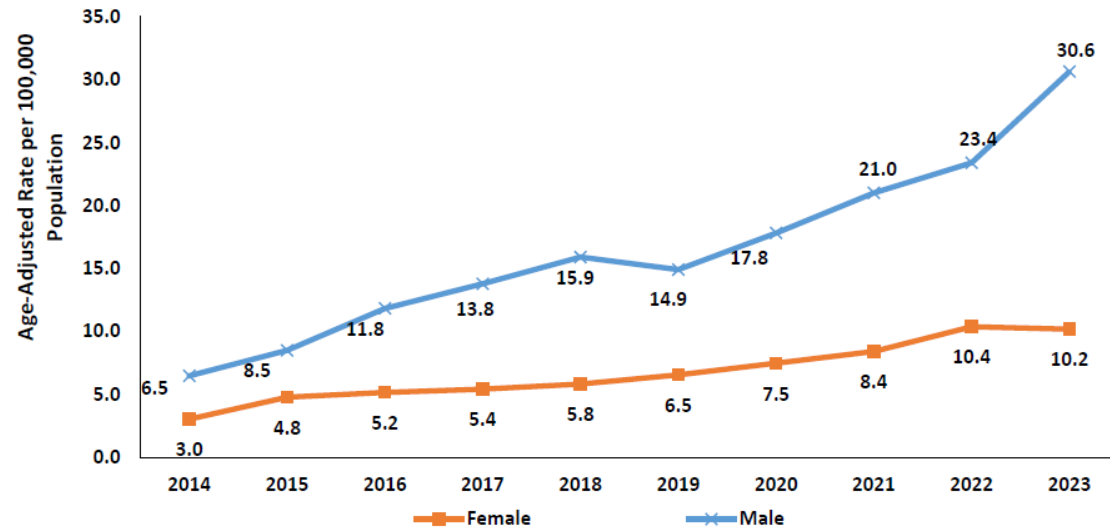
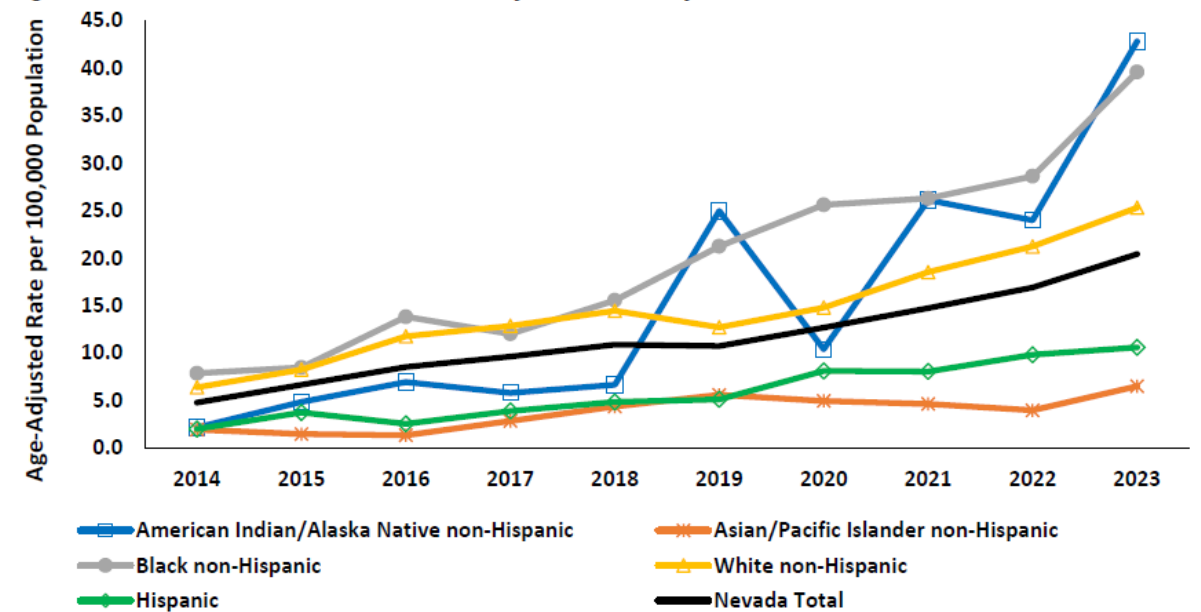


Figure 50. Stimulant Overdose Death Rates by Race/Ethnicity, Nevada Residents 2014-2023.

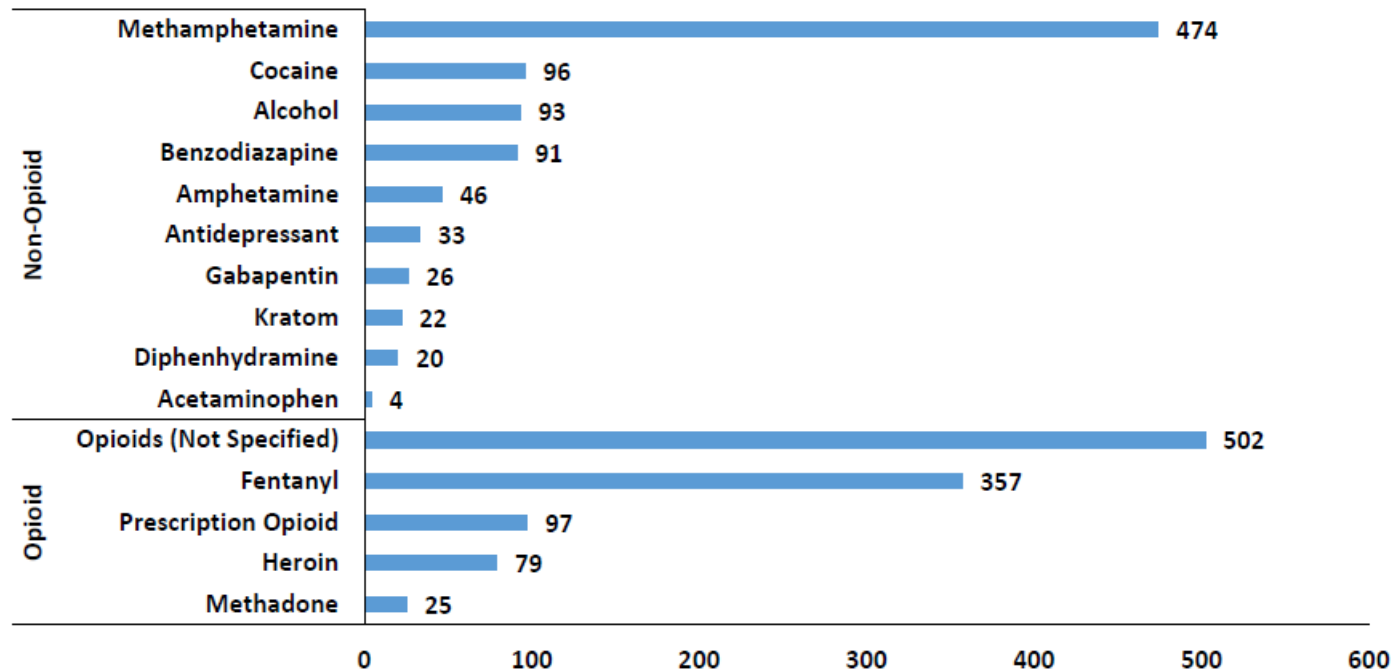




Summary

As we have seen, overdose deaths are up for opioids and methamphetamine – the two main primary substances for fatal overdose.

Figure 80. Substances Listed in the Cause of Death Among Unintentional/Undetermined Overdose Deaths, Nevada Residents, 2022.





Report Location

dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS_-_DATA__REPORTS/

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Nevada Office of Analytics - Data Dashboards & Reports Catalog

BEHAVIORAL HEALTH

- [Behavioral Health Data Portal](#)
- [Adult Behavioral Health Services Dashboard](#)
- [Certified Community Behavioral Health Centers \(CCBHCs\) in Nevada Dashboard](#)
- [Fund for a Resilient Nevada \(FRN\) Dashboard](#)
- [Health Outcomes of Infants with Gestational Exposure to Substances in Nevada](#)
- [Prescription Drug Monitoring Program \(PDMP\) Dashboard](#)
- [Substance Use Surveillance Dashboard](#)
- [Suicide Surveillance Dashboard](#)
- [Behavioral Health Epidemiologic Profile 2024: Nevada](#)
- [Behavioral Health Epidemiologic Profile 2024: Clark County](#)
- [Behavioral Health Epidemiologic Profile 2024: Northern Region](#)
- [Behavioral Health Epidemiologic Profile 2024: Washoe County](#)
- [Behavioral Health Epidemiologic Profile 2024: Rural Region](#)
- [Behavioral Health Epidemiologic Profile 2024: Southern Region](#)
- [State Unintentional Drug Overdose Reporting System \(SUDORS\) Infographic, 2022](#)
- [Substance Use and Criminality in Nevada: A 2016-2023 Analysis](#)
- [Youth Suicide: Behaviors and Circumstances - 2020](#)

CHILDREN AND FAMILIES

- [Children and Families Data Portal](#)
- [Child Care Dashboard](#)
- [Child Protective Services \(CPS\) Dashboard](#)



Contact Information

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Nevada Health Authority
Office of Analytics
[https://dhhs.nv.gov/Programs/Office of Analytics/DHHS Office of Analytics](https://dhhs.nv.gov/Programs/Office_of_Analytics/DHHS_Office_of_Analytics)



Questions?



Thank You

Current Drug Use and Seizure Trends in Nevada

Christine Payson, Drug Intelligence Officer for Nevada High Intensity Drug
Trafficking Areas (HIDTA)

CURRENT DRUG USE AND SEIZURE TRENDS IN NEVADA SUBSTANCE USE RESPONSE GROUP (SURG)

Christine Payson

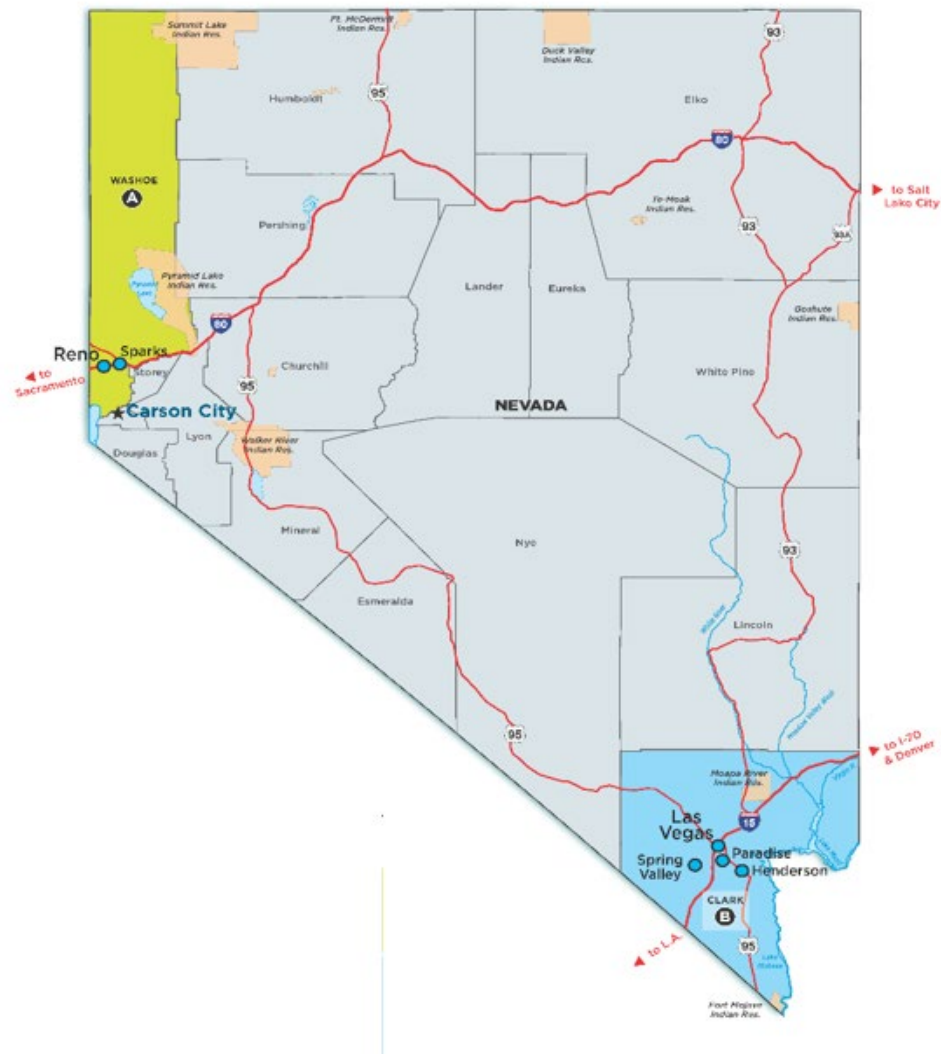
Drug Intelligence Officer

Nevada High Intensity Drug Trafficking Area (HIDTA)

Disclosures

- *NONE*





HIDTA COUNTIES IN NEVADA

ORS Program Goals



1-Share data systems to inform rapid and effective community overdose prevention efforts.



2-Support immediate, evidence-based response efforts that can directly reduce overdose deaths.



3-Design and use promising strategies at the intersection of public health and public safety.



4-Use effective and efficient primary prevention strategies that can reduce substance use and overdose long term.

Special Populations? ALL

- a. Veterans, elderly persons and youth;
- b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems;
- c. Pregnant women and the parents of dependent children;
- d. Lesbian, gay, bisexual, transgender and questioning persons;
- e. People who inject drugs; (as revised)
- f. Children who are involved with the child welfare system, and
- g. Other populations disproportionately impacted by substance use disorders.

Nevada's Top Drug Threats

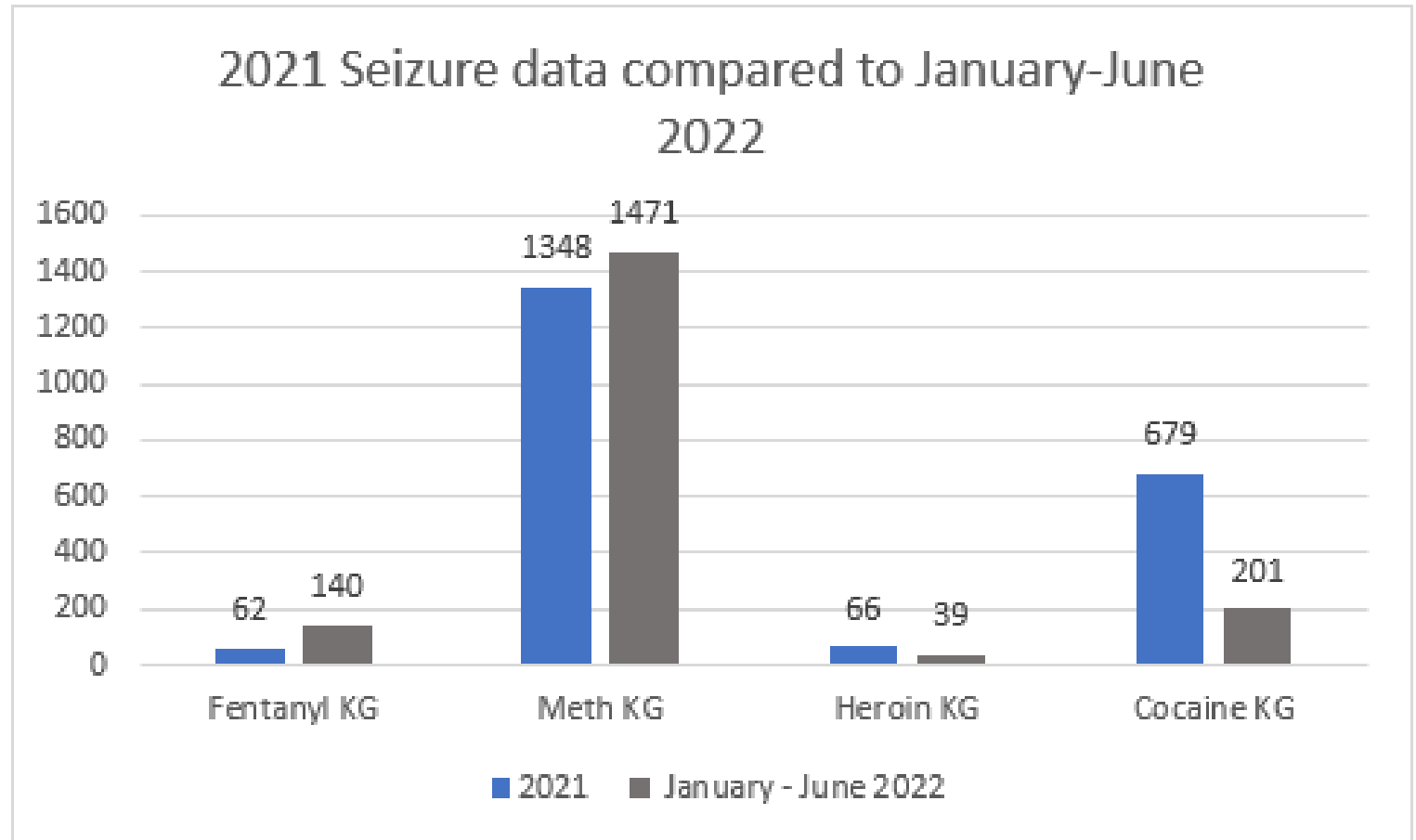
Fentanyl

Methamphetamine

Heroin/Opiates

Cocaine

Seizure Data Top Drug Threats



1.7 Million Fentanyl
pills were seized in
Nevada in 2023

Fentanyl Seizures

The Nevada HIDTA seized 37.4 kg and 1,216,652 DU of Fentanyl in 2024 compared to 15.6 kg and 1,753,518 DU in 2023.

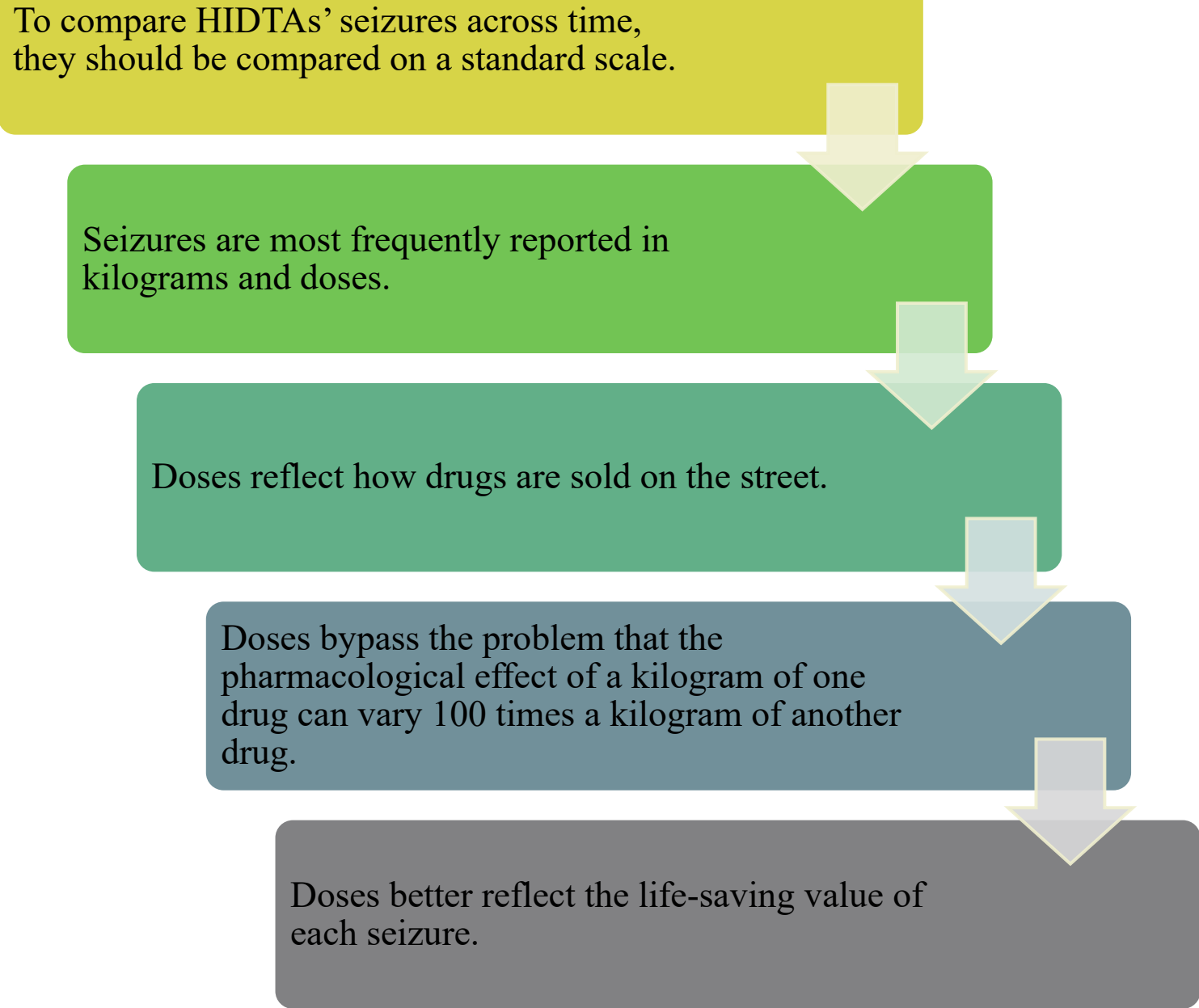


The Nevada HIDTA continues to encounter powder Fentanyl along with the continued presence of pressed Fentanyl pills.



The Nevada HIDTA continues to experience an increase in overdose deaths involving a combination of Methamphetamine and Fentanyl

To compare HIDTAs' seizures across time, they should be compared on a standard scale.



```
graph TD; A[To compare HIDTAs' seizures across time, they should be compared on a standard scale.] --> B[Seizures are most frequently reported in kilograms and doses.]; B --> C[Doses reflect how drugs are sold on the street.]; C --> D[Doses bypass the problem that the pharmacological effect of a kilogram of one drug can vary 100 times a kilogram of another drug.]; D --> E[Doses better reflect the life-saving value of each seizure.];
```

Seizures are most frequently reported in kilograms and doses.

Doses reflect how drugs are sold on the street.

Doses bypass the problem that the pharmacological effect of a kilogram of one drug can vary 100 times a kilogram of another drug.

Doses better reflect the life-saving value of each seizure.

Why Convert Seizure Kilograms to Estimated Doses?

Conversion Factor – Kilograms to Estimated Dosage Units Converted by Selected Drugs

Drug Category
Amount in Kilograms
Converted with
Formula Dosage
Amount

Cocaine 1 = 5,556

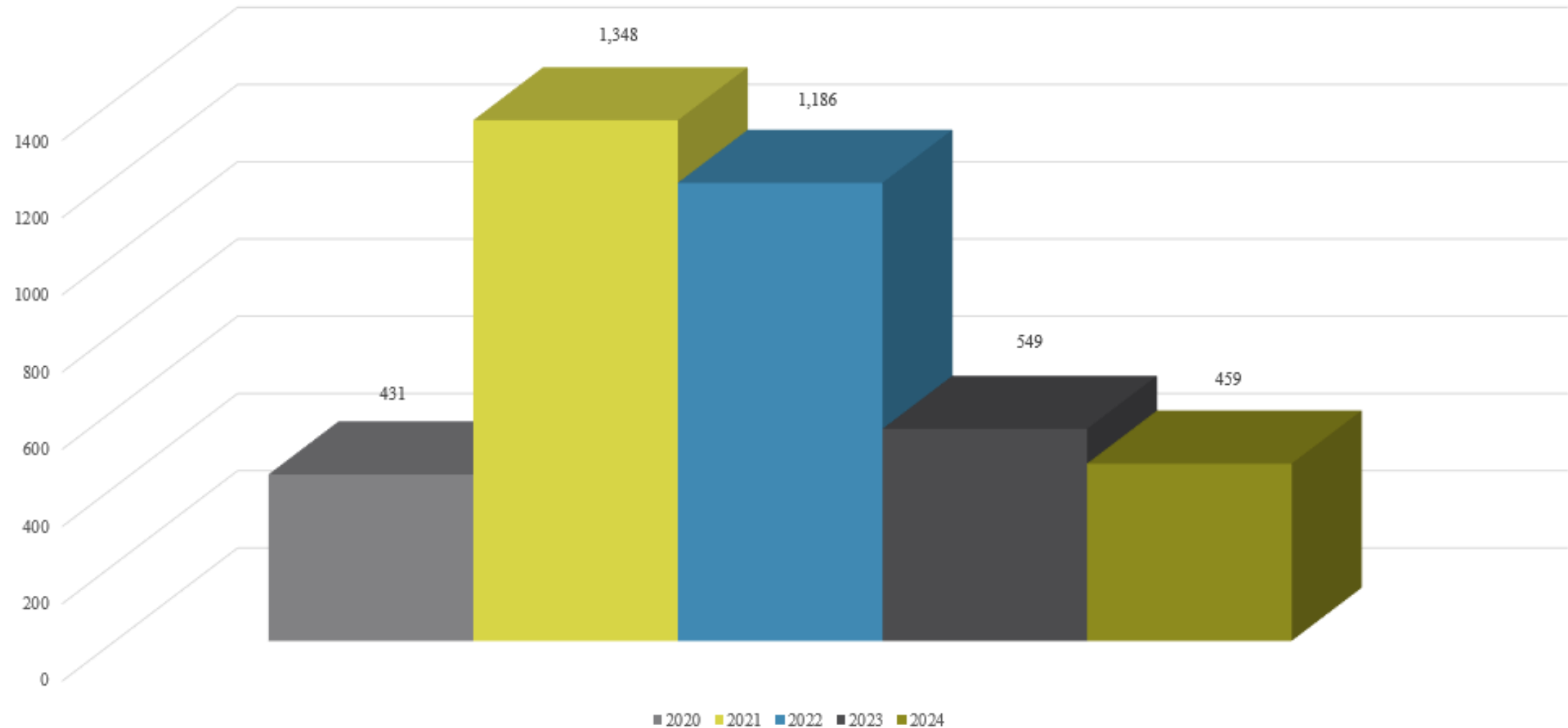
Heroin 1 = 142,857

Methamphetamine 1 =
9,700

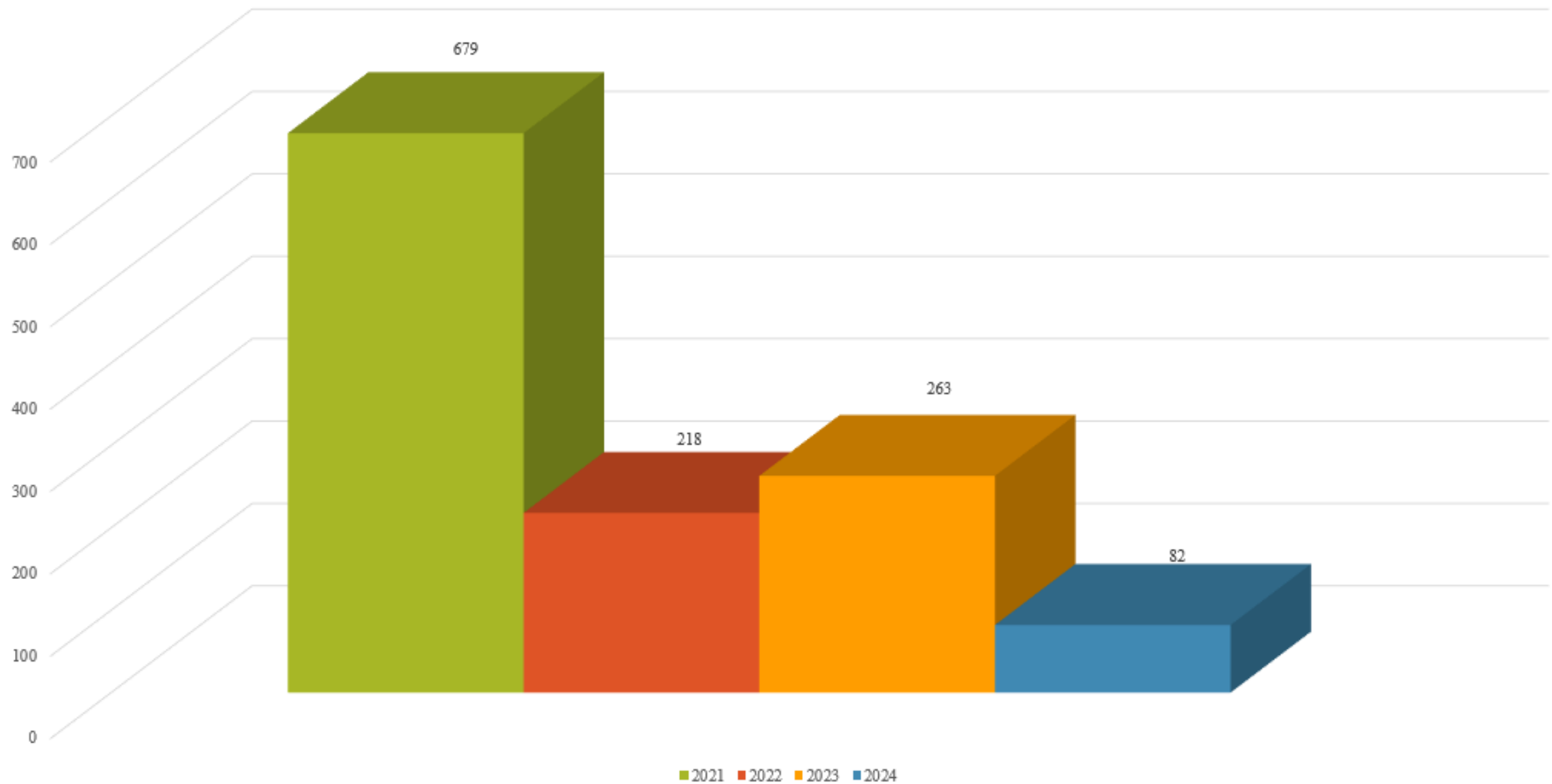
Fentanyl 1 = 672,619

2020-2024 Nevada HIDTA Methamphetamine Seizures

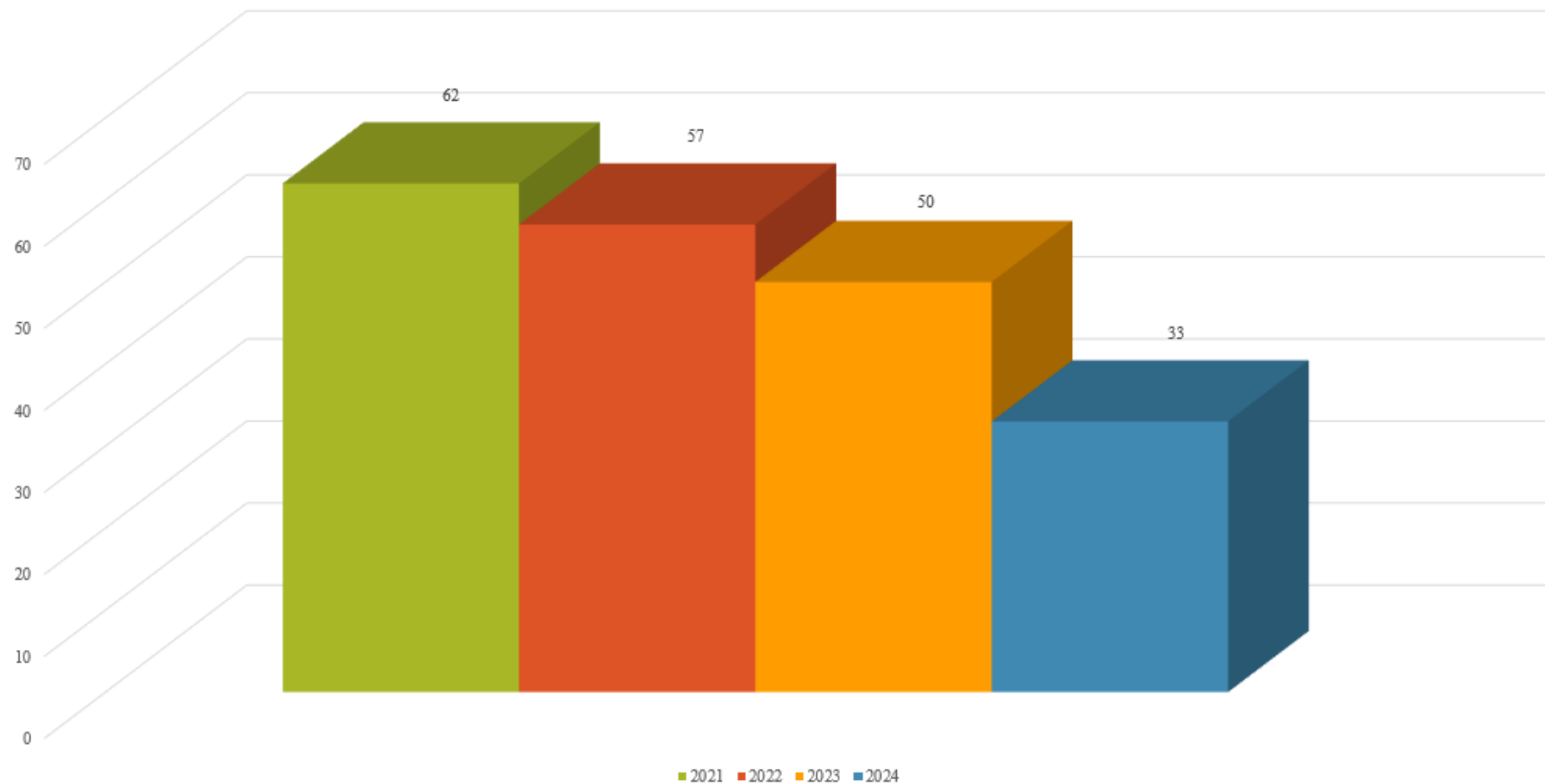
Reported in Kilograms



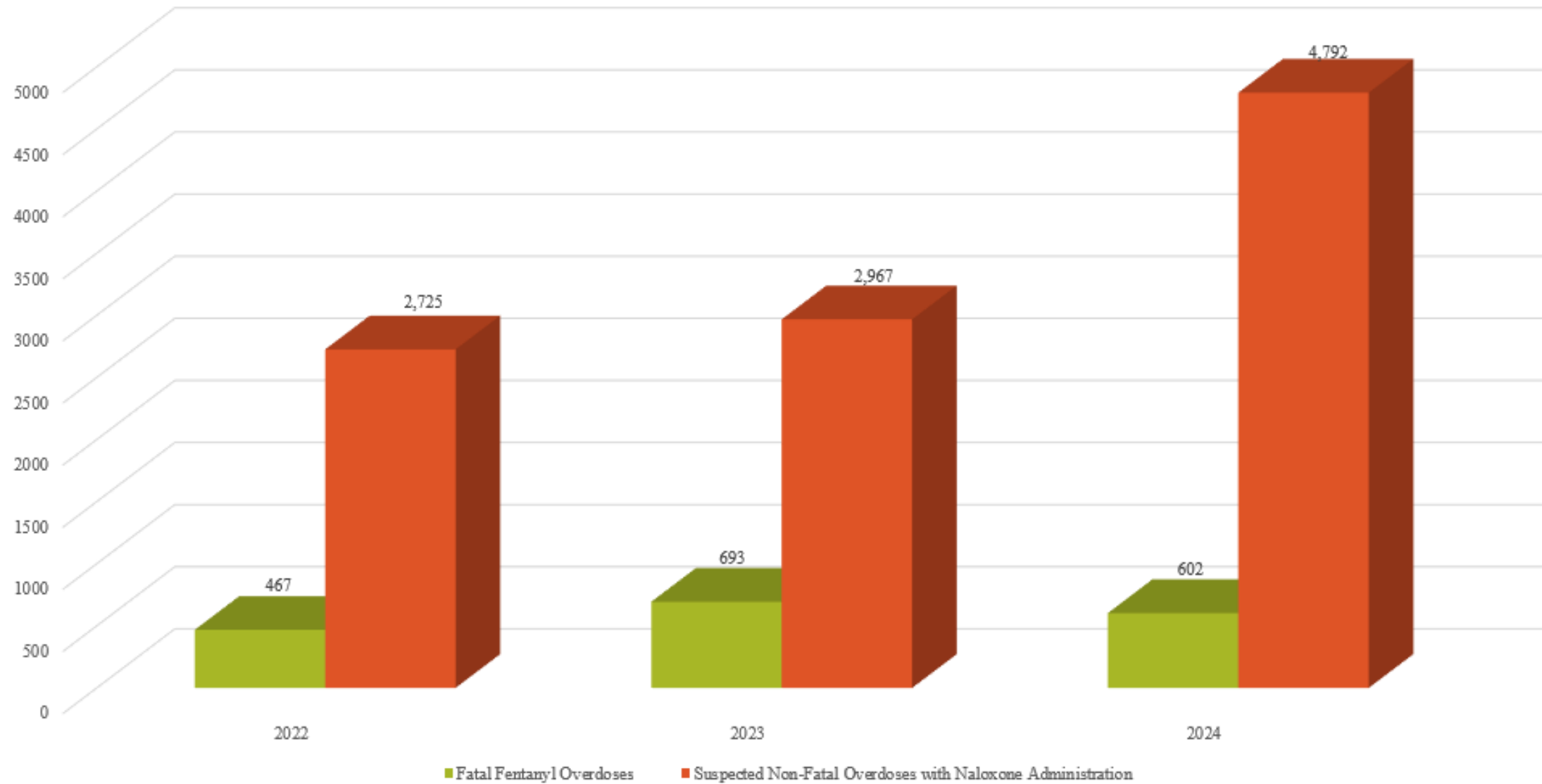
2021-2024 Nevada HIDTA Cocaine Seizures Reported in Kilograms



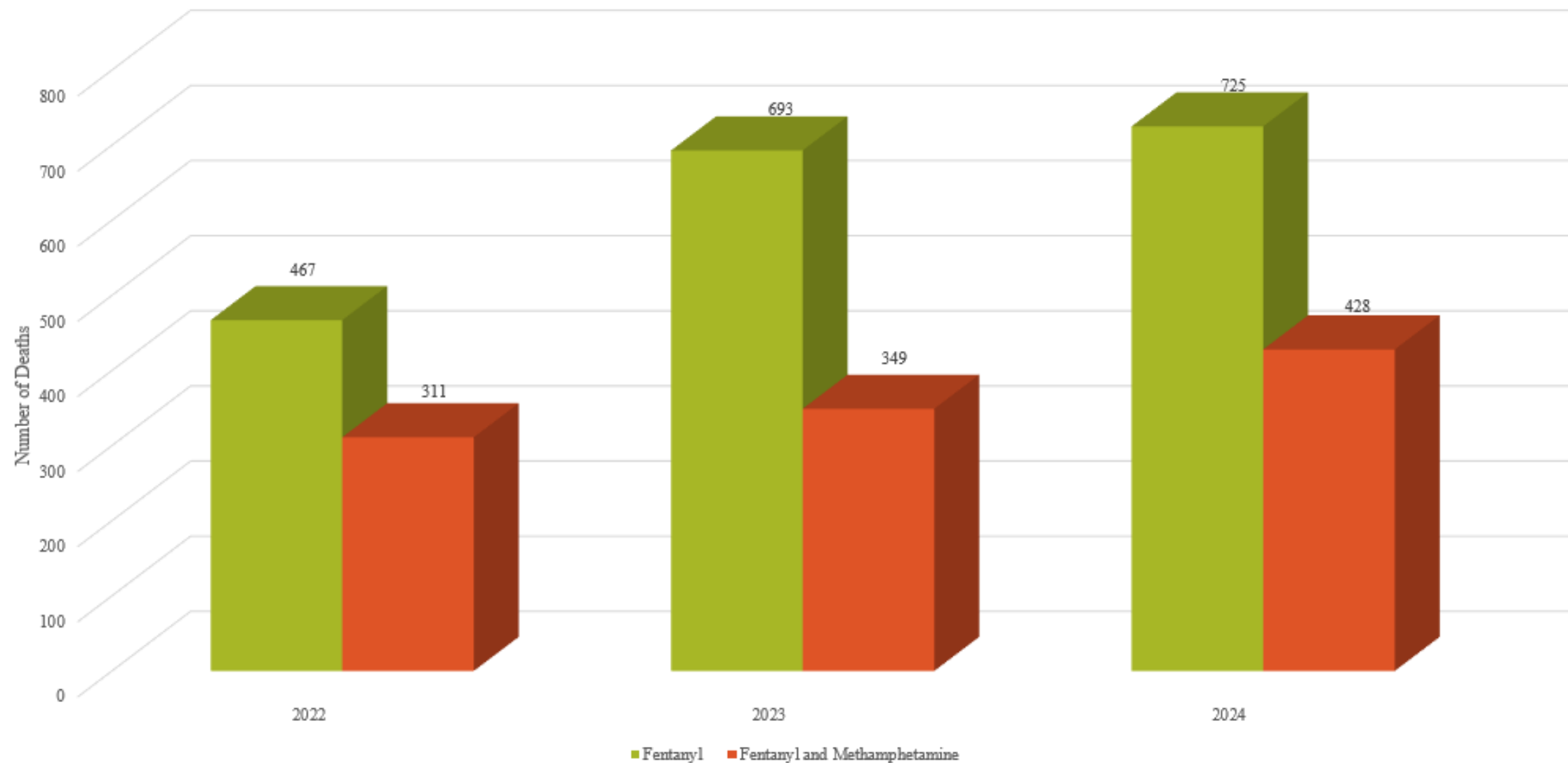
2021-2024 Heroin Seizures Reported in Kilograms



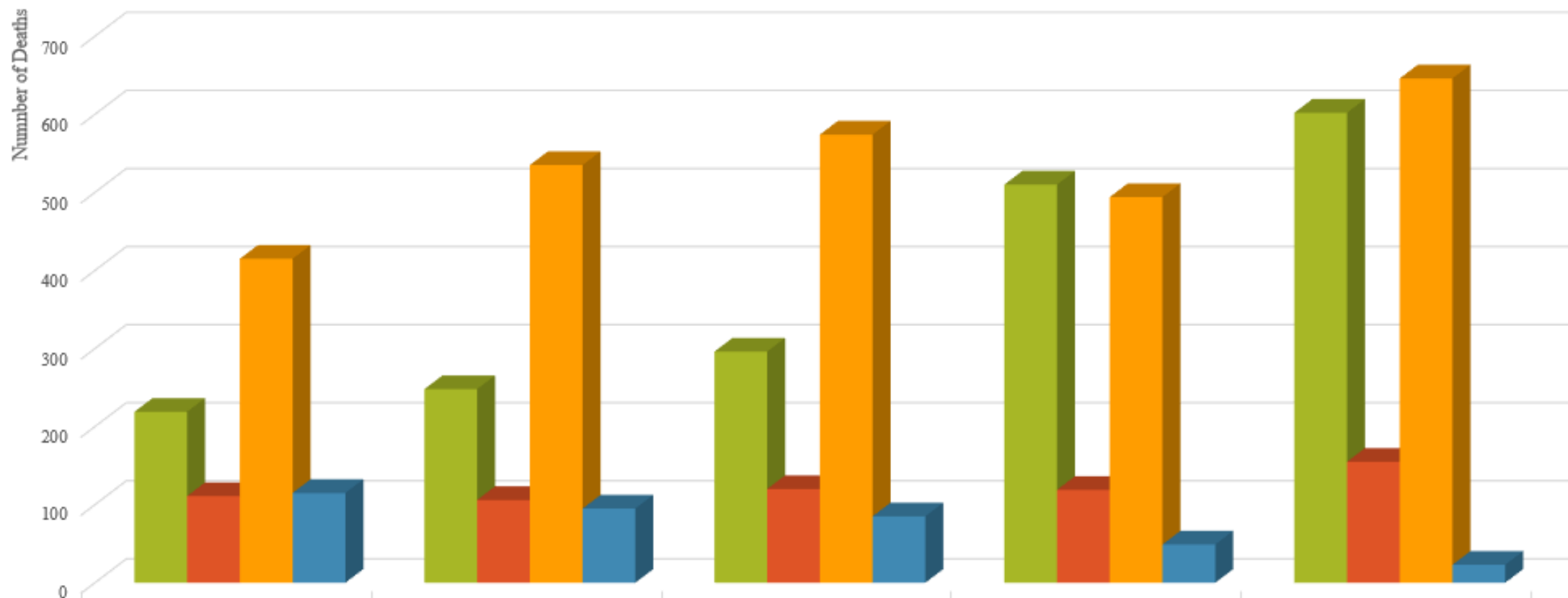
Clark and Washoe Counties Combined Fatal Fentanyl Overdoses Compared to ODMAP Non-Fatal Overdoses with Naloxone Administration



Fentanyl Related Overdose Data Clark and Washoe Counties 2022-2024



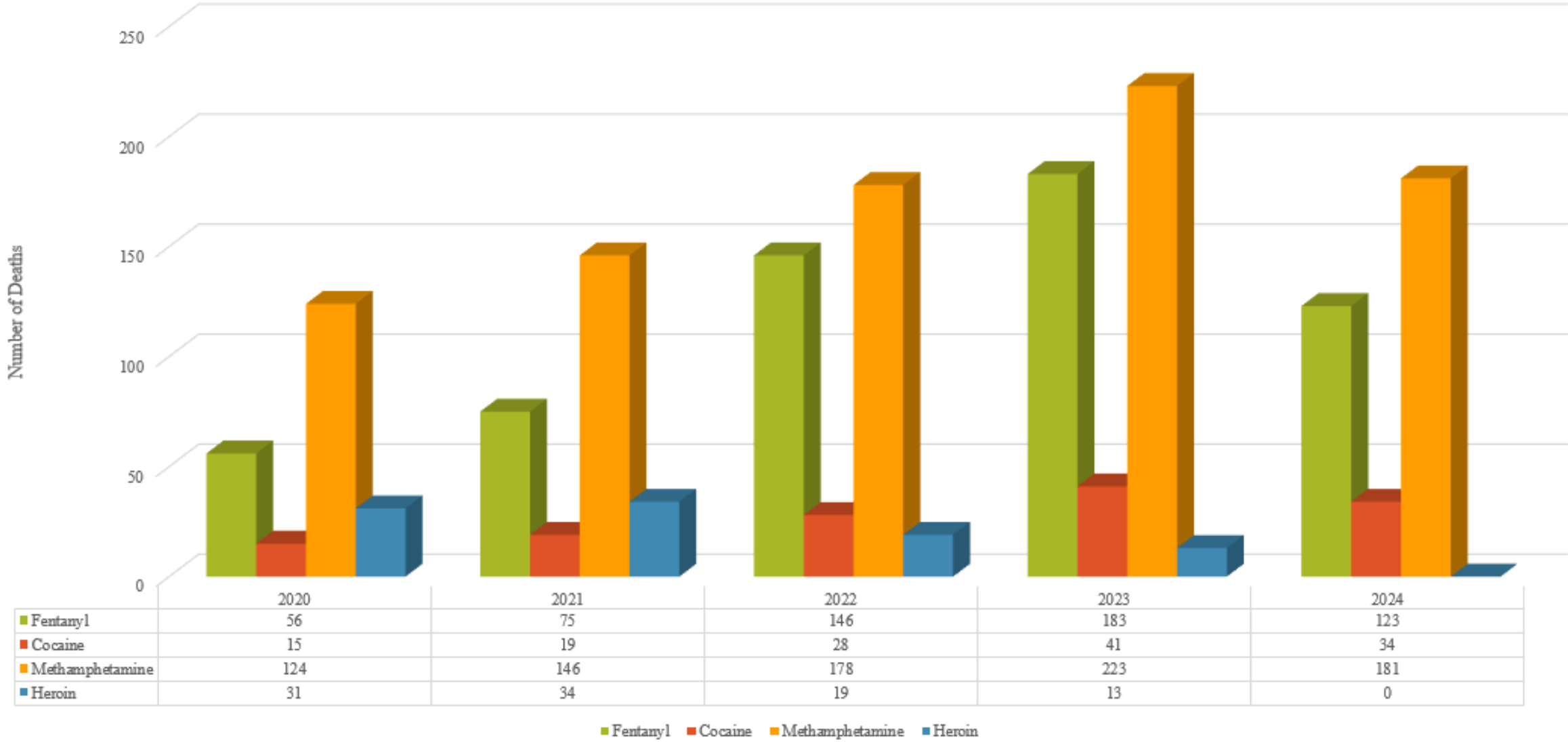
Drug-Related Overdose Deaths for Clark County, Nevada 2020-2024

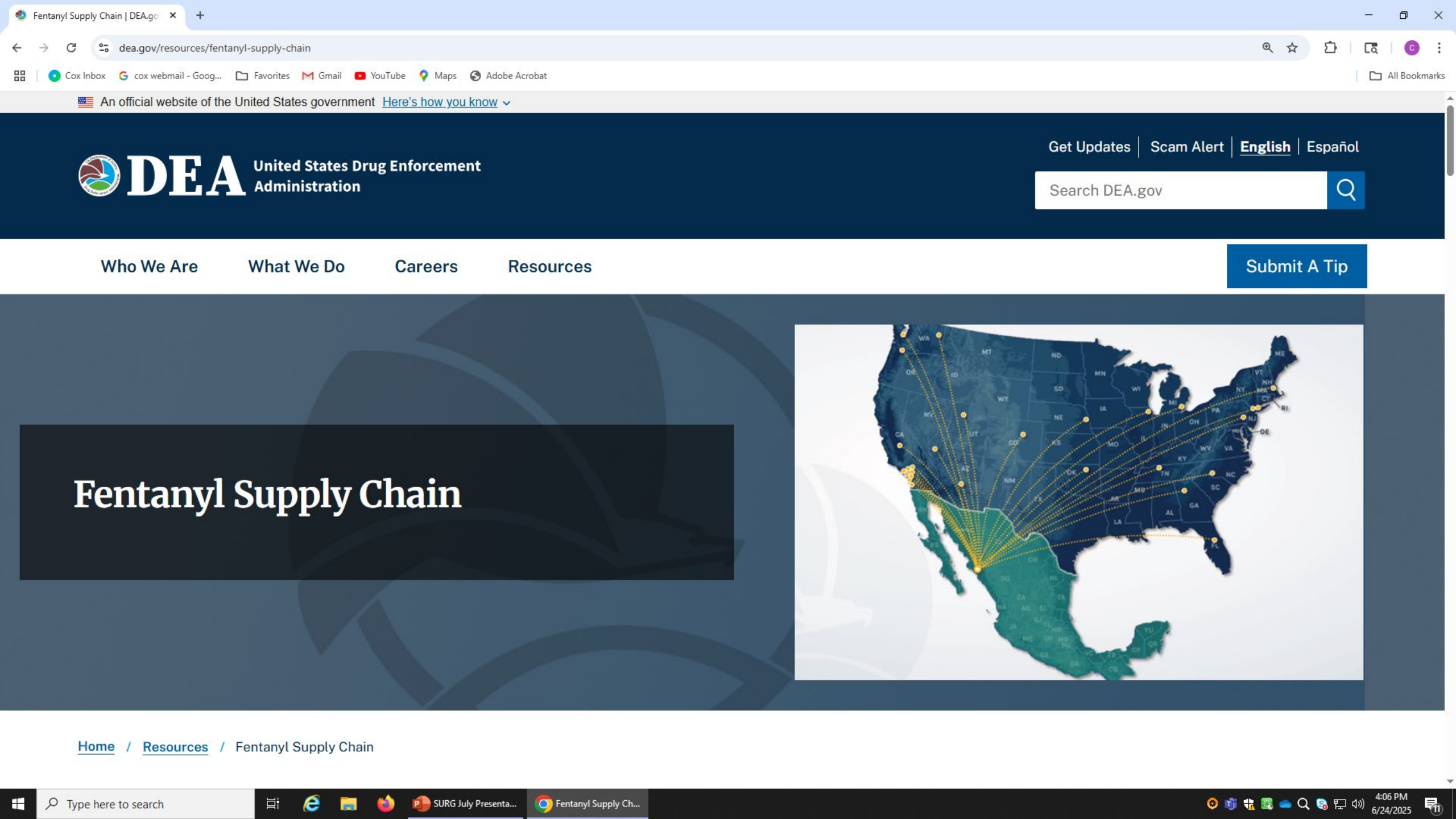


Fentanyl	219	248	296	510	602
Cocaine	111	106	120	119	155
Methamphetamine	415	535	574	494	646
Heroin	115	95	85	49	23

Fentanyl Cocaine Methamphetamine Heroin

Drug-Related Overdose Deaths for Washoe County, Nevada 2020-2024





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Fentanyl Supply Chain



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DEA Administrator on Increase in Fentanyl Containing Xylazine

[Read Statement](#)



DEA Fentanyl Seizures in 2024

In 2023, DEA seized more than 79.5 million fentanyl-laced fake pills and nearly 12,000 pounds of fentanyl powder. The 2023 seizures are equivalent to more than 376.7 million lethal doses of fentanyl.

The 2024 fentanyl seizures represent over 93.7 million deadly doses. *

17,900,000+

Millions of Fentanyl Pills Seized

1,813+ lbs.

Pounds of Fentanyl Powder Seized



*2 mg of fentanyl equates to a potentially deadly dose.

STAY CONNECTED

updated: June 23, 2025

41,500,000+

Millions of Fentanyl Pills Seized

4,463+ lbs.

Pounds of Fentanyl Powder Seized



* 2 mg of fentanyl equates to a potentially deadly dose

Notice of Proposed Rulemaking (NPRM): Proposed Rescheduling of Marijuana



About the DEA

The mission of the Drug Enforcement Administration (DEA) is to ensure the safety and health of American communities by combating criminal drug networks bringing harm, violence, overdoses, and poisonings to the United States. To accomplish this mission, the DEA employs approximately 10,000 personnel throughout the world. Special Agents



DEA Special Agent Career (2024)

STAY CONNECTED

References

Nevada HIDTA Annual Threat Assessment

<https://www.dea.gov/>

<https://www.hidtaprogram.org/NETI/trends/ReportQtr3-22.pdf>

Contact Information

Name	Christine Payson
Title	Drug Intelligence Officer
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Email	cpayson@lvmpd.com

Drug Testing Performed by Public Health Programs

Karla Wagner, Ph.D., University of Nevada, Reno, School of Public Health



School of Public Health
University of Nevada, Reno

Street Drug Surveillance Programs: A Public Health Approach to Address the Unregulated Drug Market

Karla D. Wagner, Ph.D.

UNR Foundation Professor, Department of Health Behavior, Policy, and Administration Sciences

July 9, 2025



Principles and Practice of Public Health Drug Checking





We're a family-owned business, as well as a proud member of the Pride of Dakota brand. With bakeries located in North Dakota, Arizona and Kansas, we strive to grow our pretzel brand far enough so anyone who would like to enjoy them, can!

Find us at:
DotsPretzels.



INGREDIENTS: Enriched Wheat Flour (Wheat Flour, Niacin, Reduced Iron, Thiamin Mononitrate, Riboflavin, Folic Acid), Salt, Vegetable Oil (May contain one or more of the following: Corn, Canola, Soybean), Artificial Butter Flavor, Corn Syrup, Yeast; Flavoring (Maltodextrin, Buttermilk, Salt, Dried Garlic, Monosodium Glutamate, Spices, Dried Onion, Lactic Acid, Calcium Lactate, Citric Acid, Contains less than 1% of the following: Calcium Stearate, Artificial Flavor, Xanthan Gum, Carboxymethylcellulose Gum, Guar Gum, Natural Flavor).

CONTAINS: WHEAT, MILK
Made in a facility that may use peanuts.



Dot's Pretzels

Manufactured By:
Dot's Pretzels
Velva, ND 58790



Nutrition Facts

16 servings per container

Serving size 1 oz.

Amount per serving

Calories 1

% Daily Value

Total Fat 6g	
Saturated Fat 0g	
Trans Fat 0g	
Cholesterol 0mg	
Sodium 360mg	
Total Carbohydrate 18g	
Dietary Fiber less than 1g	
Total Sugars 0g	
Includes 0g Added Sugars	
Protein 2g	
Vitamin D 0mcg	
Calcium 10mg	
Iron less than 1mg	
Potassium 52mg	

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Total Carbohydrate 24g 9%
Dietary Fiber 1g 4%
Total Sugars 1g
Includes 0g Added Sugars 0%

Protein 3g

Vit. D 0.2mcg 1% • Calcium 0mg 0%
Iron 0mg 0% • Potas. 45mg <2%

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

INGREDIENTS: Unbleached Wheat Flour, Sunflower Oil, Salt, Soda and Yeast.

ALLERGY INFORMATION:
Contains Wheat and Gluten.



PROUDLY MADE IN THE USA
© UNIQUE PRETZEL BAKERY, INC.
ALL RIGHTS RESERVED

Manufactured by
UNIQUE PRETZEL BAKERY, INC.

DISTILLED AND BOTTLED BY:
**ABC DISTILLERY
FREDERICK, MD**

Captain John's Spiced Rum

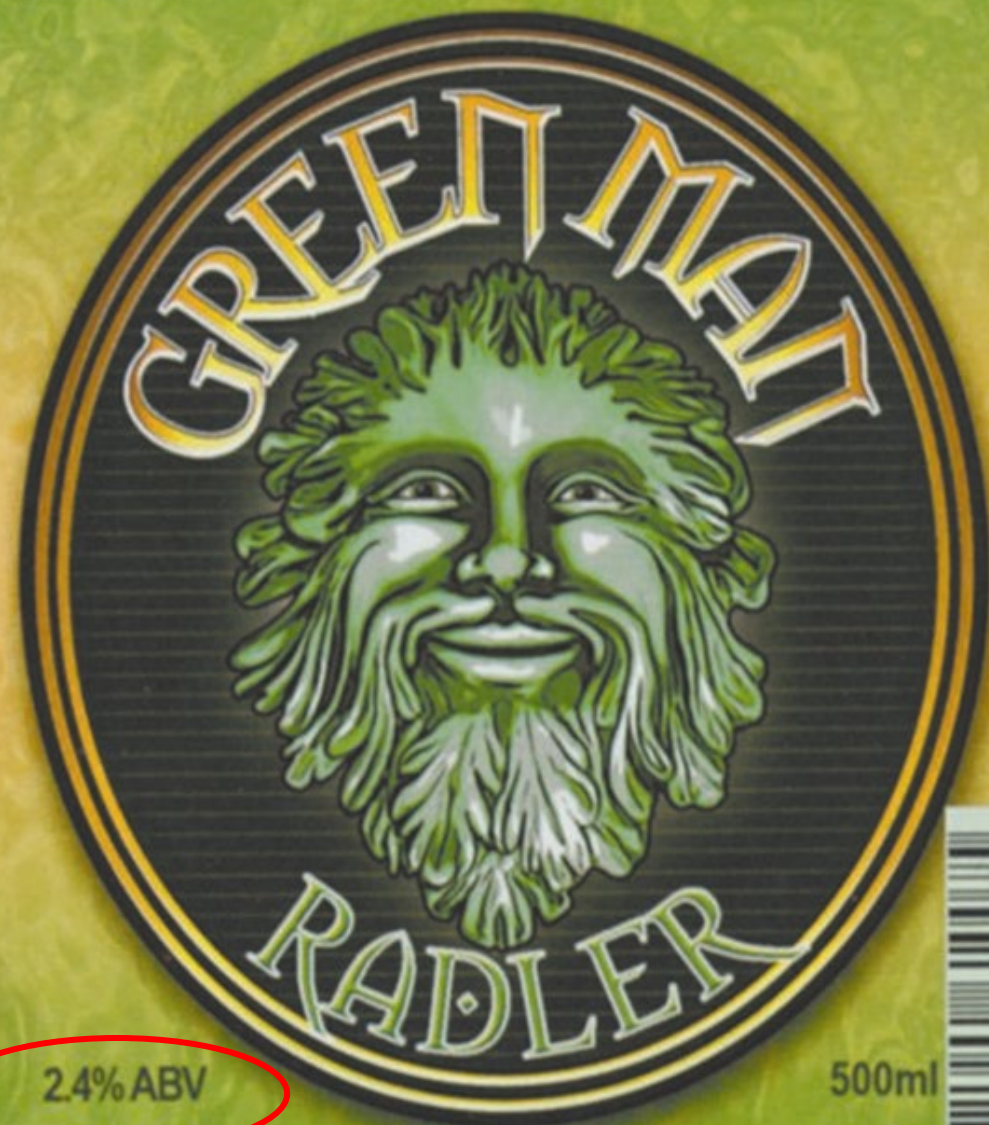
Rum with
Natural Flavors Added

750 ML

20% ALCOHOL BY VOLUME (40 PROOF)

GOVERNMENT WARNING:

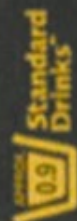
- (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects.
- (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.



2.4% ABV

500ml

Organic Brewery Dunedin



Store chilled and away from direct light.

Best enjoyed at 4-6°C

Green Man encourages responsible consumption of alcohol





Drug Checking Tech

Test strips



anywhere

Reagents



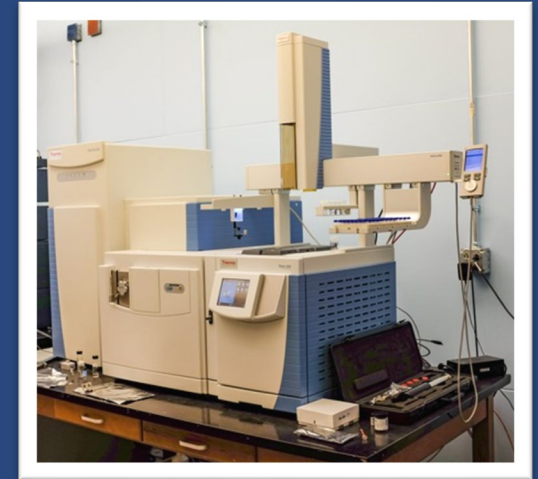
table top

Fourier transform
infrared (FTIR)
Spectrometer



program sites

Liquid/Gas
chromatography-
mass spectrometer



lab

—————→
cost, time, complexity, information

How does it work?

	Where?	Who?	How?	Time?	Cost?	Information?
Test strips	Anywhere	Anyone	Dissolve residue in liquid and dip	~5 minutes	\$	i
FTIR	Clinic, harm reduction program	Trained staff	Submit small sample (1/2 grain of rice) and test	~20 minutes	\$\$	iii
GCMS/LCMS	Laboratory	Chemist	Submit small sample or residue from bags, syringes, etc., dissolve in solution, bring or mail to lab	2-4 weeks	\$\$\$	iii

Video of drug checking service at OnPoint in New York: <https://youtu.be/bncv673bthk?feature=shared>



1 line = fentanyl present

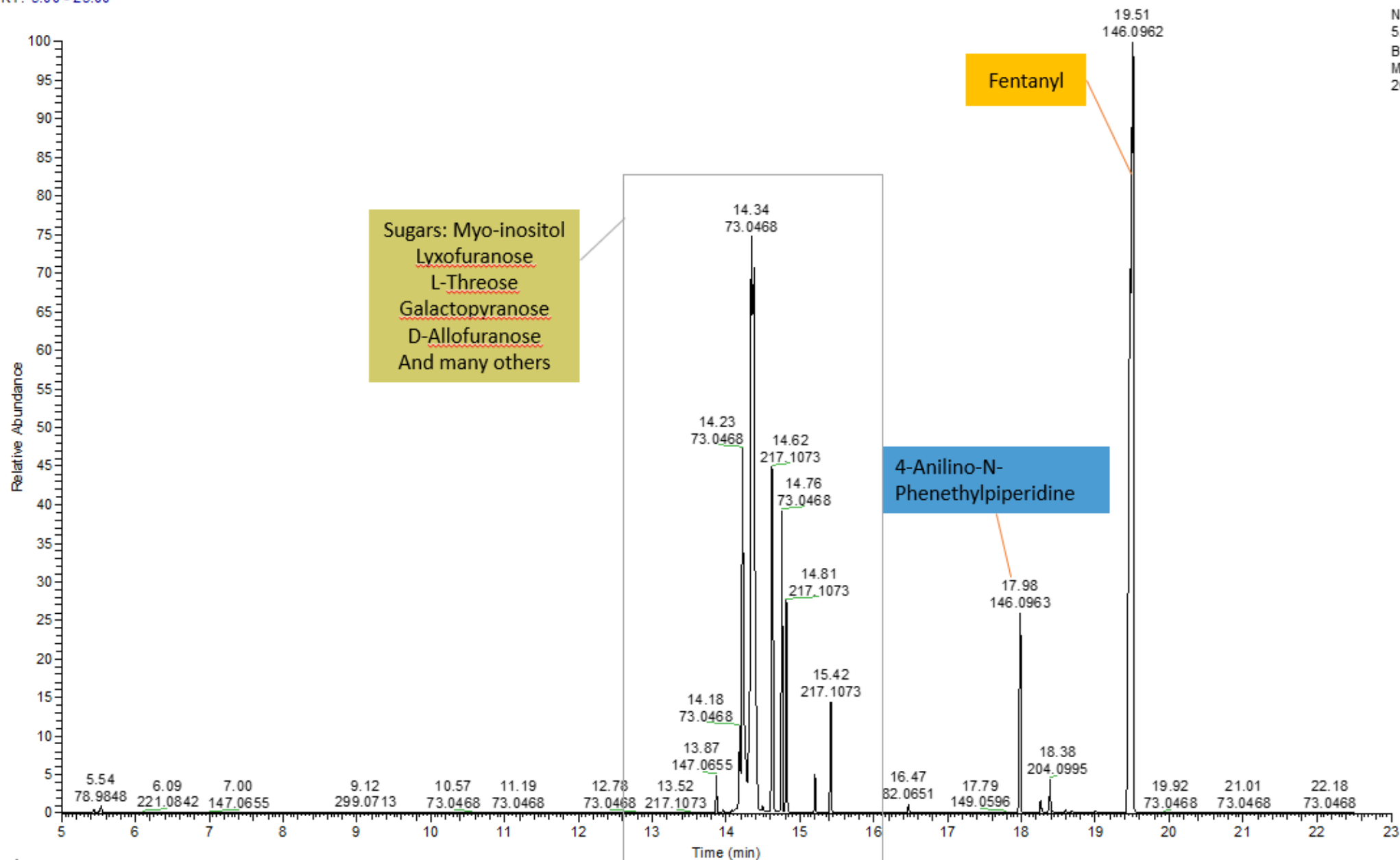
2 lines = fentanyl absent

Firsthand accounts with young adults who use drugs find rapid-acting fentanyl test strips are an effective tool to reduce overdose risk. Photo: Stephen Crocker/Brown University

200479

RT: 5.00 - 23.00

NL:
5.76E9
Base Peak
MS
2000479



51 ENTRIES TOTAL

ENTRIES PER PAGE: 100

PAGE: 1 / 1

SEARCH ALL FOR AUSTIN

Quick Filter...

Active Contents

Photo	Sample Name	Substance	Ratio / Amounts	Date	Location	Data Source
	White Powder Ecstasy Rock Code: RONMX Sold as: MDMA	• MDMA	• 1	Feb 07, 2022	Austin, TX	DrugsData
	M30 Fake M30; M-Block; M-Box; Code: JB0501 Sold as: Fentanyl	• Fentanyl • 4-ANPP	• 5 • 1	May 29, 2021	Austin, TX	DrugsData
	0974130 Code: PP313 Sold as: Adderall	• Caffeine • Methylsulfonylmethane • Methamphetamine	• 10 • 3 • 1	Apr 13, 2021	Austin, TX	DrugsData
	M-Block M-Box, M30 Code: WS112 Sold as: Oxy	• Fentanyl • 4-ANPP • 4-Fluoroisobutyrylfentanyl • Heroin • Methamphetamine • Phenethyl 4-ANPP	• 36 • 9 • 6 • 2 • 1.50 • 1	Sep 24, 2020	Austin, TX	DrugsData
	M30 Code: LB202 Sold as: Oxycodone	• Acetaminophen	• 1	Jun 19, 2020	Austin, TX	DrugsData
	MDMA Code: PA154 Sold as: MDMA	• MDMA	• 1	Jun 09, 2020	Austin, TX	DrugsData
	MDMA Code: BBNBF Sold as: MDMA	• MDMA • MDA • MDE	• 1 • trace • trace	Aug 28, 2019	Austin, TX	DrugsData
	White Powder Code: 78746 Sold as: Not Specified	• MDMA	• 1	Aug 12, 2019	Austin, TX	DrugsData
	Tan Powder Code: GCL2G Sold as: MDMA	• MDMA	• 1	Jul 20, 2019	Austin, TX	DrugsData
	Superbrick Code: AJBATX Sold as: Molly	• MDMA	• 1	May 16, 2019	Austin, TX	DrugsData
	Molly	• MDMA	• 1	Feb 06, 2019	Austin, TX	DrugsData

M30 (Fake M30; M-Block; M-Box;) Sold as: Fentanyl ID: 10449



ID: 10449

Name: M30

Other Names: Fake M30; M-Block; M-Box;

UniqueCode: JB0501

Marquis: No Reaction (light brown?)

Mecke: No Reaction

Mandelin: No Reaction

GC/MS:

- Fentanyl : 5
- 4-ANPP : 1

Test Date: May 29, 2021

Pub. Date: May 29, 2021

Src Location: Austin, TX

Submitter: Austin, TX
Loc: United States

Color: Blue

Size: 106 mg, 6.00 x 3.41

Data Source: [DrugsData](#)

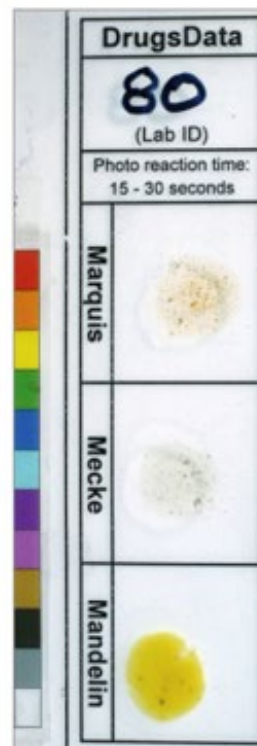
Tested by: [DDL](#)

Lab's ID: 21050080

Sold as: Fentanyl
Expected to be: Fentanyl

Description

Round light blue tablet with 'M' on one side, '30' and break line on the other. Counterfeit oxycodone.



What are the benefits of public health drug checking?

FTIR and LC/GCMS are necessary tools to **expand our knowledge** beyond what test strips tell us.

Studies have shown that drug checking encourages **safer drug use practices**.^{1,2}

People can adjust drug use behaviors, make informed decisions about their health, and implement other harm reduction practices.

1. Peiper N, et al. Fentanyl test strips as an opioid overdose prevention strategy: findings from a syringe services program in the Southeastern United States. *Int J Drug Policy*. 2019;63:122-128.

2. Measham F. City checking: Piloting the UK's first community-based drug safety testing (drug checking) service in 2 city centres. *Br J Clin Pharmacol*. 2020;86(3):420-428.

Public Health Drug Checking

At the individual level, drug checking is a **service**.

At the community level, drug checking helps to
monitor the drug supply.

The approach is **centered in public health and harm reduction.**

Dasgupta, Nabarun, and Mary C. Figgatt. "Invited commentary: drug checking for novel insights into the unregulated drug supply." *American Journal of Epidemiology* 191.2 (2022): 248-252.



Public health drug checking in practice

- Emphasizing and promoting individual autonomy and anonymity
- Building connections
- Sharing information about drug checking technology and drug supply additives/cuts

What does the research say?

- Services must be tailored to local conditions through community and consumer input
- Use of multiple strategies is recommended
- People are motivated to use drug checking when they are concerned about drug contents and negative health outcomes
- Drug checking services can positively influence behavior change, minimize harm, reduce morbidity and mortality
- Barriers to use include lack of concern over drug contents, accessibility issues, limited results, and fear of legal consequences

Maghsoudi, N, et al. "Drug checking services for people who use drugs: a systematic review." *Addiction* 117.3 (2022): 532-544.

Giulini, F, et al. "A systematized review of drug-checking and related considerations for implementation as a harm reduction intervention." *Journal of Psychoactive Drugs* 55.1 (2023): 85-93.

What is happening in Northern Nevada?

UNR has a grant via the State Opioid Response program to develop a Comprehensive Street Drug Surveillance program, to include data from:

- Samples provided by community members, sent to the National Institute for Standards and Technology for laboratory analysis
- Washoe County Forensic Lab on the contents of drugs seized by law enforcement officers
- Washoe County Medical Examiner on the results of toxicology tests from decedents (not just overdose deaths)

The program will collect samples, warehouse and analyze data, and disseminate via data dashboard and community-facing materials.

For more information

Karla D. Wagner, Ph.D.
UNR School of Public Health
karlawagner@unr.edu



School of Public Health
University of Nevada, Reno

- Erowid's data dashboard:
 - <https://drugsdata.org/>
- University of North Carolina Drug Checking Service:
 - <https://www.streetsafe.supply/>
- Massachusetts Drug Supply Data Stream:
 - <https://www.info.streetcheck.org/general-8>

Surveillance of the Clark County Illicit Drug Supply

Marco G. Méndez, MPH, Public Health Evaluator, Division of Disease Surveillance
& Control, Southern Nevada Health District

SURVEILLANCE OF THE CLARK COUNTY ILLICIT DRUG SUPPLY

Substance Use Response Group (SURG)

Marco G. Méndez, MPH

Public Health Evaluator

Southern Nevada Health District

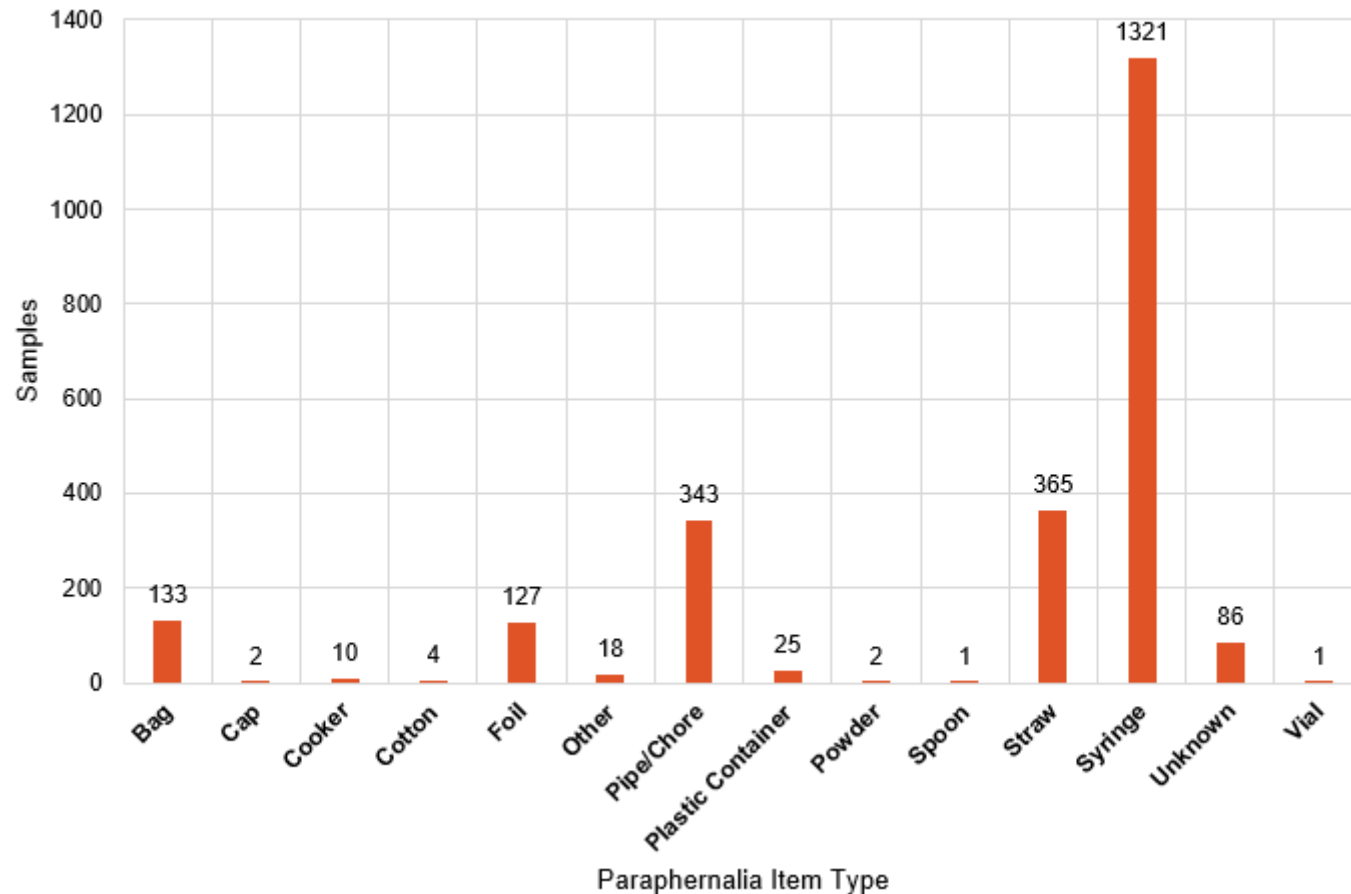
Disclosures

This project is supported by the Centers for Disease Control and Prevention (CDC), of the U.S. Department of Health and Human Services (HHS), as part of a financial assistance award (NH28CE003534) funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of the Southern Nevada Health District, CDC/HHS, or the U.S. Government.

Introduction

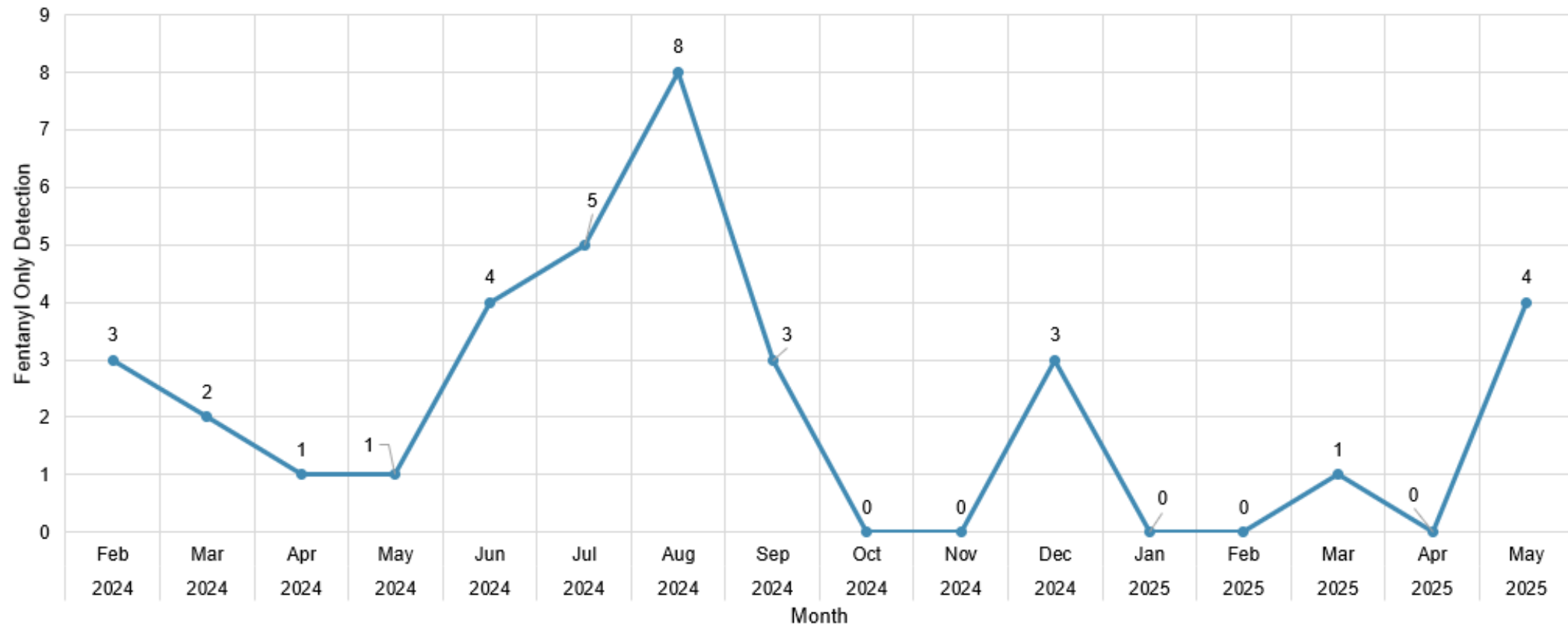
- *SNHD launched its drug checking program in September 2023 in partnership with three other agencies: Impact Exchange, The Center, and the National Institute for Standards and Technology (NIST). Sample collection was fully operational starting in February 2024.*
- *Primary Goal: To monitor the local illicit drug supply for novel adulterants and trends to inform harm reduction and overdose prevention efforts in Southern Nevada*
- *Process:*
 1. *Clients **voluntarily and anonymously** submit used paraphernalia for sampling*
 2. *Items are either swabbed or wiped and assigned a unique identifier*
 3. *Samples are sent to the **Rapid Analysis of Drugs Program (NIST)** for analysis*
 4. *Samples are **qualitatively analyzed using DART-MS** and results are provided back to SNHD within 72 hours (3 business days) from receipt*

Item Types Sampled, February 2024-May 2025, N = 2,438

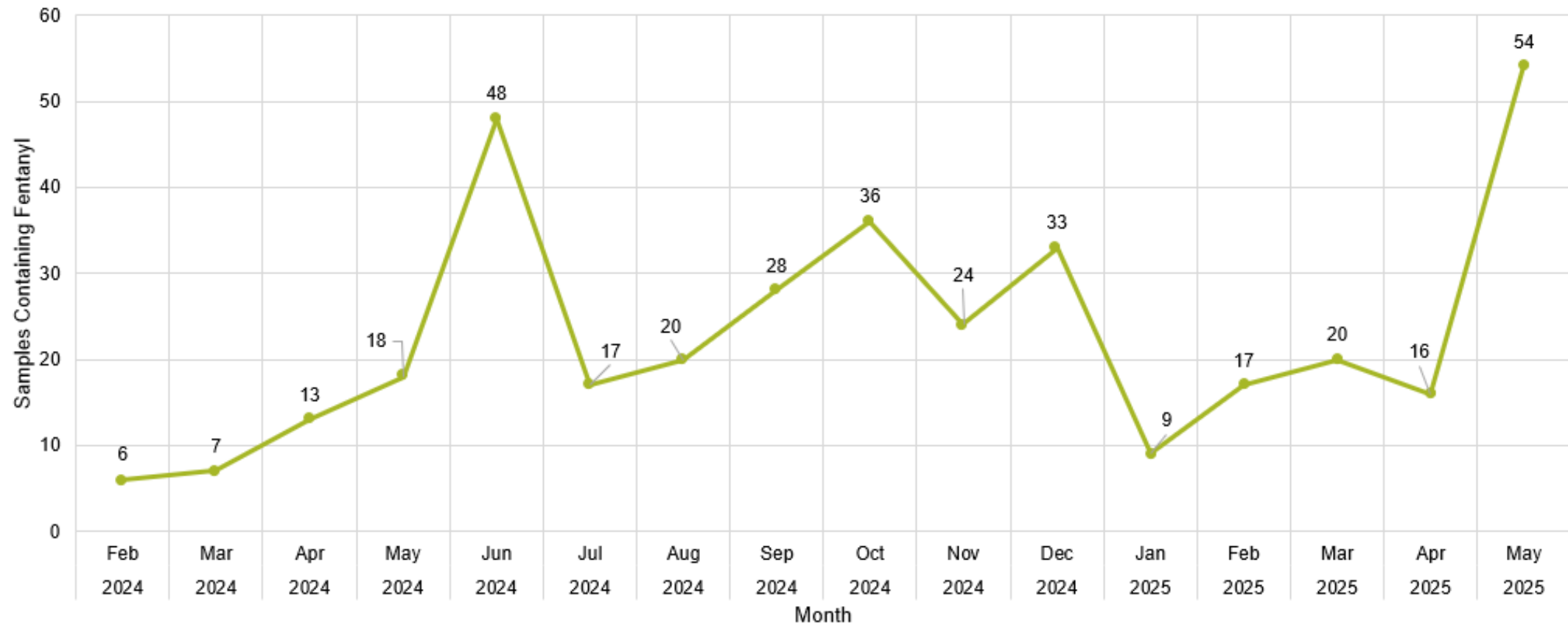


- *54.2% of all samples were collected from syringes*
- *15.0% of all samples were collected from straws*
- *14.1% of all samples were collected from pipes/chores*
- *Remaining 16.7% of all samples came from other paraphernalia*

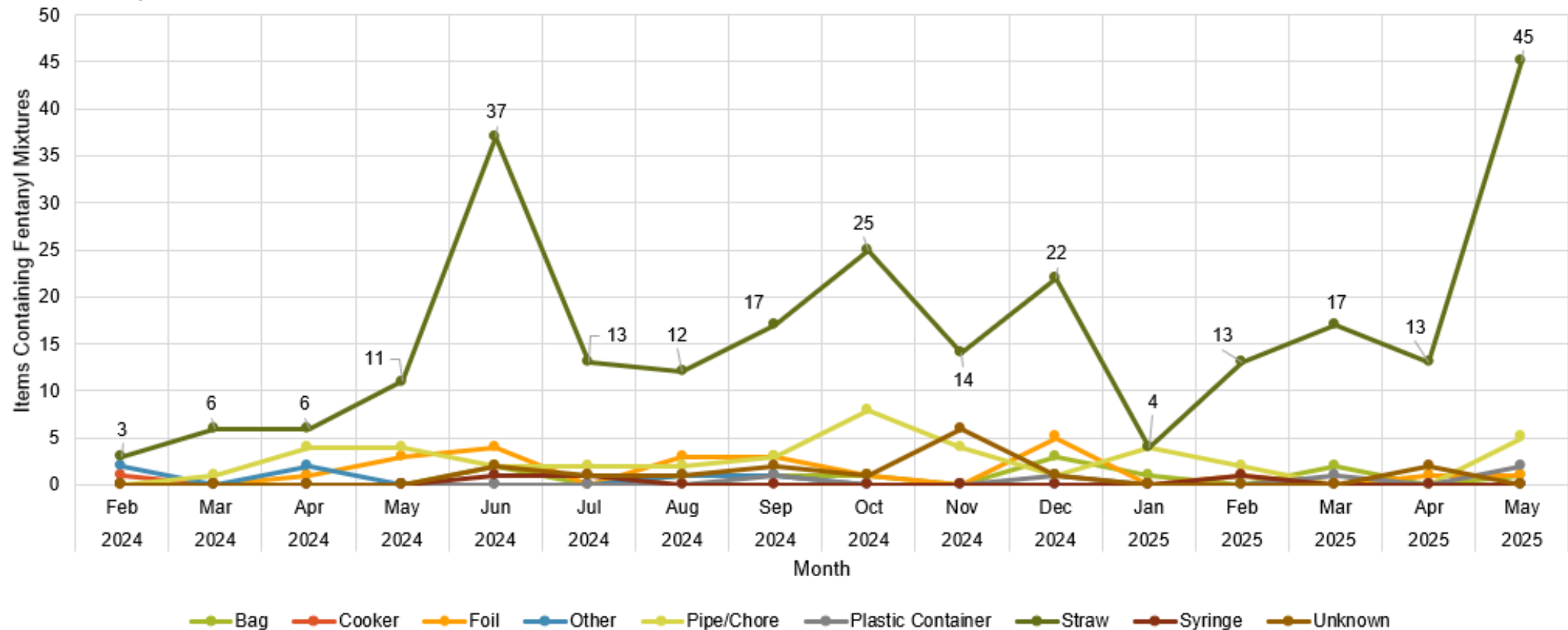
Fentanyl (Only) Detection by Month, February 2024-May 2025, N = 35



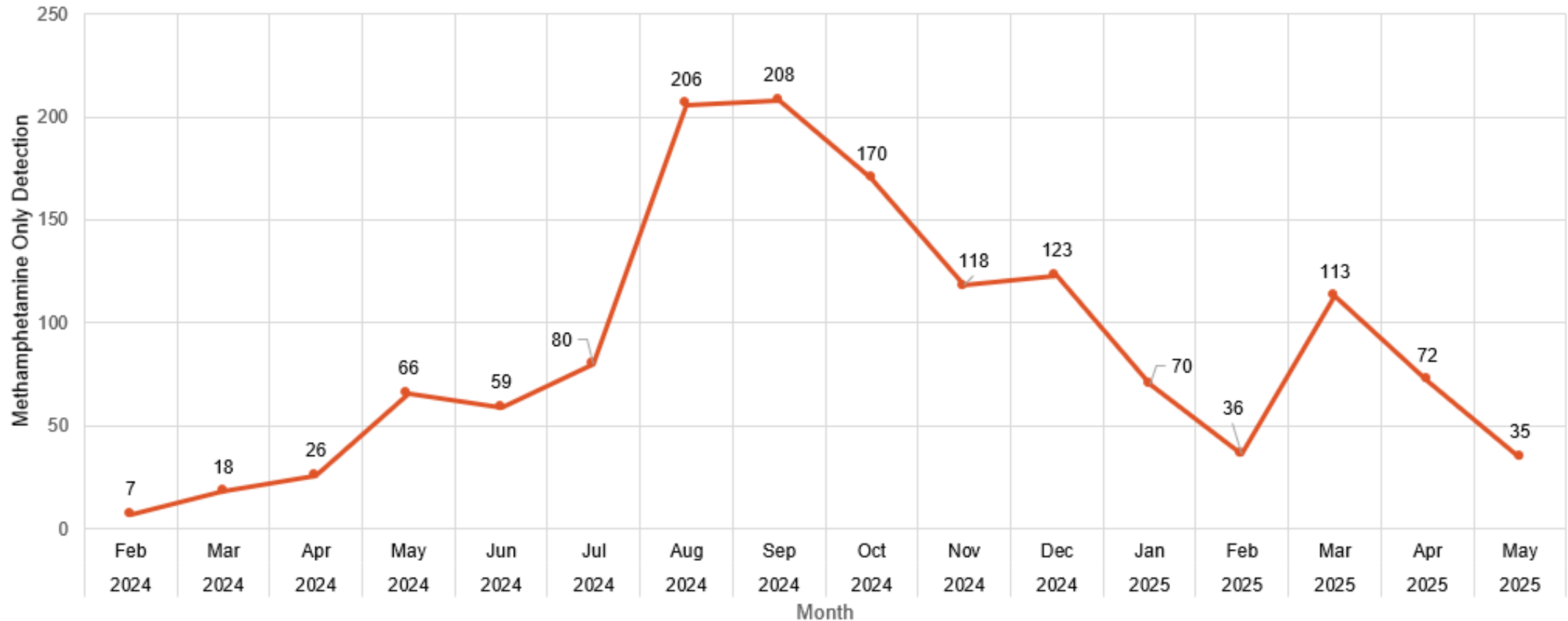
Samples Containing Mixtures with Fentanyl by Month, February 2024-May 2025, N = 366



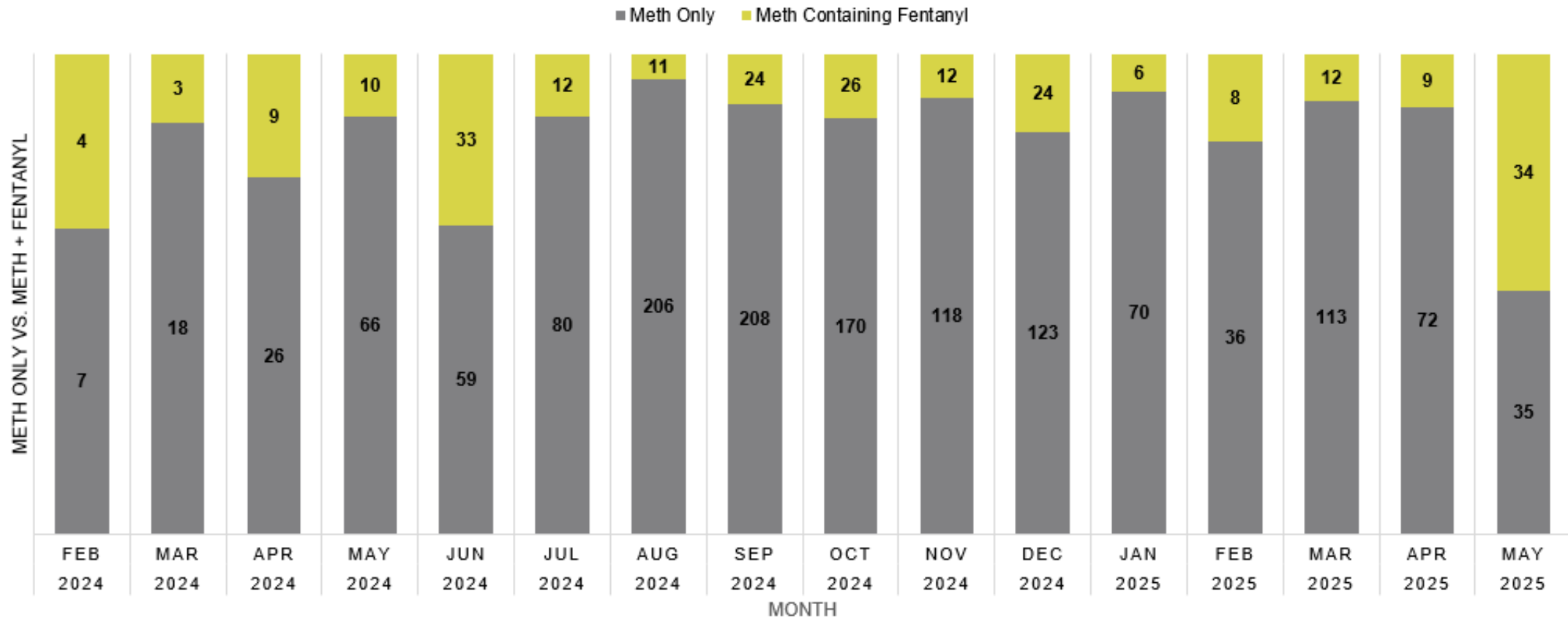
Samples Containing Mixtures with Fentanyl by Item Type, February 2024-May 2025, N = 366



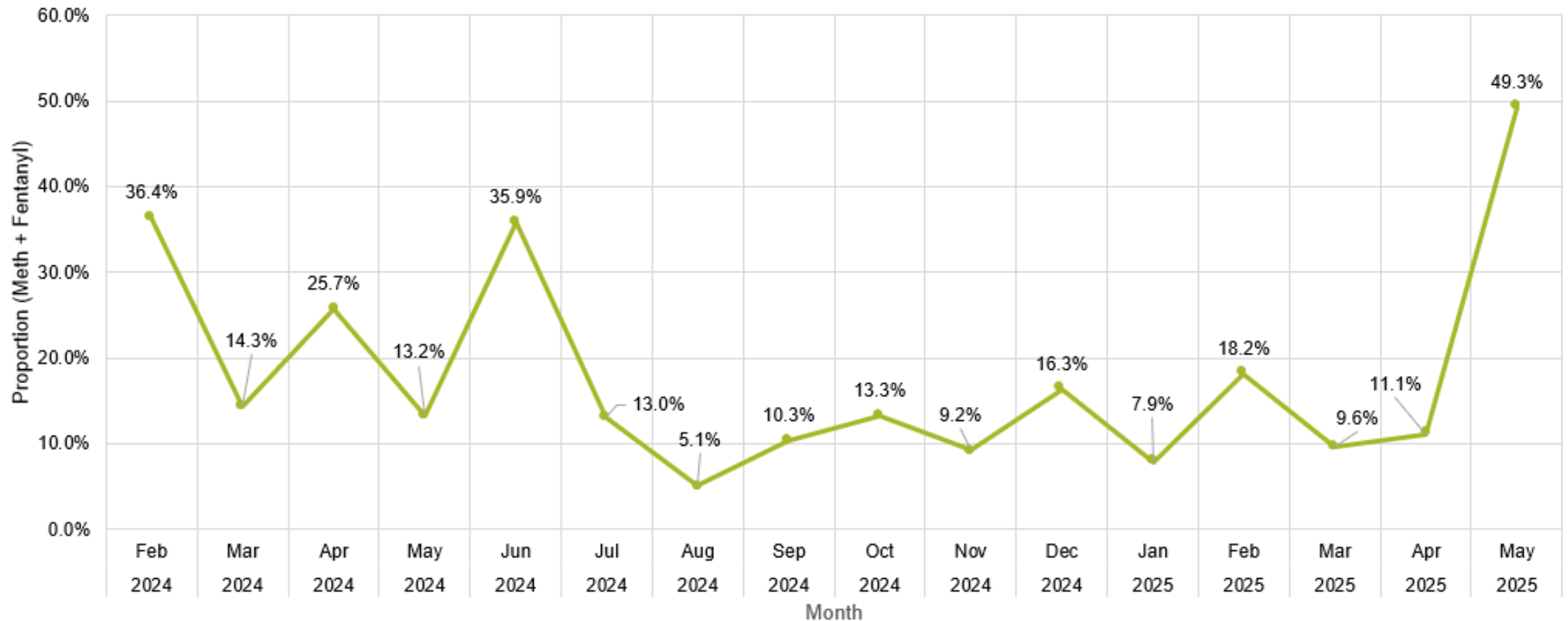
Methamphetamine (Only) Detection by Month, February 2024-May 2025, N = 1,407



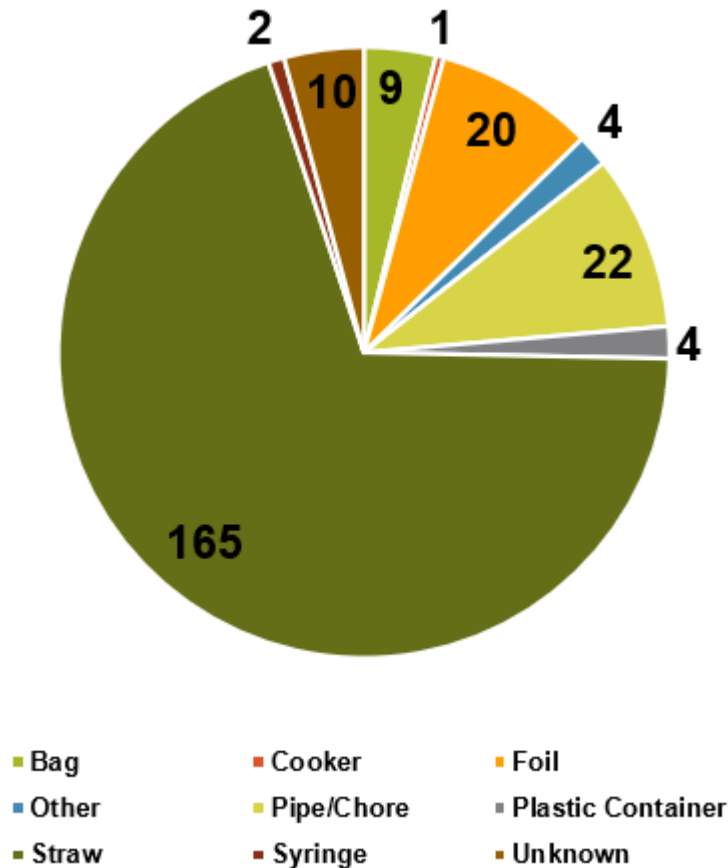
Meth Only vs. Meth Containing Fentanyl Detection by Month, February 2024-May 2025



Meth Containing Fentanyl Detection by Month, February 2024-May 2025



Adulterated Methamphetamine, February 2024-May 2025, N = 237



- *Of the 366 samples containing fentanyl and at least 1 other substance, 237 were samples containing at least methamphetamine (64.7%)*
- *Co-occurrence of methamphetamine and fentanyl identified primarily in straws (69.6% of samples containing at least meth and fentanyl)*
 - *Suggests snorting or smoking as routes of administration*
- ***Methamphetamine combined with fentanyl comprises 13.5% of all Clark County samples containing meth***
 - ***Represents 9.7% of all Clark County samples***

Limitations

- *Data for this initiative depend on clients and community members voluntarily and anonymously submitting used paraphernalia for sampling and analysis*
 - *Underscores the importance of continued rapport with the clients served*
- *Post-use sampling of paraphernalia items impedes collection of the following data points:*
 - *How many times a particular paraphernalia item was used to administer substances prior to submission (and by how many individuals)*
 - *How many and which substances were administered using the paraphernalia item*

Special Populations

- *People who use drugs of any demographic group*
- *Other populations disproportionately impacted by substance use disorders:*
 - *LGBTQIA+ community*
 - *Children and youth involved in the child welfare system*
 - *Justice-involved adults and youth*
 - *Black/African American, Hispanic/Latino, Indigenous and other people of color*
 - *People experiencing homelessness*

What's Working Well / Evidence Based Practice

- ***Rapport with community** and reception to qualitative surveillance of the local illicit drug supply*
- ***Data to action: qualitative findings inform harm reduction and overdose prevention initiatives** (in combination with other overdose morbidity and mortality data)*
- ***Public-facing dashboard** with morbidity, mortality, and drug checking data*
 - *Also includes **maps and lists of community partners that distribute naloxone and/or test strips** for community use*
- ***Dynamic harm reduction education and practices***
 - *Distribution and training on administration of **naloxone***
 - ***Fentanyl and xylazine test strip distribution** and training (including via mail)*
 - *Continued **community outreaches** to distribute harm reduction supplies and offer services*

Gaps

- *Accessible pre-use drug checking methods for community members*
 - *Field testing of substances vs. paraphernalia sampling*
 - *Reliable qualitative testing apparatuses designed for field use*
 - *Anonymously reported drug checking results in real-time*

Recommendation(s)

- *State and/or regional laboratories with capacity to test substances with high throughput and sensitivity*
- *Accessible sites for community members to submit substances and/or paraphernalia to sample for rapid testing and reporting*
- *Expansion of harm reduction centers, including potential overdose prevention sites*
- *Expanded 24/7 access to free naloxone for community members*
 - *Distribution partners and public health vending machines currently limited by business hours due to placement within partner facilities*

References

- *SNHD Substance Use Dashboard:*
<https://www.healthysouthernnevada.org/stories/index/view?id=332174650792002765&pid=111242705525>
- *SNHD Mail-Order Test Strips (for Clark County residents only):*
<https://survey.alchemer.com/s3/7913641/Test-Strip-Mailing-Program>

Contact Information

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Email	mendez@snhd.org

6. Changes to SURG Membership and Reporting Timelines and Legislative Recap

(Information and Discussion)

Terry Kerns, Ph.D., and Laura Hale, Social Entrepreneurs, Inc

Assembly Bill 19

Revisions to Membership

- The Executive Director of the Department of Indigent Defense Services, or his or her designee;
- One member of the general public, with preference given to a person who is fluent in more than one language and resides in a household where more than one language is spoken;
- One person who is an emergency response employee;
- One representative of the Division of Child and Family Services of the Department of Health and Human Services; and
- One representative of the Nevada District Attorneys Association, or its successor organization.

Assembly Bill 19 (cont.)

Revisions to Reporting

- On or before August 1 of each year the Working Group shall compile a report

2025 Reporting

- On or before January 31, 2026 the Working Group will approve a *Progress Report*, describing information presented to the SURG and its subcommittees
- On or before August 1, 2026, the Working Group will approve an *Annual Report*, including recommendations

Subcommittee Meeting Frequency

- Subcommittees are scheduled to meet as follows for the remainder of 2025:
 - August
 - September
 - November
 - In 2026, subcommittees are expected to meet in:
 - February or March
 - May
 - June*
 - August
 - September
 - November
- *The full SURG and subcommittees will both meet in June

Full SURG Meeting Frequency

- The full SURG is scheduled to meet as follows for the remainder of 2025:
 - October
- In 2026, the full SURG is expected to meet in:
 - January
 - April
 - June*
 - July
 - October

*The full SURG and subcommittees will both meet in June

Legislative Recap

Please see separate handout, *SURG Related Bills Status 06.25.25*

7. Subcommittee Reports

(Information and Discussion)

Jessica Johnson, Chair, Prevention

Steve Shell, Chair, Treatment and Recovery

Terry Kerns, Chair, Response

Prevention Subcommittee

- Reviewed progress on prior recommendations
- Received presentations on:
 - Low Barrier Emergency Department Based Naloxone Distribution by Kelly Morgan, MD and Josh Luftig, PA-C
 - Update on Multi-Tiered System of Support (MTSS) Project by Kaci Fleetwood, M. Ed, BCBA, LBA; Dr. Ashley Greenwald, Ph.D., BCBA-D, LBA; and Brooke Wagner, MSC-SC, M.Ed, BCBA, LBA
 - Boys and Girls Club of Nevada Alliance: Fund for Resilient Nevada SMART Moves Tween & Teen Initiative by Noelle Hardt and Tamika Shauntee Rosales
- Future presentations may include:
 - How to adjust existing recommendations related to cannabis and tobacco to make them more actionable
- Currently workshopping three recommendations

Treatment and Recovery Subcommittee

- Reviewed progress on prior recommendations
- Received presentations on:
 - Proposed Recommendation: “A retrospective assessment or/ and prospective study would be conducted to assess the outcomes of patients following discharge from detoxification and examine mortality and overdose” by John Hamilton, Liberation Programs
- Future presentations may include:
 - Treatment modalities
- Currently workshopping two recommendations

Response Subcommittee

- Reviewed progress on prior recommendations
- Received presentations on:
 - Good Samaritan Drug Overdose Act Community Education and Prescription Take-Back Programs by Jamie Ross, CEO, PACT Coalition, Director, Nevada Statewide Coalition Partnership and Daria Singer, Executive Director, Partnership of Douglas County
 - Emergency Bridge Program by Kelly Morgan, MD, Emergency Physician; Medical Director, Las Vegas Fire & Rescue; Co-Founder/Chief Medical Officer, Elite 7 Sports Medicine
 - Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) Access in Certified Community Behavioral Health Clinics (CBHCs) by Mark Disselkoen, MSW, LCSW, LADC Project Manager, Center for Application of Sub-stance Abuse Technologies (CASAT), University of Nevada, Reno, and Lori Follett, Social Services Chief II, Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP), Behavioral Health Benefits Coverage Team
 - Update on Wastewater Surveillance of High-Risk Substances in Nevada by Daniel Gerrity, Ph.D., P.E., Principal Research Scientist, Southern Nevada Water Authority, and Edwin Oh, Ph.D., Associate Professor, Neurogenetics and Precision Medicine Lab, University of Nevada, Las Vegas
- Future presentations may include:
 - Workforce
 - Defining recidivism and desistance
 - Drug and alcohol prevention, education, and enforcement
- Currently workshopping two recommendations

8. Review and Consider Items for Next Meeting

(Possible Action)

Terry Kerns, Ph.D.

Full SURG Meeting and Revised Reporting Timeline and Topics

- October 2025 (FFY26 Quarter One)
 - Special Topics Presentations: MOUD in Rural Jails; Clark County Regional Opioid Taskforce; Updates from DHHS; Updates on Crisis Response Centers in Washoe and Clark Counties; DPBH Strategic Plan
 - Approve Progress Report (i.e., January 2026 Annual Report) Template
- January 2026 (FFY26 Quarter Two)
 - Special Topics Presentations
 - Approve Final Progress Report
- April 2026 (FFY26 Quarter Three)
 - Review Preliminary Recommendations from Subcommittees
- June 2026 (Additional Meeting)
 - Approve 2026 Annual Report Template
 - Finalize Recommendations to be Included in 2026 Annual Report
- July 2026 (FFY26 Quarter Four)
 - Approve 2026 Annual Report

9. Public Comment

(Information Only)

Public Comment

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by virtual participants.
- No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.

Public Comment

Attending Virtually

If you are dialing in from a telephone:

- Dial 719-359-4580
- When prompted enter the Webinar ID: 841 1615 6896
- Then enter the Meeting Passcode: 676835
- Please press *6 so the host can prompt you to unmute.

If you are joining virtually with computer audio, please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.

Before commenting, please state your full name for the record.

Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

Please do not use the chat for items other than technical support, as this becomes part of the public record.

*Comments can also be emailed to lhale@socialent.com. These comments and questions will be recorded in meeting minutes.

10. Adjournment

Additional Information, Resources & Updates Available At:

[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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