



OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, Attorney General

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - <http://ag.nv.gov>

RESPONSE SUBCOMMITTEE

Substance Use Response Group (SURG)

August 23, 2022

9:00 am

**1. CALL TO ORDER AND
ROLL CALL TO ESTABLISH
QUORUM**

1. Call to Order and Roll Call to Establish Quorum

Name	SURG ROLE	Committee Role
Gina Flores-O'Toole	SUD Treatment Provider	Member
Shayla Holmes	Rural Human Services (Lyon County)	Member
Christine Payson	Sheriffs' & Chiefs' Assoc.	Member
Dr. Terry Kerns	Attorney General Appointee	Member
Jill Tolles	Assembly Minority Appointee	Chair
Dr. Stephanie Woodard	DHHS Director Appointee	Member

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via the Zoom Meeting. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). 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.

**3. REVIEW AND APPROVE
MAY 9, 2022 MEETING
MINUTES**

4. PRESENTATIONS ON COUNTY RESPONSES TO SUBSTANCE USE

LYON COUNTY



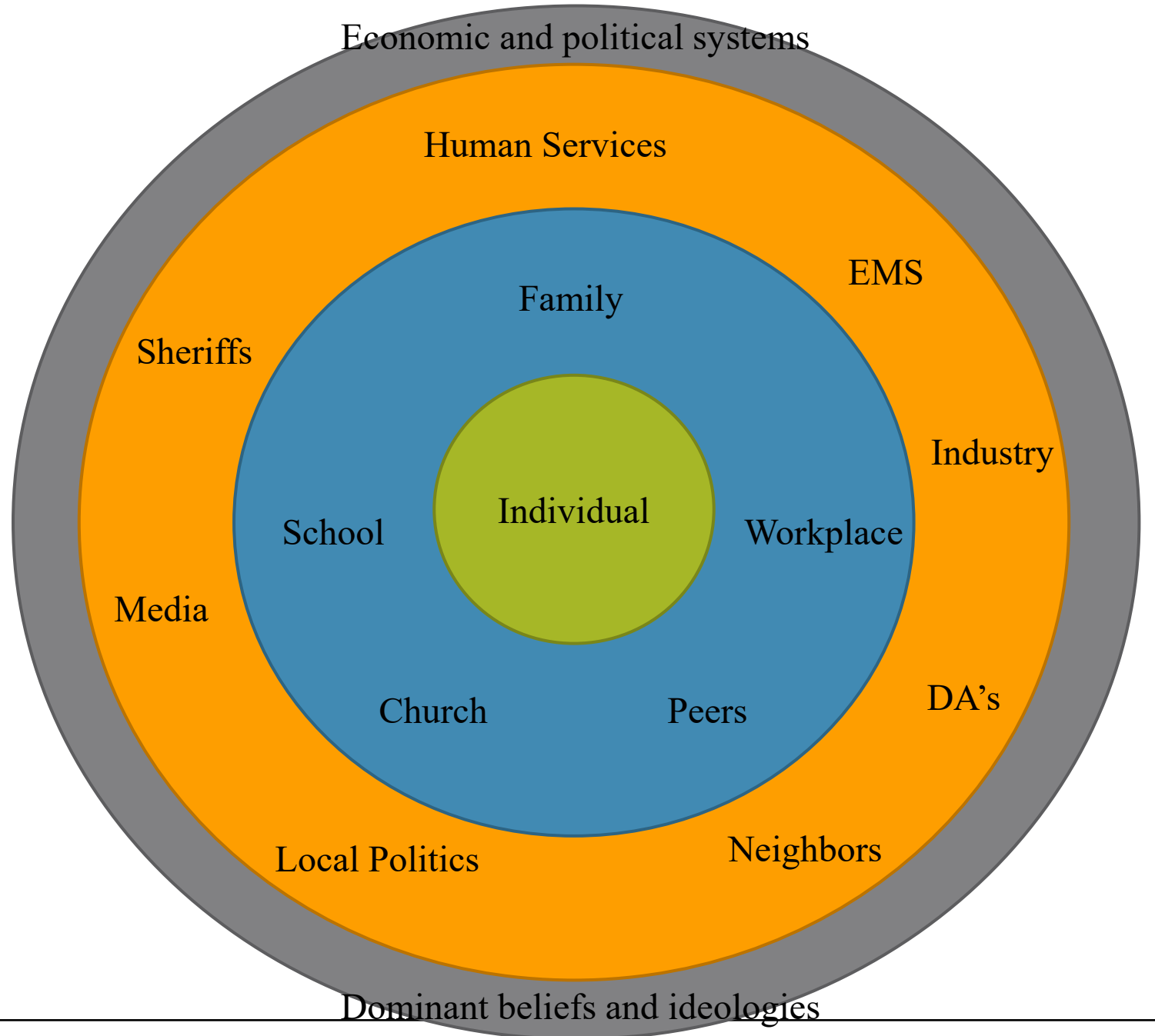
**HUMAN
SERVICES**

Shayla Holmes, Director and Public Guardian, Lyon County Human
Services

Disclosures

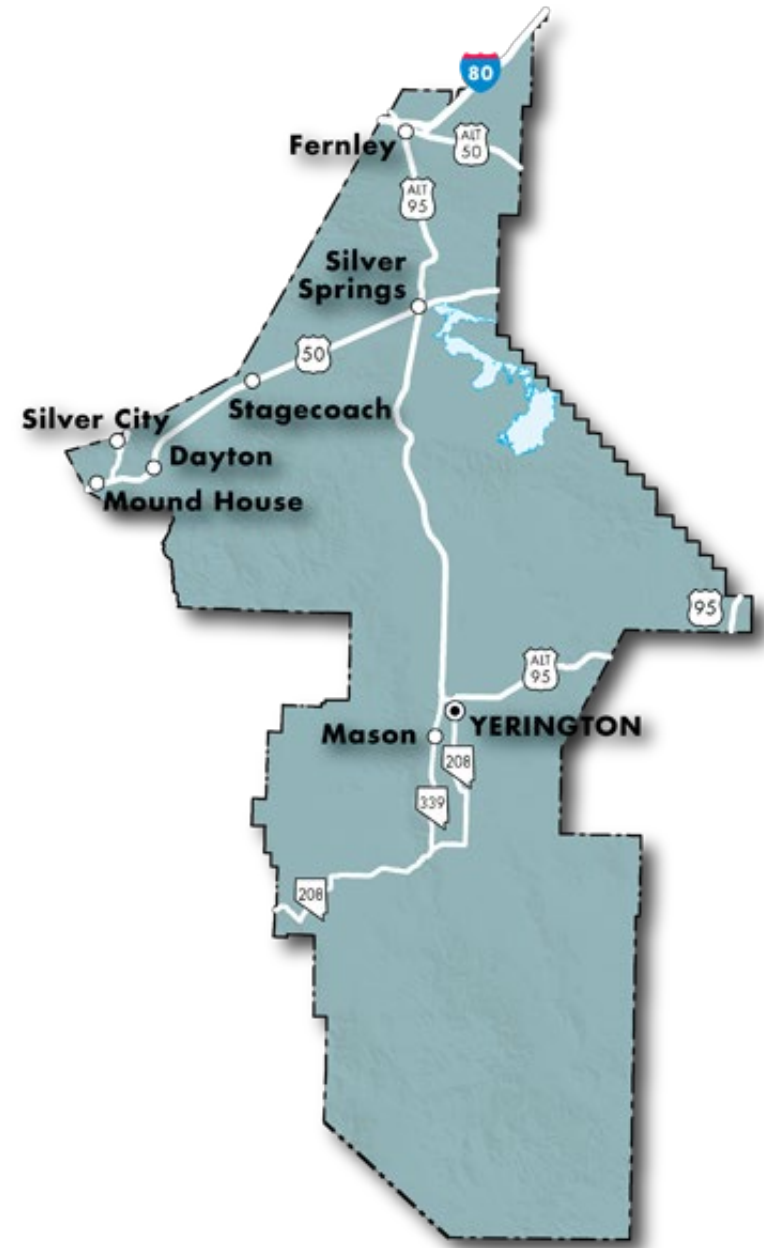
- Resilient 8 Consortium includes Storey, Mineral, Nye, Lincoln, Esmerelda, Douglas, Churchill, and Lyon, created by CCI through an RCORP grant with the purpose of developing strategies and services to meet the needs of residents related to the use of opioids. Work completed for this consortium since 2018 has informed this presentation.
- Lyon County Human Services receives multiple grants from the State of Nevada, Department of Health and Human Services including its Divisions of Aging and Disability Services, Child and Family Services, and Public and Behavioral Health.

Rural County Community Impact Using Systems Theory



Lyon County Overview

- Lyon County is the third largest county in Nevada by population (60,903)
- One of the lowest incomes per capita in the State of Nevada
- Spans over 2,000 sq. miles with 2 incorporated cities, and 7 communities
- Interstate 80 crosses through Fernley with 3 major truck stops bringing in a high transient population.
- HWY 95 a popular tracking route for its remote nature.

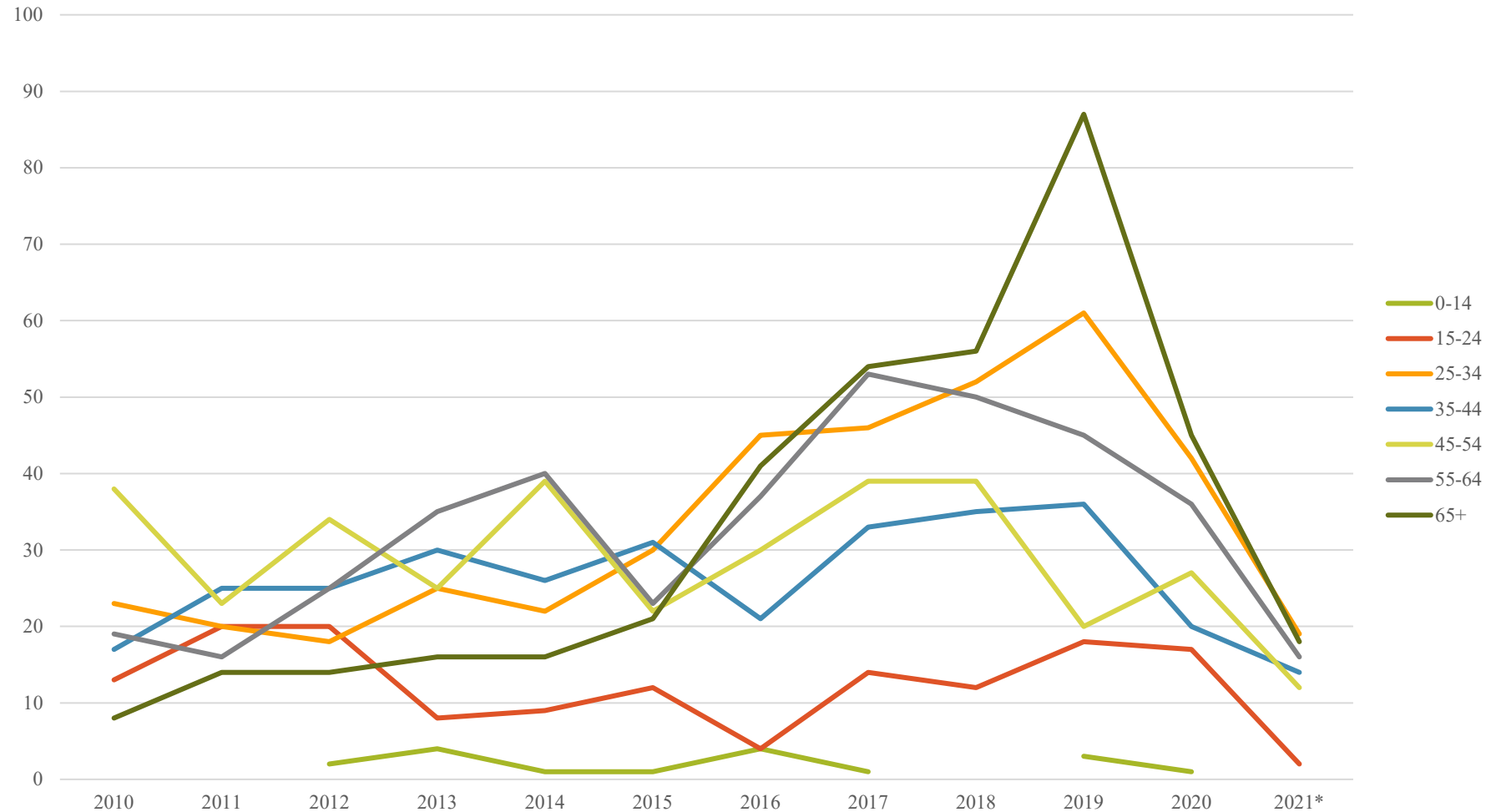


Overarching Issues

- Data is inconsistent, county departments and other entities are not set up to collect opioid specific data to set a trend line and there are other specific data issues within each field of expertise
- Fentanyl encounters/use is rising across all fields
- Hiring skilled workforce continues to be difficult (treatment providers, law enforcement, EMS, human services, teachers)
- Lack of robust prevention programming, particularly for youth, rural capacity for community-based programming varies
- Treatment options are not readily available, individuals in need stay in community without services necessary to aid in root problem
- Lacking robust transportation systems to allow for access to care outside of rural communities (bring providers in or aid individuals in accessing care outside of area)

Special Populations Issues

Hospital Inpatient Admissions by Age for Lyon County



Special Populations Issues

Veterans

- Population struggles with connection to benefits and stigma, lacking veterans in the rural workforce further impairs the issue. *Workforce
- VA appointments have a reputation for being difficult to schedule timely and rescheduling even more difficult. *Transportation

Elderly

- Rx law changes rural seniors struggle to make the necessary in person appointments. *Transportation
- Licit Rx's have become tied to their quality of life because of such prolonged use.
- EMS reports this population to be high in accidental overdose and being called for well-fare checks.

*Data

➤ For this population LCHS utilizes:

*Workforce/funding

- Targeted Naloxone distribution and education
- Pain management education to encourage well rounded conversations with their providers about alternatives
- Timer caps to aid with memory loss while taking an opioid
- Lock boxes to prevent theft and misuse by others in the home

Special Populations

Youth

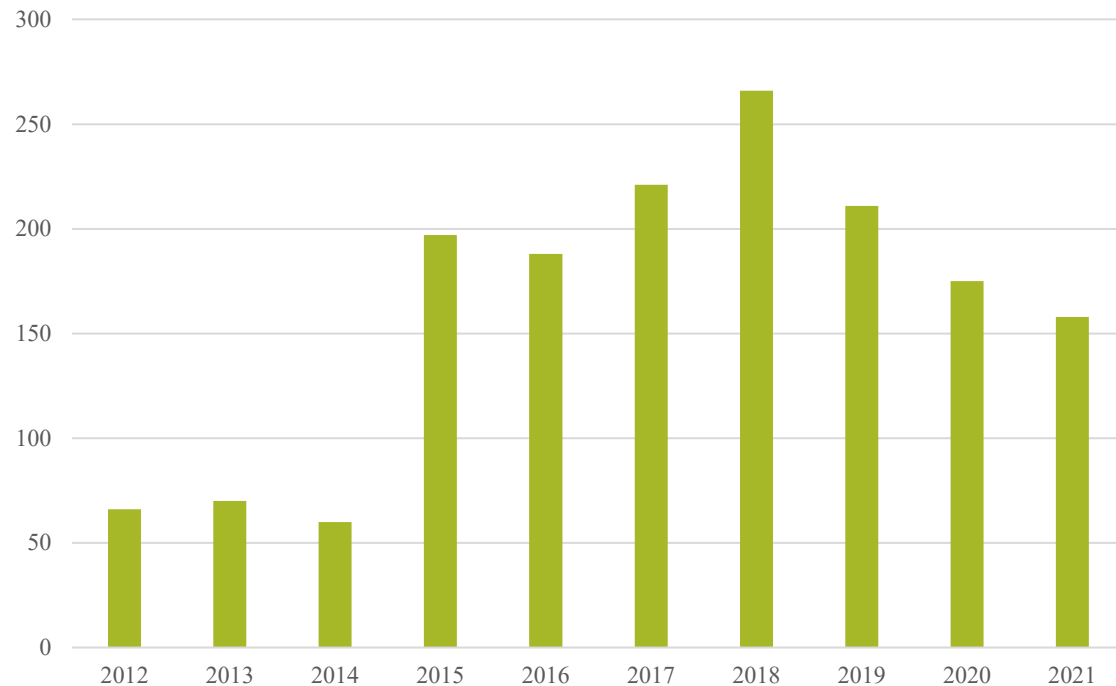
- High rates of multi-family households leads to increased access to youth.
- Schools become the stop-gap for all youth related issues and don't have the funding and capacity to support all additional needs outside of education. *Workforce
- Lack funding for widespread prevention and community-based programming *Transportation
- Providers into schools for Medicaid eligible, those not Medicaid eligible miss school for treatment or don't receive treatment due to costs.
- Recently two *fentanyl overdoses in Fernley area. These are not uncommon with pill mills and access with youth. This impacts schools and their responses and education to the youth left in school.
- Increases the school's involvement when youth are returning from institutionalized care or hospitalization.

Special Populations

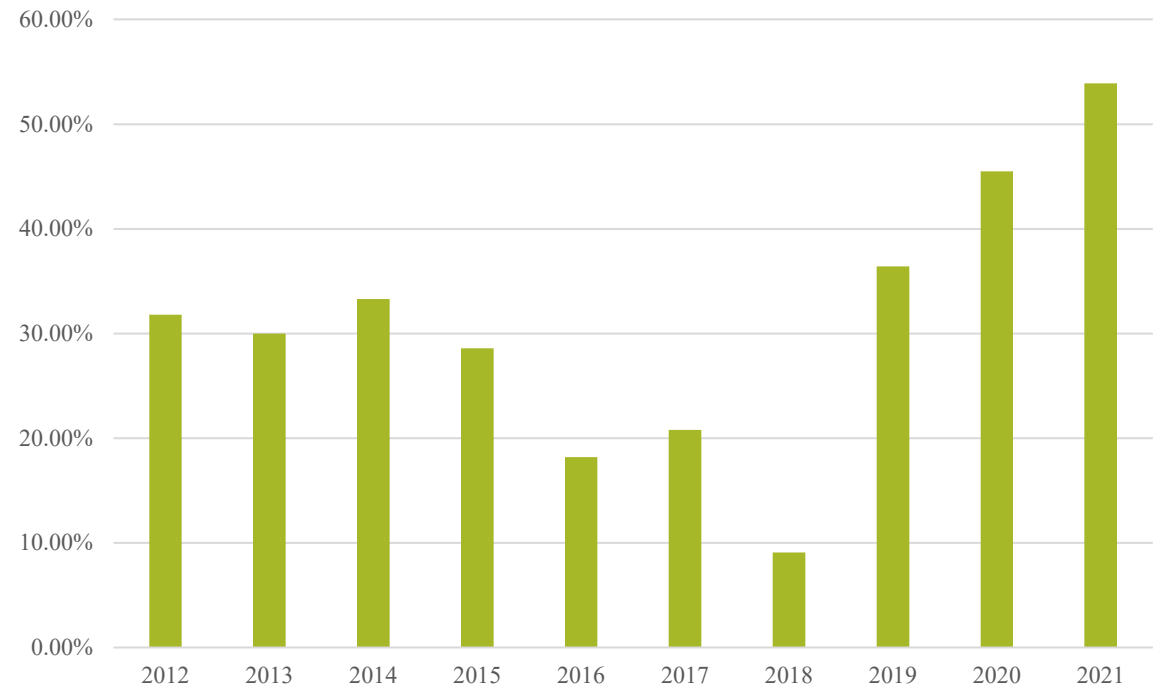
Children who are involved with the child welfare system

DCFS removals for youth are significantly high due to substance use of the caregivers.

Report with at least one drug or alcohol



Percent of Removals due to Parental Drug Use

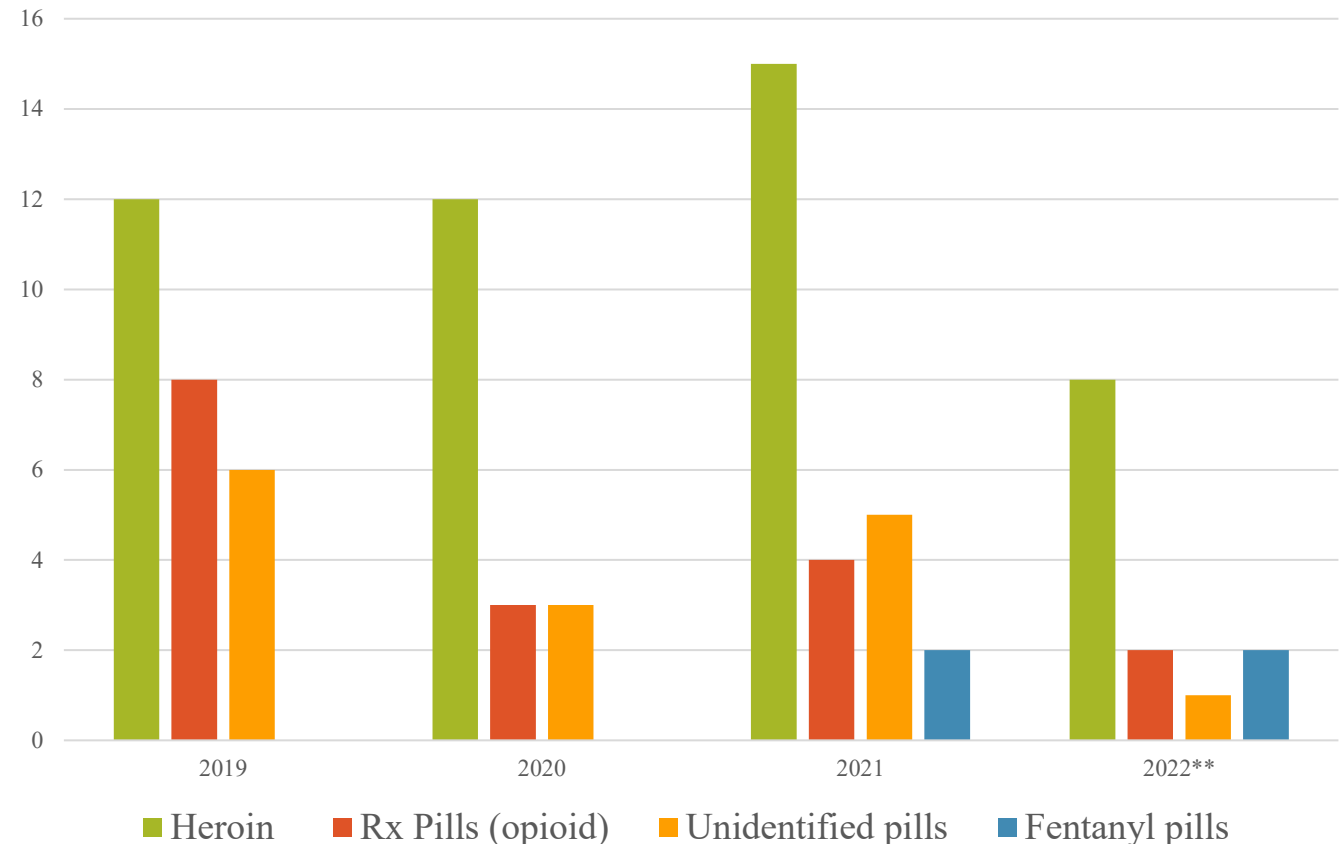


Special Populations

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

- Youth involved with Juvenile Probation historically have a high rate of substance use in the caregivers. JPO in Lyon County continues to see mainly marijuana and alcohol as substances of choice in youth.
- Sheriffs department has seen a significant increase throughout the county in burglaries and petty larceny. Of those apprehended the majority are substance users.

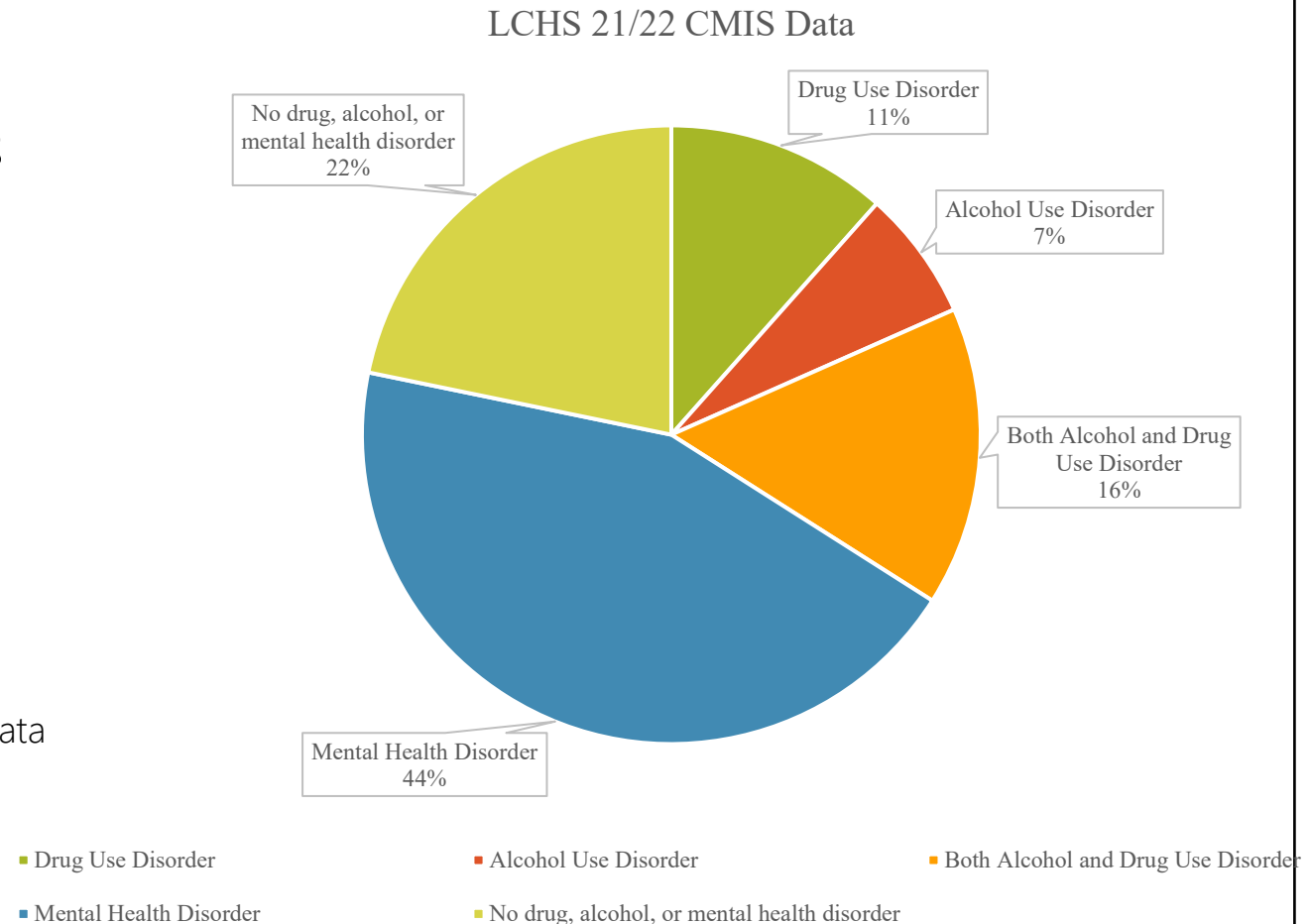
Lyon County Sheriffs Department Data



Special Populations

Other populations disproportionately impacted by substance use disorders.

- Central Lyon Fire reports a disproportionate number of calls for illicit use overdoses to homeless encampments and places within the county where individuals live that are not meant for human habitation. 2021 (1), 2022 (6) *Data
- RNCoC Pit Count Data is under reported, interview process, self-reporting, etc. *Data
- Overtime this data changes as even the homelessness assessments completed by coordinated entry sites is self-reported. *Data



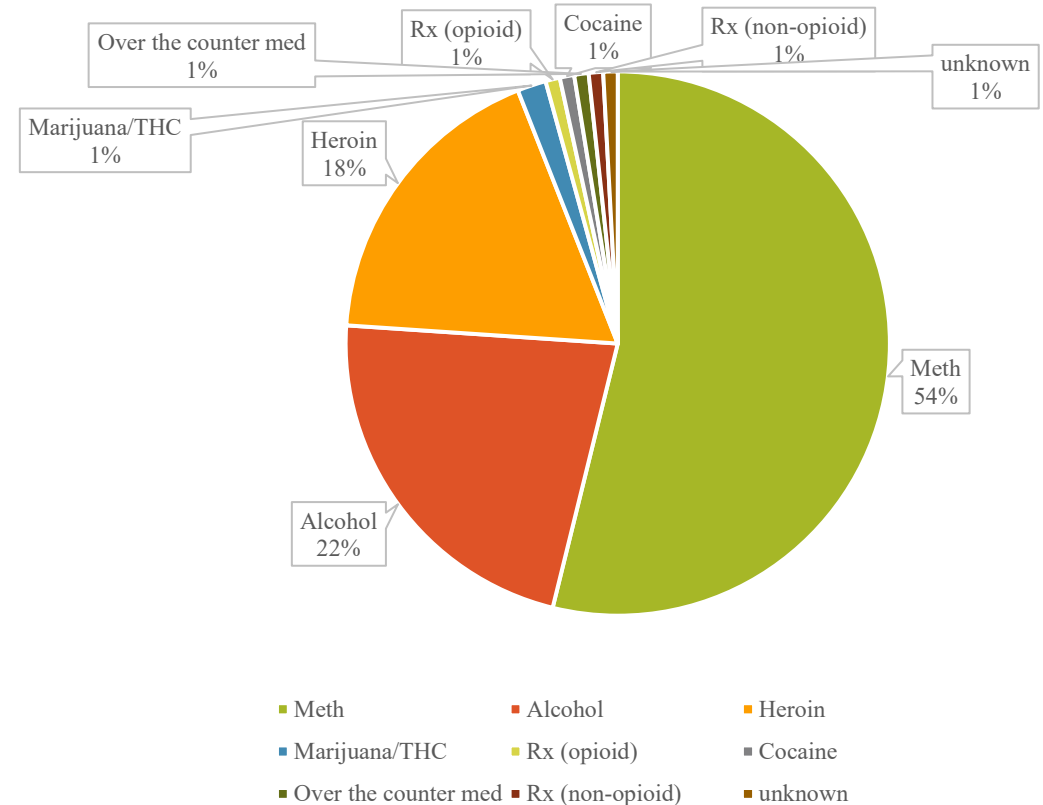
What's Working Well / Evidence Based Practice

- Targeted Naloxone Distribution through the Lyon County Human Services, since beginning in 2019 we have seen over a 50% increase (CY20 (20), CY21 (30), CY22 (75))
- EMS has become more aware of substance induced psychosis
- Law Enforcement has become more aware of risks, increased PPE and training has been beneficial
- Lyon County has social workers embedded in some schools and is working towards total district involvement
- Crisis Intervention Team training has increased first responders and community providers ability to engage with community members in crisis.
- Parent Project (parenting class), evidence informed for high-risk youth

What's Working Well / Evidence Based Practice

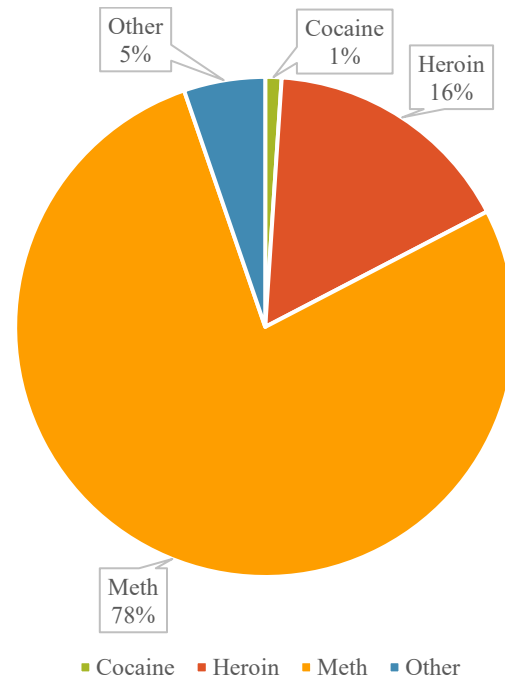
- Sequential Intercept Mapping in Lyon for adults (2016) and youth (2022) has created a common road map for future improvements and has led to the implementation of MOST, FASTT, and beginning stages of Big Brothers, Big Sisters (mentorship for youth) into Fernley with the goal of total county in the future.

MOST team interactions with substance use
92 out of 305 (30%)



FASTT team interactions with substance use

236 unique enrollees,
198 completed a CAGE-AID,
179 with a positive CAGE-AID



Gaps

- **Seniors** – The highest rate of MOST utilization with age reported (14% or 43 of 305 unique referrals)
Highest use of Rx
Gap in services available from community based to long term care
- **Youth** – No local crisis response team
Lack of programs and services to positively engage youth outside of the school system
Care available for non-Medicaid eligible youth
- **Prevention** – System wide education campaigns and training for frontline staff
- **Low level intervention** – Universal screening
Evidence based programming with sustainable funding
- **Readily available treatment options**
- **Supportive and transitional housing units for community reentry**
- **Universal cross-sector data collection and reporting**
- **Standardized training in evidence-based screening for front line staff**

Recommendation(s)

- Law Enforcement supports the recommended change to AB236
- Lyon County School District supports an expansion of SB210 to include substance abuse counseling/hospitalization
- In home care and medication management increases for seniors particularly with Opioid Rx's
- Long-term funding for prevention activities and youth engagement programming
- Increase incentives for workforce dedicated to rural areas
- Train all social services and coalition partners in SBIRT
- Fund and support universal database and/or database integration for state funded programs (e.g CSBG, ESG, FHN, WIC, Title IV-B, Differential Response, MEICHV, etc.)
- Create pathway to community-based services on discharge from hospitalization and institutions
- Increase number of CCBHC's and oversight to ensure meeting required activities

References

- <https://www.census.gov/quickfacts/fact/table/lyoncountynevada/PST045221>
- Department of Health and Human Services Office of Analytics, Opioid Surveillance Report
- Department of Health and Human Services Office of Analytics, Foster Care Removals due to Substance Abuse
- Department of Health and Human Services Office of Analytics, Drug or Alcohol Abuse Tracking Characteristics Associated with Child Protective Services (CPS)
- Snider, K., et al. (2022, May 9). Mobile Outreach Safety Teams (MOST) 2020-2021 Process Evaluation Report. University of Nevada, Reno. Submitted to Partnership Carson City and the Nevada Department of Public and Behavioral Health.
- Snider, K., et al. (2022, May 9). Forensic Assessment Services Triage Team (FASTT) 2020-2021 Process Evaluation Report. University of Nevada, Reno. Submitted to Partnership Carson City and the Nevada Department of Public and Behavioral Health.

Contact Information

Name	Shayla Homes
Title	Director of Human Services and Public Guardian, Lyon County
Phone	775-577-5009 x.3301
Email	sholmes@lyon-county.org

WASHOE COUNTY



Kate Thomas, Assistant County Manager, Washoe County
Lisa Lee, MA, CPRSS, Program Specialist, Washoe County
Human Services Agency

Introduction – Overview of Services

State-Mandated Services

- Property appraisal and assessment (Assessor's Office)
- Tax collection (Treasurer's Office)
- Recording and providing access to real estate transactions and marriages (Recorder's Office)
- Creation, maintenance and preservation of accurate public records (County Clerk)
- Voter registration and elections (Registrar of Voters)
- **Prosecution of justice-involved individuals** (District Attorney)
- **Indigent defense in criminal matters** (Public Defender, Alternate Public Defender, Conflict Counsel)
- **Death investigations** (Medical Examiner)

Introduction – Overview of Services *(Continued)*

State-Mandated Services

- Adjudication of civil/criminal/probate cases and family matters (District & Justice Courts)
- **Intervention, guidance & control programs for children under 18 (Juvenile Services)**
- Communicable disease surveillance & control; ambulance franchise oversight; environmental health compliance; recording/issuance of birth & death certificates (Health District)
- **Indigent program services, including funding for health care, temporary housing assistance, & indigent burials (Human Services Agency)**
- **Child protection and placement (Human Services Agency - CPS)**
- Safeguarding the assets of deceased citizens (Public Administrator)
- **Guardianship for vulnerable persons unable to manage personal and/or financial affairs (Public Guardian)**

Introduction – Overview of Services *(Continued)*

Regional Facilities and Programs

- **Housing and medical care for 1,300 inmates from 30+ local/state/federal law enforcement agencies** (Sheriff Detention)
- **Crime and forensic lab services for 13 Nevada Counties** (Sheriff Crime lab)
- Shelter operation/enforcement of animal control regulations (Regional Animal Services)
- Classrooms, burn tower & road courses for police/fire personnel (Regional Public Safety Training Center)
- Twelve branch libraries for children, youth and adults (Library)
- Park development/maintenance/preservation (Regional Parks and Open Space)
- Social, legal and health services for seniors (Human Services Agency)
- **Our Place shelter for women and families, CrossRoads (men's, women's, & women & children) recovery homes** (Human Services Agency)
- Training and exercises to test emergency plans and coordinate with local agencies (Regional Emergency Operations Center)
- **New in Fiscal Year 2022: Lead local agency for Regional Homelessness Services** (Homeless Services & Human Services Agency)

Introduction – Overview of Services *(Continued)*

Community Services

- **Enforcement of laws/response to calls for service, accidents & criminal investigations in unincorporated Washoe County** (Sheriff Patrol and Investigation)
- Snow removal and street repair (Roads)
- **Regional Drug Testing and Probation Oversight** (Alternative Sentencing)
- Business licensing, land use planning, building permits, building safety inspection, engineering, water and sewer services in unincorporated Washoe County (Community Services)
- **New in FY 2022 – Allocation and oversight of federal and grant funding for community benefit including community grant program** (Community Reinvestment)

Administrative and Other Functions

- Technology services, Payroll, HR, Facilities, Board of Commissioners, Legislative Relations

Issues

- **Regional lack of “beds”** causes staff/law enforcement/hospital/EMS inefficiencies and recidivism
- Prevalence of substance use and mental health **challenges in homeless population** (see reference material)
- Prevalence of **parental substance** use contributing to child maltreatment (abuse and neglect)
- **Workforce shortages** (University social work and counselor students)

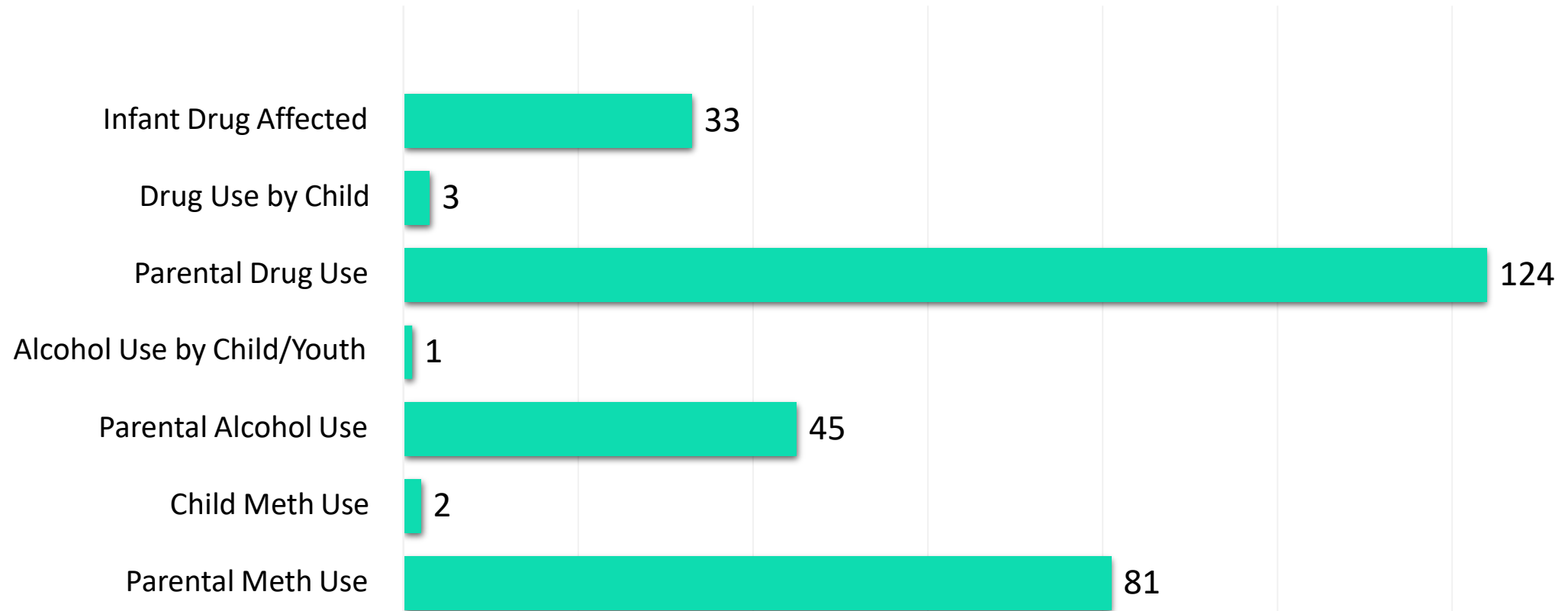
Special Populations

Washoe County serves the populations associated with the work of this committee/subcommittee including:

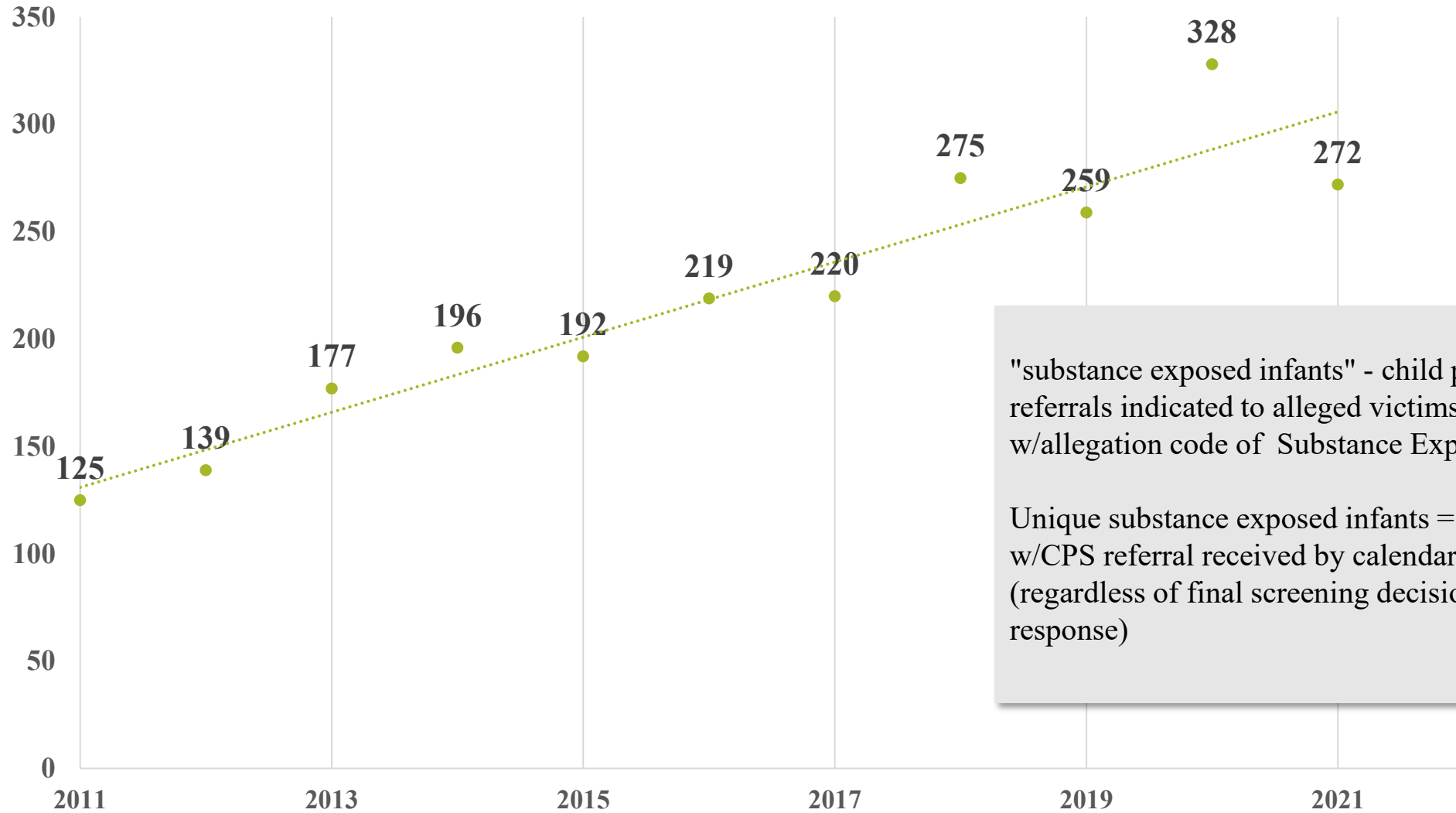
- People experiencing homelessness including Veterans, elderly persons and youth
- Incarcerated individuals and re-entering citizens(both in the criminal justice and juvenile systems)
- Pregnant and birthing persons and the parents of dependent children
- Lesbian, gay, bisexual, transgender and questioning persons (LGBTQ+)
- People who inject drugs
- Children who are involved with the child welfare system
- Other populations disproportionately impacted by substance use disorders

Substance Related Child Home Removals

FY 2021



Unique Count of Substance Exposed Infants Associated with Child Protective Services (CPS) Referrals Received by Calendar Year in Washoe County



"substance exposed infants" - child participants on CPS referrals indicated to alleged victims of abuse or neglect w/allegation code of Substance Exposed Infant

Unique substance exposed infants = those associated w/CPS referral received by calendar year indicated (regardless of final screening decision/subsequent agency response)

Which substances are being used? (2020)

- According to referral data for **2020** in Washoe County, the majority of referrals involved cannabis/THC exposure (65.3%). The second highest was for prenatal polysubstance use (32.5%) and methamphetamine comprising 16.7% of exposures .
- Trends: unstably housed, CPS cases as children, lack of prenatal care (often due to COVID-19), severity of medical fragility in babies, babies born at home.

Substance	Single substance	With other substances
Alcohol	0	4
Amphetamine/methamphetamine	43	10
Cocaine	2	3
Heroin	0	18
Methadone	14	11
RX Opioids	6	8
RX Stimulants	0	1
Suboxone/Subutex	6	0
THC/Cannabis	179	28
Polysubstance	103	-----
Polysubstance + Alcohol	4	-----
Baby Negative (parent in recovery or used during 1st trimester)	10	-----

Which substances are being used? (2021)

- According to the **most recent** referral data for **2021** in Washoe County, the majority of referrals were for prenatal cannabis exposure (57.3%). The second highest was for prenatal polysubstance use (18.5%) with methamphetamine comprising 49.1% of that polysubstance exposure.
- Trends: unstably housed, co-occurring disorders, trauma, CPS cases as children, babies born at home, minimal prenatal care, lack of transportation and housing.
- Of note: there were two IPSE reported born to mothers in recovery (one mother had 10 years)

Substance	Single substance	With other substances
Alcohol	1	5
Amphetamine	2	1
Barbituates	1	0
Benzodiazepines	0	1
Cocaine	2	2
Ecstasy	0	1
Fentanyl	0	1
Heroin	3	14
Methamphetamine	9	26
Methadone	6	4
Polysubstance	53	-----
RX Opioids	1	5
Subutex/suboxone	5	2
THC/Cannabis	164	7
Baby negative	19	-----

What's Working Well / Evidence Based Practice

- **Washoe County Opioid Use Needs Assessment underway**
 - Stakeholder workgroup
 - Community Advisory Board – people who use drugs (PWUDs) engagement/guidance
 - Identify/review primary data sources
 - Key informant interviews with providers and PWUDs, community survey
 - Executive summary and to identify funding and implementation priorities
- **Narcan/Naloxone at shelters/detention facility and at Human Services Agency**
- **Substance Abuse Task Force** - formed in 2019 to encourage organizations to work collectively to help reduce substance addiction, prevent overdose deaths, and improve the quality of life in Washoe County.
- **Mental Health Counselor staff at Cares Campus**

What's Working Well / Evidence Based Practice

- **Women & Family Crossroads (HSA)**

- 42 beds total (women's); 24 beds total (women & children)
- Behavioral health clinical services, case management, peer recovery support services, SUD & basic life skills classes, sober recreational activities, volunteering, parenting classes, aftercare, & Reno Recovery Alumni

- **Community partnerships/collaboration**

- **Our Place (HSA)**

- Trauma-informed campus
- Wraparound services
- Staffed mostly by people with lived experience
- On-site clinical services and early childhood education



Soulful Seeds

August 2 at 4:51 PM · 🌐

Collards and basil harvested today by the ladies of [#washoecountycrossroads](#). These ladies were happy to work and harvest healthy produce for tonight's dinner.



OUR Place Home 1, 2, & 3 (Families)



Family Room

Open, comfortable, and functional living space for families to enjoy.



Restroom

Bright, clean and satisfactory space providing all necessary needs for residents.



Bedroom

Clean and ample space for family's personal possessions and to sleep restfully.



Kitchen

Modern, spacious communal area for cooking and dining.

OUR Place Home 4 (Families & Maternity)



Kitchen

Upgraded, modern and open area for eating, dining and other fun activities.



Restroom

Cheerful and clean space providing all necessary family needs.



Bedroom

Open, comfortable spacious room for resident's possessions and relaxed sleep for the family.



Living Room

Spacious, cozy communal area for lounging and hanging out.

What's Working Well / Evidence Based Practice

- **Safe Babies Court (HSA)**

- The National Center for Infants, Toddlers, and Families developed a child welfare system change initiative called Zero to Three Safe Babies Court Team.
- Designed to address needs of young children, placed in foster care
- Heavy emphasis on addressing and reducing trauma and adverse childhood experiences (ACEs)

- **Clinical Services Team (HSA)**

- Clinicians work to ensure the well-being of children, parents, caregivers or the entire family, when coming into contact with HSA's child welfare system by addressing their identified behavioral/mental health needs.
- Through these clinical services (i.e., solution-focused brief therapy, child parent psychotherapy, EMDR, trauma-focused CBT, play therapy, DBT, & ACT) the CST mission is to help with the client's behavioral and psychological safety to surround the family by increasing their success rates.

What's Working Well / Evidence Based Practice

• Home Visiting Program (HSA/UNR)

- In partnership with UNR's Early Head Start, the home visiting program provides services to families with children from the prenatal period to kindergarten.
- 1.5-hour home visit per week by a certified parent-child educator using the Parents As Teachers curriculum
- Available to all families with young children (screened in or screened out of child welfare) including infants affected by prenatal substance exposure

• Sobriety Treatment & Recovery Team (START) (HSA)

- The START model firmly believes in advancing equity for all families built on the values of family, love, and redemption
- **Piloting model with the prenatal substance exposure population (infancy stage)**

START Model



Built on a foundation of collaboration among multiple health, social service, and court partners.



Employs a powerful dyad between peer recovery support specialist (family mentor), and child welfare caseworker to help families.



Family mentors have “lived” child welfare and recovery experience; they help parents navigate the health, social service and court systems.



START worker and family mentor share a capped caseload allowing them to provide intensive case management and weekly home visits.



Shared decision making with families and agency partners at critical decision points.



Intensive recovery supports to build parental capacity and recovery skills.



Rigorous program evaluation and use of data for continuous quality improvement.

Gaps

- Residential and outpatient treatment **availability** (*i.e. Bristlecone Family Services*)
- Adequate **infirmary and treatment program** expansion at the detention facility
- Behavioral health workforce shortage
- **Crisis Stabilization Programs** (*offer short-term “sub-acute” care for individuals who need support/observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care*)
- Lack of **family-centered treatment centers and recovery residences** (*that serve families, including couples + children*)
- Affordable **housing, childcare** availability, **foster homes**

References

Slide 30 “Issues”

- American Public Health Association “Defining and Implementing a Public Health Response to Drug Use and Misuse” 2013. Available from <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/08/08/04/defining-and-implementing-a-public-health-response-to-drug-use-and-misuse> >
- Didenko, Eugenia, and Nicole Pankratz. “Substance Use: Pathways to Homelessness? Or a Way of Adapting to Street Life?” Substance Use: Pathways to Homelessness? Or a Way of Adapting to Street Life? | Here to Help. Accessed December 14, 2016. <http://www.heretohelp.bc.ca/visions/housing-and-homelessness-vol4/substance-use-pathways-homelessness>.
- Fisher, G.L., ed., and Roget, N.A., ed. Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery. 2009. SAGE Publications, Inc.
- Kleinman, Rebecca, Kehn, Matthew, Wishon Siegwath, Allison and Brown, Jonathon “State Strategies for Coordinating Medicaid Services And Housing For Adults With Behavioral Health Conditions.” 1 April 2015. Office of the Assistant Secretary for Planning and Evaluation. Accessed 14 December 2016. Available at: <https://aspe.hhs.gov/basic-report/state-strategies-coordinating-medicaid-services-and-housing-adults-behavioral-health-conditions>
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- Substance Abuse and Mental Health Services Administration “2014 National Survey on Drug Use and Health.” Available from www.samhsa.gov/disorders
- U.S. States Conference of Mayors, Hunger and Homelessness Survey: A STATUS ON HUNGER AND HOMELESS IN AMERICA’S CITIES – A 25-CITY SURVEY 2014. Available at: <http://www.usmayors.org/pressreleases/uploads/2014/1211-report-hh.pdf>.

References

Slide 33

Data Source: Department of Health and Human Services, Office of Analytics

Note: * UNITY stands for Unified Nevada Information Technology for Youth and is Nevada's Comprehensive Child Welfare Information System (CCWIS) which holds the official case record for child welfare related case management activities in Nevada. This information system and its data are dynamic and constantly being modified or updated. Data reflected in these tables is accurate as of the data extraction date noted in the header.

- 1 In this analysis, "substance exposed infants" are defined as child participants on CPS referrals who are indicated to be alleged victims of abuse or neglect with an allegation code of 34A - Substance Exposed Infant.
- 2 Unique substance exposed infants counted in this table are those associated with any CPS referral received by calendar year indicated, regardless of final screening decision and subsequent agency response.

Contact Information

Name	Kate Thomas
Title	Assistant County Manager
Phone	775.229.2875
Email	kathomas@washoecounty.gov

Name	Lisa Lee, MA, CPRSS
Title	Program Specialist
Phone	775.624.4908
Email	LCLee@washoecounty.gov

5. PRESENTATION ON GOOD SAMARITAN LAWS, DRUG INDUCED HOMICIDE LAWS, AND THEIR ROLE IN REDUCING OVERDOSE DEATHS IN NEVADA

Karla Wagner, PhD, Professor, School of Public Health
University of Nevada, Reno

Lisa Lee, MA, CPRSS, Human Services Program Specialist,
Washoe County Human Services Agency, DrPH Student, Walden University

Disclosures

Wagner: Dr. Wagner has received funding from the National Institutes of Health/National Institute on Drug Abuse to study issues related to overdose prevention and naloxone distribution. She has also received funding from Arnold Ventures to study the implementation of a peer recovery support specialist intervention for overdose patients in Nevada's Emergency Departments. She is a member of the Advisory Committee for a Resilient Nevada and also served on the Multidisciplinary Prevention Advisory Committee.

Lee: No disclosures of funding in relationship to any topic focused on within this presentation. She is a member of the Substance Use Response Group (SURG) and the SURG Treatment and Recovery Subcommittee.

Disclaimer

The views and statements expressed in this presentation are those of the speakers and do not necessarily reflect the views or positions of any entities they represent, including the University of Nevada, Reno and Washoe County Human Services Agency.

The enduring overdose crisis

- More than 100,000 people died in the US annually for the past two years
- In Nevada:
 - 2019 – 510 deaths
 - **2020 – 788 deaths (54.5% increase) – Largest increases among Hispanic persons**
- Increases observed **despite** massive investments in naloxone distribution, treatment scaleup, and prevention initiatives
- Changes in drug market (including fentanyl) is making things worse
- Suggests we must examine other determinants of overdose death and continue to reduce barriers to timely medical care

Good Samaritan Laws

- Fear of legal repercussion is a well-established barrier to calling 911 to get medical assistance for an overdose (Wagner 2019; Latimore 2017)
- Good Sam Laws established starting in 2007 (New Mexico) to provide limited legal protections to callers and victims when they call 911 to seek emergency medical assistance for an overdose
 - As of 2020, Good Sam Laws exist in 47 states and D.C.
- Implementation of Good Sam Laws associated with **15% reduction** in overdose deaths (Chandler 2018)
- Laws that protect from arrest are more effective than those that include only charge or prosecution (Hamilton 2021)

Wagner, K. D., Harding, R. W., Kelley, R., Labus, B., Verdugo, S. R., Copulsky, E., Bowles, J. M., Mittal, M. L., & Davidson, P. J. (2019). Post-overdose interventions triggered by calling 911: Centering the perspectives of people who use drugs (PWUDs). *PLOS ONE*, *14*(10), e0223823.

Latimore, A. D., & Bergstein, R. S. (2017). "Caught with a body" yet protected by law? Calling 911 for opioid overdose in the context of the Good Samaritan Law. *The International journal on drug policy*, *50*, 82–89.

McClellan, C., Lambdin, B. H., Ali, M. M., Mutter, R., Davis, C. S., Wheeler, E., Pemberton, M., & Kral, A. H. (2018). Opioid-overdose laws association with opioid use and overdose mortality. *Addictive behaviors*, *86*, 90-95

Hamilton, L., Davis, C. S., Kravitz-Wirtz, N., Ponicki, W., & Cerdá, M. (2021). Good Samaritan laws and overdose mortality in the United States in the fentanyl era. *The International journal on drug policy*, *97*, 103294.

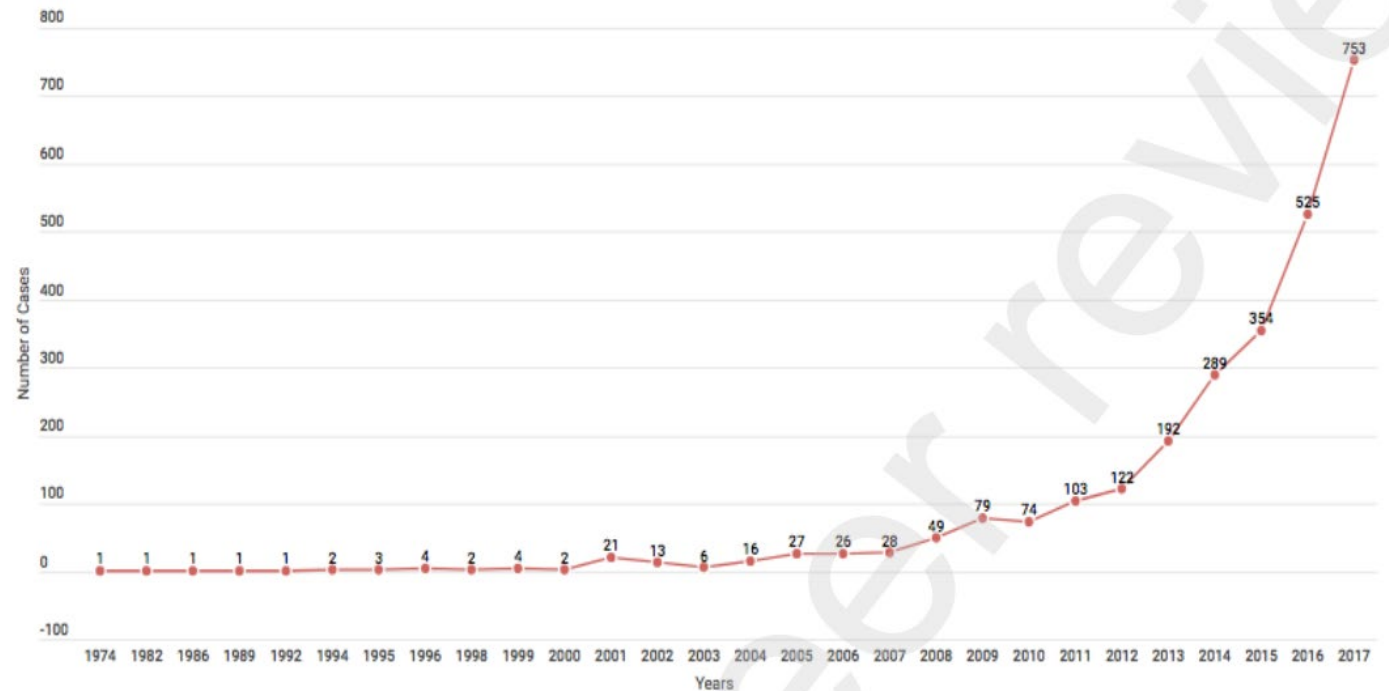
Nevada's Good Samaritan Drug Overdose Act NRS 453C.150 (eff. 10/1/2015):

Notwithstanding any other provision of law, a person who, in good faith, seeks medical assistance for a person who is experiencing a drug or alcohol overdose or other medical emergency or who seeks such assistance for himself or herself, or who is the subject of a good faith request for such assistance may not be arrested, charged, prosecuted or convicted, or have his or her property subjected to forfeiture, or be otherwise penalized for violating: possession of paraphernalia, possession (unless it is for the purpose of sale), or use of a controlled substance.

Drug Induced Homicide (DIH) Laws

- Criminally implicate people (with manslaughter or homicide) who sell or provide drugs linked to an overdose fatality
- Increasingly being implemented as a reaction to fentanyl contamination and increasing deaths
- Framed as a mechanism to target high-level dealers

Figure 1. Individuals Accused of Drug-Induced Homicide* Overtime
(Online News Reports 2000-2017)



Research findings on DIH Laws

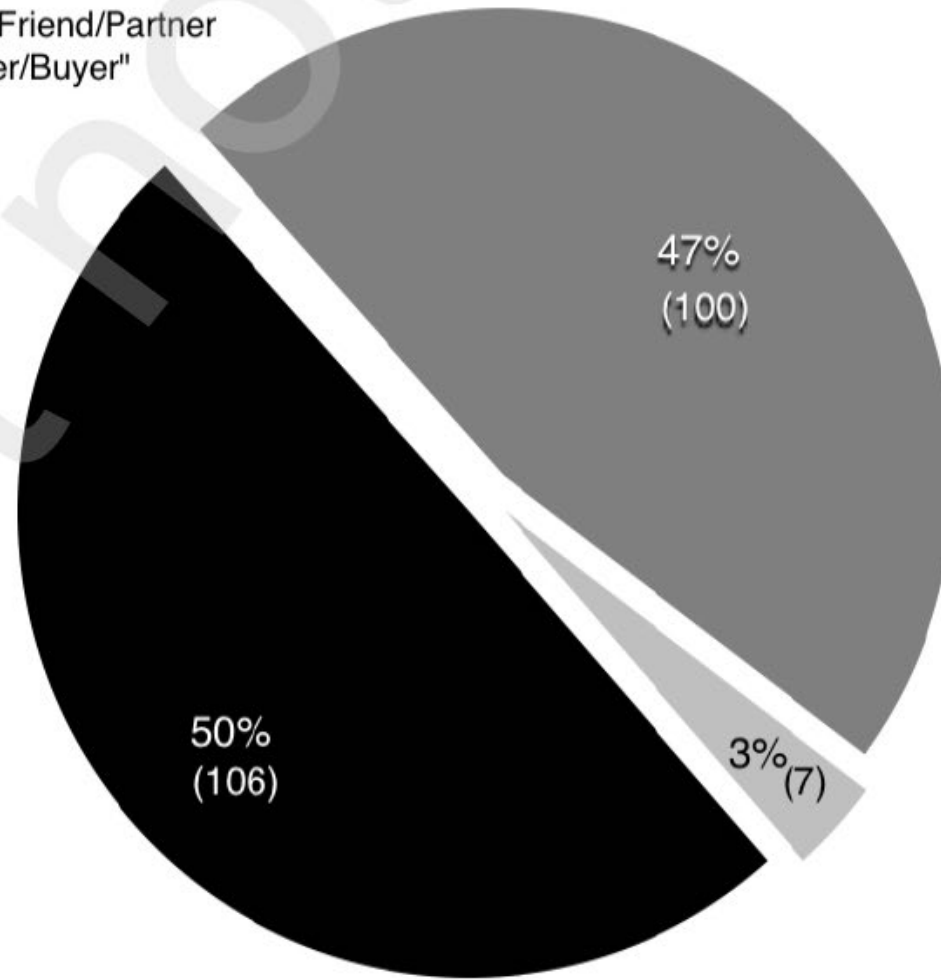
- DIH Laws increase fear of calling 911 and are linked to increased overdose deaths (Beletsky, 2019; Drug Policy Alliance, 2017; Mclean, 2018)
- DIH Laws subvert Good Samaritan Laws and decrease willingness to help during an overdose
- Harsh penalties do not deter substance use or distribution (Pew Charitable Trust, 2018)
- People often do not know if their drugs are adulterated or believe adulteration is ubiquitous (LaForge 2022)
- DIH Laws frequently used against friends and family of decedents who are characterized as dealers (Carroll 2021)

Carroll, J. J., Ostrach, B., Wilson, L., Dunlap, J. L., Getty, R., & Bennett, J. (2021). Drug induced homicide laws may worsen opioid related harms: An example from rural North Carolina. *International Journal of Drug Policy*, 97, 103406. <https://doi.org/10.1016/j.drugpo.2021.103406>

LaForge, K., Stack, E., Shin, S., Pope, J., Larsen, J. E., Leichtling, G., ... & Korthuis, P. T. (2022). Knowledge, attitudes, and behaviors related to the fentanyl-adulterated drug supply among people who use drugs in Oregon. *Journal of Substance Abuse Treatment*, 108849. <https://doi.org/10.1016/j.jsat.2022.108849>

**Figure 2. Accused-Deceased Dyads in Drug-induced Homicide* Cases, by Relationship
(N=213) (Online News Reports 2000-2017)**

- Caretaker/Family/Friend/Partner
- "Traditional" Dealer/Buyer
- Patient/Doctor



Nevada's Drug-Induced Homicide Law

NRS NRS 453.333:

Penalties for **making available controlled substance which causes death**. If the death of a person is proximately caused by a controlled substance which was **sold, given, traded or otherwise made available** to him or her by another person in violation of this chapter, the person who sold, gave or traded or otherwise made the substance available to him or her is **guilty of murder**. If convicted of murder in the second degree, the person is guilty of a category A felony and shall be punished as provided in subsection **5 of NRS 200.030**. If convicted of murder in the first degree, the person is guilty of a category A felony and **shall be punished as provided in subsection 4 of NRS 200.030**, except that the punishment of death may be imposed only if the requirements of paragraph (a) of subsection 4 of that section have been met and if the defendant is or has previously been convicted of violating NRS 453.3385 or 453.339 or a law of any other jurisdiction which prohibits the same conduct. (Added to NRS by 1983, 510; A 1985, 1598; 1987, 1462; 1995, 1285; 2019, 4468)

Experiences in Nevada

I: So, the question is, ‘How worried are you right now, about...right now how worried would you be about calling 9-1-1 for somebody that was overdosing’?

R2: As worried as a person could be. I would do everything in my power not to call 9-1-1.

*R1: And I'm opposite. I've always called because, like I said, if it comes down to it **and I have to go to prison, I trust in God that ... at least I know that I saved someone's life.** Like, I will take the repercussions, I don't hesitate.*

People who use drugs and people in recovery are creating Do Not Prosecute (DNP) Advanced Directives in the event they die from an overdose

From Researchers

“aggressive and mounting application of criminal prosecutions following overdose events **totally thwart any positive public health impact of Good Samaritan legislation** and other efforts to encourage overdose witnesses and people who use drugs to seek help” (Beletsky, 2019, p. 881).

“...because law enforcement perceives them (DIHL) as an effective signaling vehicle, such counterproductive efforts receive wide media coverage. Contrast this to Good Samaritan laws, which typically receive little exposure and are **only marginally known and understood by the members of the public**. Lack of clarity about the technical implications of these competing provisions likely leads to an overestimation of legal risk. This scrambling of **competing behavioral signals** may, in part, explain the relatively anemic impact of Good Samaritan laws on help-seeking observed thus far” (Beletsky, 2019, p. 880).

If I die of an overdose, I demand that no one be prosecuted for my death. If you grieve for me and you seek vengeance, channel that rage to work to end the War on Drugs. It is criminalization that is killing us, not fellow drug users and low-end dealers struggling just like us to survive. It is the drug warriors who condemn us to death. I will not be a symbol for them - a white woman whose life's work is forgotten so that her death may be leveraged to continue to wage a racist, classist war on people. Because it is the white faces of drug users like me which are often held up to justify these laws, and it is black and brown drug users like many drug users who are more often convicted and sentenced. If I die, I refuse to be wielded as a weapon against other marginalized drug users in my community.

Caty Simon, Drug User

SURG attends to needs of special populations:

- Veterans, elderly, and youth
- 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
- Pregnant people and parents
- LGBTQ+
- People who inject drugs; (as revised)
- Children involved with the child welfare system, and
- Other populations disproportionately impacted by substance use disorders especially BIPOC
 - Hispanic Nevadans experienced 120% increase in overdose deaths from 2019 - 2020

Best practices to address the conflicts between Good Sam and DIH Laws

- Public education and media campaigns to inform public about Good Sam protections
 - Requires that Good Sam protections be enforced
- Promote non-enforcement police outreach to connect individuals to treatment.
- Implement overdose prevention locations to facilitate incident response and provide treatment opportunities.

Goodison, S. E., Vermeer, M. J. D., Barnum, J. D., Woods, D., Jackson, B. A., & the Rand Corporation. (2019). Law enforcement efforts to fight the opioid crisis: Convening police leaders, multidisciplinary partners, and researchers to identify promising practices and to inform a research agenda.

https://www.rand.org/content/dam/rand/pubs/research_reports/RR3000/RR3064/RAND_RR3064.pdf

NC Survivors Union. (n.d.). Drug induced homicide laws and #REFRAMETHEBLAME. <http://ncurbansurvivorunion.org/drug-induced-homicide-laws-and-reframetheblame/>

Other Evidence Based Practices to address overdose deaths

From Law Enforcement and Multidisciplinary Stakeholders

- Promote nonenforcement police outreach.
- Explore alternative/innovative treatment models to better serve individuals with OUD
- Explore the use of safe consumption locations to facilitate incident response and provide treatment opportunities
- Same-day, low-barrier access to MAT (including in correctional settings)
- Provide syringe services to reduce harm
- Use syndromic surveillance to recognize spikes in overdoses and emerging drug trends
- Create a trauma awareness early warning system for law enforcement stress exposure.
- Provide mental health interventions for officers affected by the stresses of policing during the opioid crisis.
- Increase the frequency and scope of drug screens in death investigations to identify novel opioids and effects.
- Use data from rapid analysis of seized materials to inform public health and law enforcement interventions.

From Drug User Unions

- Naloxone Access
- Good Samaritan Legislation
- Safe Injection Facilities
- Safe Consumption Rooms
- Drug Checking / Fentanyl Test Strips
- Active Bathrooms
- Virtual Safe Consumption Spaces
- Education
- Methadone
- Suboxone

Gaps & opportunities to improve in Nevada

- Lack of information on Good Samaritan protections and competing messaging that criminalizes overdoses
- Media disinformation on dermal or airborne dangers of fentanyl (not based in scientific evidence)
- Access to on-demand medication for opioid use disorder (MOUD)
- Trusting relationships with people who use drugs (PWUDs), especially Black, Brown, and Indigenous people (BIPOC)

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Contact Information

Name	Karla Wagner, PhD
Title	Professor, University of Nevada Reno School of Public Health
Phone	775-682-7129
Email	karlawagner@unr.edu

Name	Lisa Lee, MA, CPRSS
Title	Program Specialist, Washoe County Human Services Agency
Phone	775-624-4908
Email	llee@washoecounty.gov

6. PRESENTATION ON NEVADA OPIOID RESPONSE TRIBAL NEEDS ASSESSMENT

Michelle Berry, Morgan Green, and Carina Rivera, Center for Applied Substance Abuse
Technology (CASAT), University of Nevada, Reno



Assessment Timeline

- December 2019 – the Division of Public and Behavioral Health Tribal Liaison made a statewide tour meeting with the health directors of twelve tribes about needs
- April 2020 – asked the Tribal Liaisons from Division of Public and Behavioral Health, Division of Health Care Financing & Policy, and the Office of Analytics if any needs assessment of tribal organizations existed
- April/May 2020 – conducted a review of the literature on tribal substance use needs assessment for indicators and methods selected
- May 2020 – met with the Project ECHO director who were also doing a tribal needs assessment to discuss potential for partnering
- September 2020 – met with Dr. Julie Lucero, a faculty member with experience conducting culturally appropriate research in tribal communities for guidance
- October 2020 – met with the Council of State and Tribal Epidemiologists to discuss past assessments, methodologies, approach, and connections
- December 2020 – made a data request for Medicaid substance abuse claims in tribal clinics in the state
- March 2021 – inquired if Nevada's CDC Overdose Data to Action grant had completed analysis of tribal data or had any future plans to do so
- April 2021 – made request to State of Nevada Office of Analytics for trend data on opioid prescribing opioid overdose deaths, hospitalizations, opioid use disorder and MAT treatment, opioid use while pregnant, and cases of NAS among tribal populations. Received results in August 2021

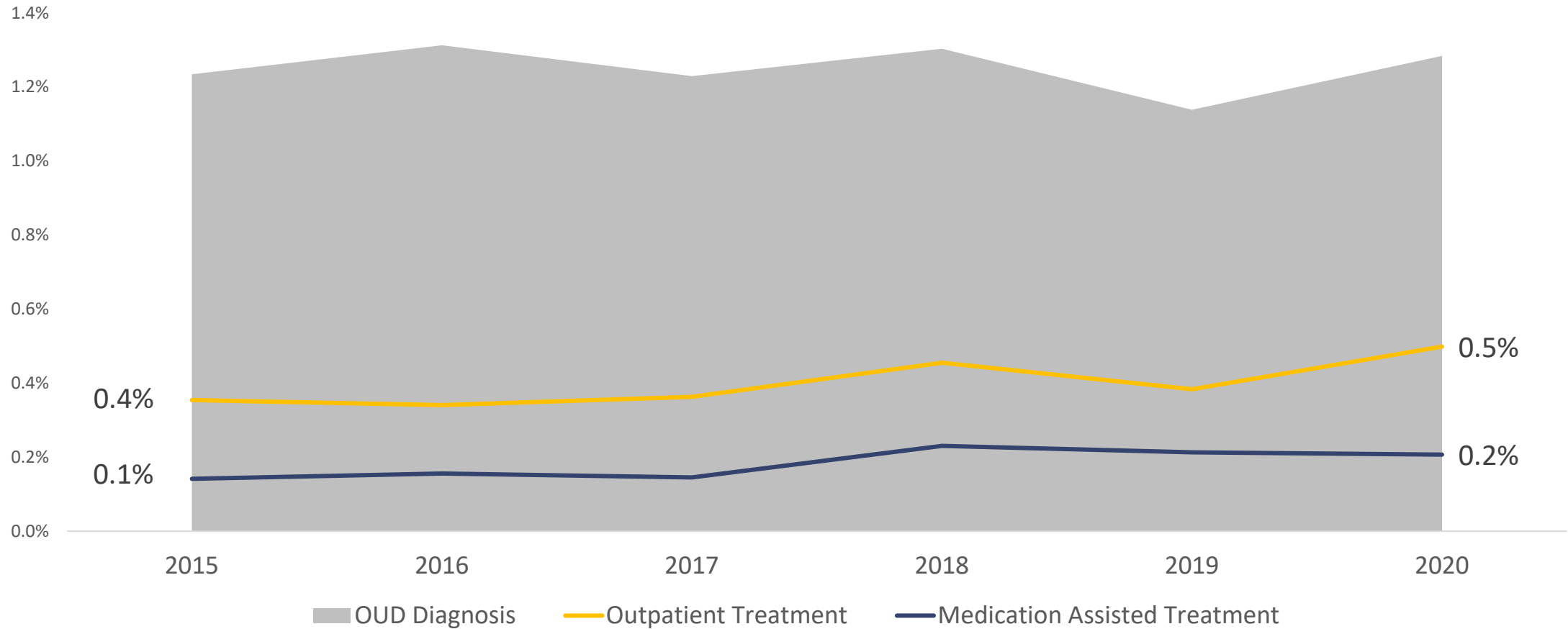
Methods

- Literature review
 - Two opioid-specific tribal needs assessments
 - Arizona and California
 - Five substance use-related tribal needs assessments
 - Washington, North Dakota, Denver, East Band of Cherokee Indians, Blackfeet Community Health Assessment
 - Three other tribal need assessments
 - Suquamish Tribe, Tribal Drug Court Needs Assessment, Needs Assessment of American Indian/Alaska Native Child Welfare Program

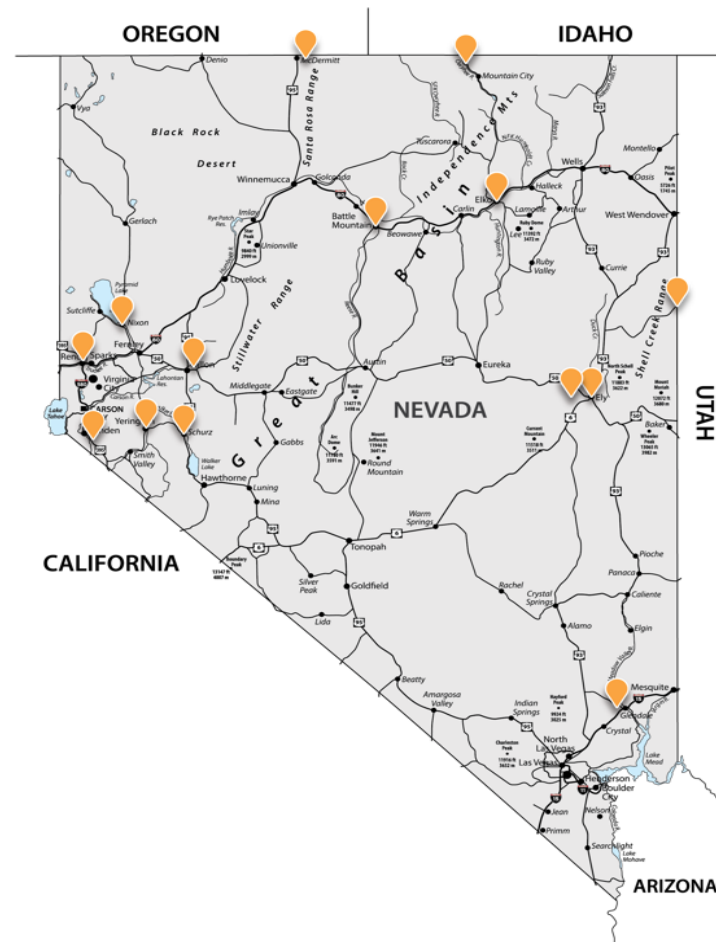
Methods

- Based on the literature review, Nevada SOR chose to review trend data on:
 - Opioid prescribing rates
 - Youth substance use (YRBS)
 - Substance Use (NSDUH)
 - Treatment admissions (TEDS)
 - Opioid-related hospital encounters (Hospital Inpatient and Emergency Department Billing Data)
 - Overdose death rates
 - Neonatal abstinence syndrome (NAS) rates
 - Availability of buprenorphine waived providers

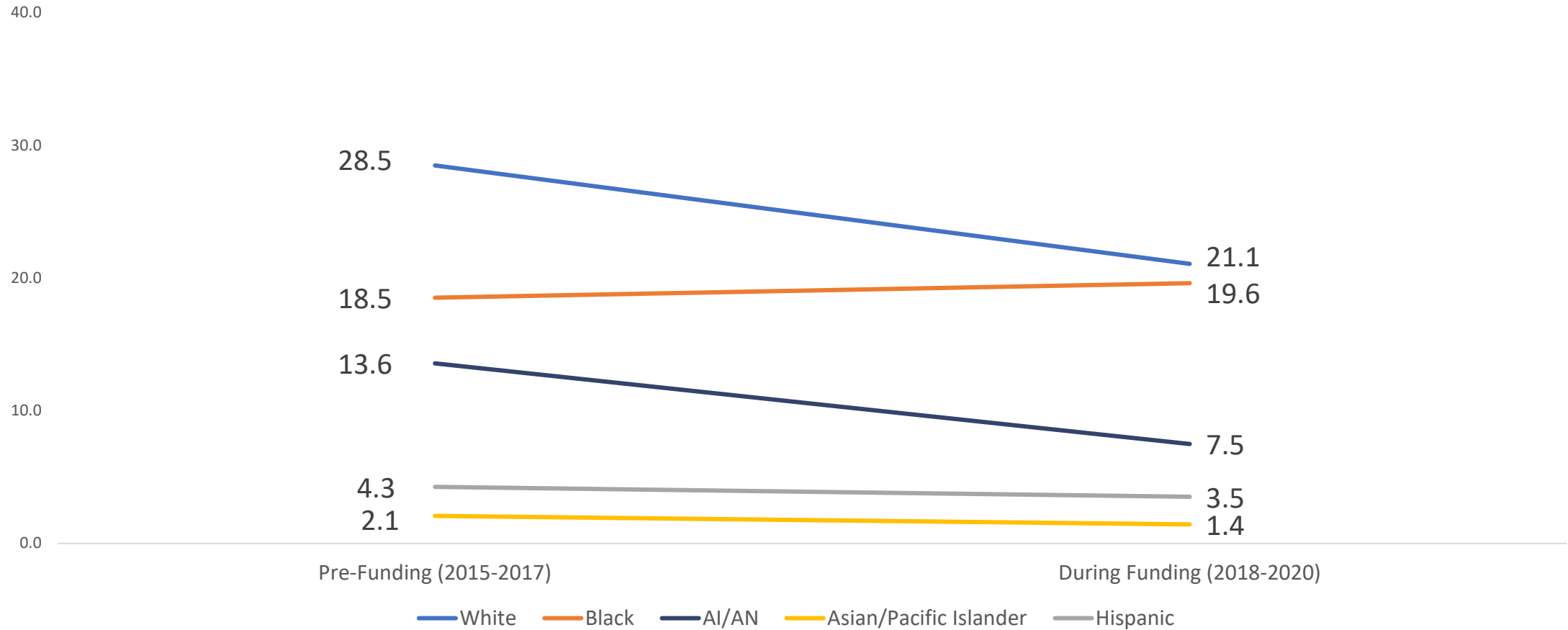
Percentage of AI/AN Diagnosed with and Treated for an Opioid Use Disorder



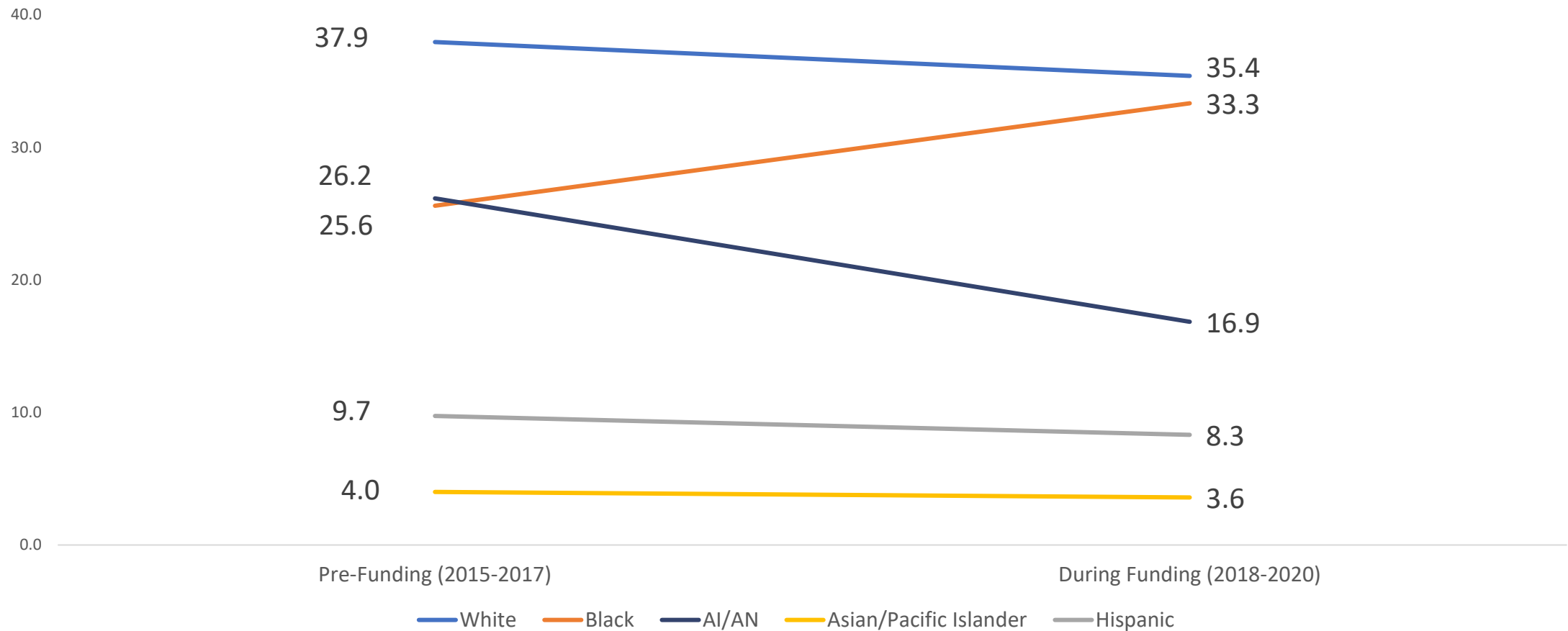
Access to MAT



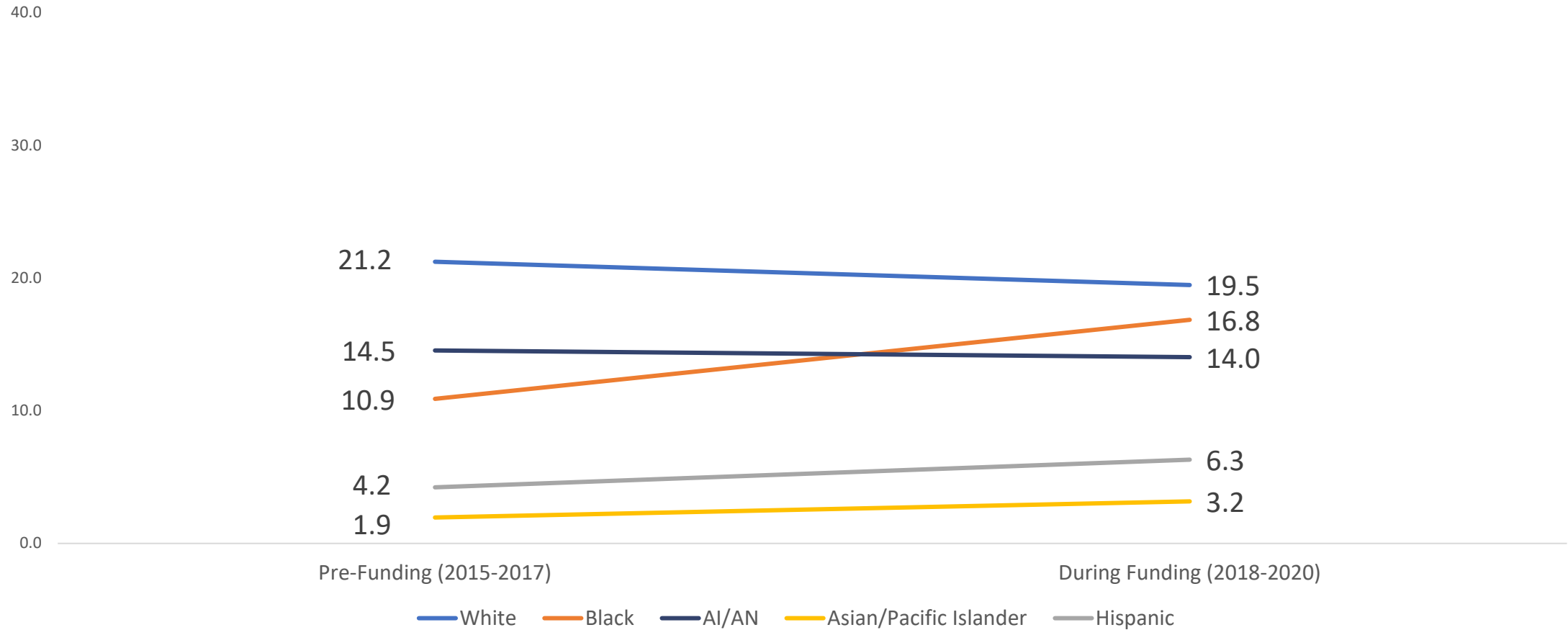
Opioid Poisoning Inpatient Admissions



Opioid Poisoning Emergency Department Encounters



Overdose Death Rates by Race



Next Steps

Seek stakeholder input:

- Request to be placed on the agenda to present at the next Tribal Consultation meeting and gain feedback
- Statewide groups regarding suggestions for next steps and what to incorporate as a more in-depth assessment is developed

7. PRESENTATION ON OVERDOSE FATALITY REVIEW PILOT PROJECT

Elyse Monroy, Program Manager, Overdose Data to Action, Public Health Training Center,
University of Nevada, Reno

Disclosures

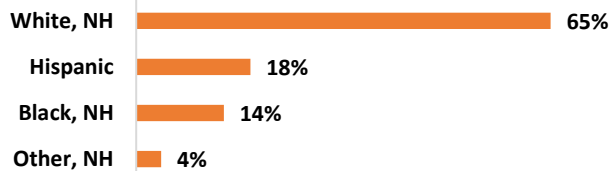
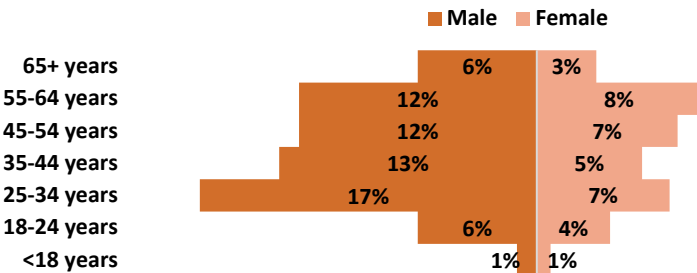
- The work is supported by the Nevada State Department of Health and Human Services through Grant number NU17CE925001 from the Center of Disease Control and Prevention. Its contents and information shared are solely the responsibility of the authorities and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention.

Overdose Data to Action

- DPBH OPHIE/ School of Public Health
 - Surveillance & Prevention
 - PDMP
 - ImageTrend
 - Linkage to Care - OpenBeds
- Improving the quality and quantity of overdose surveillance data
- Morbidity and Mortality Surveillance
 - Monthly surveillance reports (nvopioidresponse.org/od2a)
 - Biannual fatality review

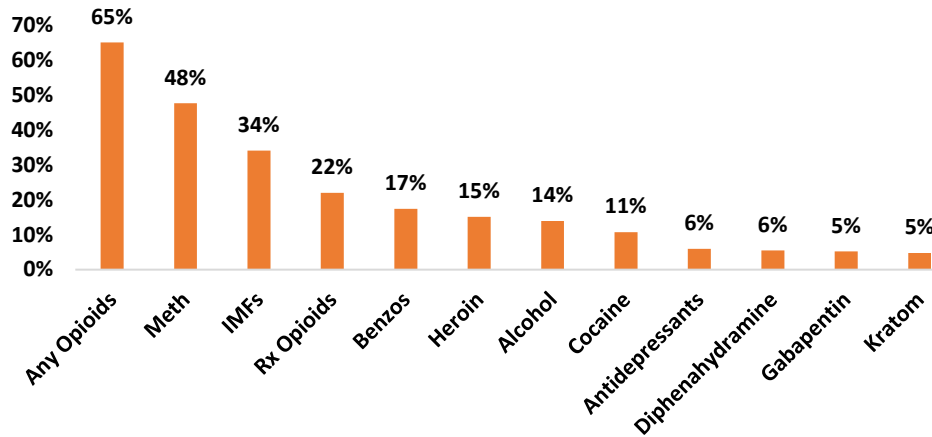
Drug Overdose Deaths of Unintentional/Undetermined Intent in Nevada – January to June, 2021: 436 deaths among Nevada residents - Statewide

Who died by drug overdose?



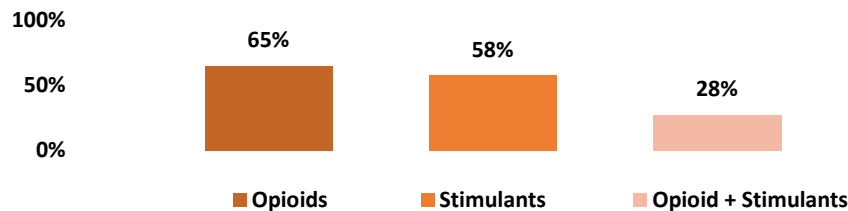
Nearly 1 in 4 who died by drug overdose were 25-34 years old, 65% were white, and 65% were male.

Top drugs listed as cause of death (COD)¹

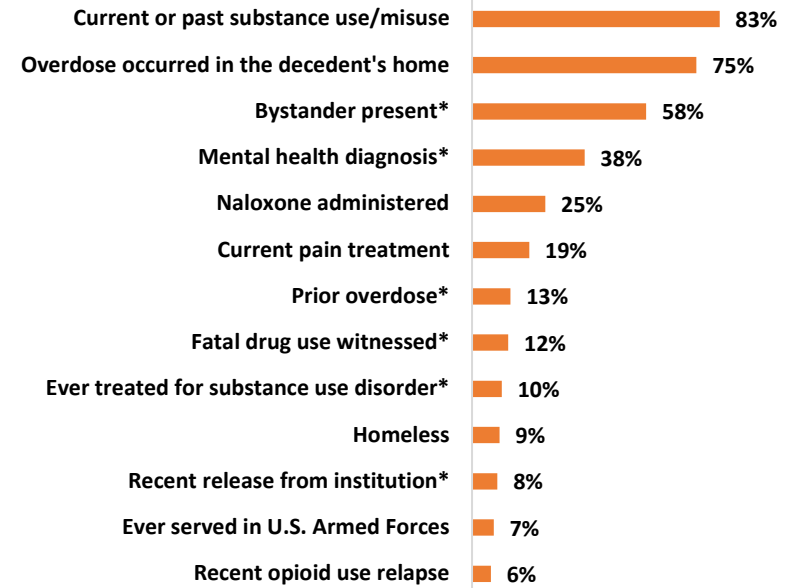


65% of deaths involved any opioids, 58% of deaths involved any stimulants, and 28% of deaths involved an opioid and stimulant.

Opioid and stimulant involvement in COD¹



What circumstances² were documented?



77% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action* at the time of overdose.

Data comes from the Nevada State Unintentional Drug Overdose Reporting System (SUDORS), which compiles information from death certificates, medical examiner/coroner reports, and toxicology results. Percentages are among decedents with known information. Abbreviations: NH: Non-Hispanic; COD (Cause of Death); Meth: Methamphetamine; Benzos: Benzodiazepines; IMFs: Illicitly manufactured fentanyl and fentanyl analogs. ¹Substances are not mutually exclusive. ²Circumstances represent evidence available in reports, and thus are likely underestimated. Percentages are among those with known circumstances. *Potential opportunity for life-saving action includes recent release from an institution within past month (prison/jail, treatment, hospital), previous nonfatal overdose, mental health diagnosis, ever treated for substance use disorder, bystander present when fatal overdose occurred, and fatal drug use witnessed. This publication was supported by the Nevada State Department of Health and Human Services through Grant Number NU17CE925001 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention. For questions, please contact NV OD2A epidemiologist Shawn Thomas at: shawnt@unr.edu

Fatality Data

- **State Unintentional Overdose Report System (SUDORS)**
 - Biannual, preceding year.
 - Demographic Characteristics of Cases
 - Breakdown of Top Substances Listed on the Cause of Death, and
 - Circumstances Preceding Death
- **Nevada Electronic Death Registry System**
 - Monthly and annually
 - Demographic information
 - Suspected only

Fatality Data Limitations

- Timely fatality data is not confirmatory
- Confirmatory data is not timely
- Limited insight into decedents interactions with systems or other life experience

Data Limitation, Example

Nevada Hispanic Overdoses Spike in 2020

Nevada's Hispanic community has been disproportionately hit by unintentional overdose fatalities.

2020: Increase of 120% in fatal overdoses, 227% increase in fentanyl overdoses

After releasing the data, the most common question received by the OD2A program about the sky rocketing numbers was “do we know why?” or “what do we think happened”

At the time, with limited qualitative data that could help to contextualize the demographic, toxicology, and circumstances data the OD2A had very little to go on, beyond the potential rapid discontinuation of legal control substance prescriptions that could have occurred during the COVID lockdowns.

Overdose Fatality Review (OFR)

OFRs includes a series of confidential decedents documents are reviewed to examine a decedent's life cycle in terms of drug use history, comorbidity, major health effects, social- emotional trauma, encounters with law enforcement and the criminal justice system, treatment history and other factors, including local conditions, to facilitate deeper understanding of the missed opportunities for prevention and intervention that may have prevented an overdose death (Heinen & O'Brien, 2020).



Image Source: Suicide and Overdose Fatality Review, IN.gov

Fatality Review in Nevada, Target Populations & Substance/ Overdose Intersections

Fatality Review	Substance Misuse/ Overdose Considerations
Child Death Review	<ul style="list-style-type: none">• Opioid issues (Fentanyl/ Naloxone) came out as an issue of concern one of the local overdose teams.• ACES, Risk Factors
Domestic Violence Review	Opioid use elevated in IPV as compared to general population, (Sone & Rothman, 2019)
Maternal Death Review	80% of drug overdose deaths had non transport accidents as the underlying death cause. Additionally, this report finds that 100% of the drug overdose deaths were unintentional (Zhang, 2020)
Suicide Fatality Review	Data and other ED data suggest that the true proportion of suicides among opioid-overdose deaths is somewhere between 20% and 30%, but it could be even higher. A recently released evaluation of veterans found a significant interaction between both the initiation and termination of an opioid treatment plan and overdose and suicide.(Oqendo & Volkow, 2018), (Olivia et al., 2020)

OFR-Pilot Review Missed Opportunities

- **Safety plan and support system** **noted that with new crisis response system, there is the potential for more follow up*
 - *Need to connect with support system to restrict access to medication when someone is being suicidal*
- **Coordination of care**
 - *Example: Social Workers could have shared responses to Columbia Suicide Severity Rating Scale Assessment with psychiatrist/ Family (with permission)*
 - *Disconnect between medical and mental health care*
- **Physicians need to check the PDMP**
- **Offer Narcan to families**
- **Co-prescribe Naloxone**
- **Request records from individual prescribers**
- **Connection to school-based resources and Drug Endangered Children's Program**
- **Education and support to family for child who was transitioning**

Pilot Project

- Committee to Review Suicide Fatalities
- Committee Concerns
 - (intentional vs. unintentional)
- Established Case Definition
 - 2020, Overdose Undetermined, opioid overdose or poisoning.
- Document/ Information Collection/ Gathering
 - 4 Cases
 - Urban & Rural
- June Meeting
 - Hybrid Meeting

OFR-Pilot Review Findings

PROGRAMMATIC RECCOMENDATIONS

- **Provide more peer support in the discharge process** **noted that this is part of Zero Suicide continuum of care*
- **Naloxone outreach to hotels/clubs**
 - *Could review ODMAPs data to see where suicides and overdoses are happening in hotel rooms to try to get buy in from hotels. However, casinos have questions about Good Samaritan Law.*
- **Provide more opportunities for youth prevention**
 - **Pick one or two cases to do a deeper review of the lifespan to understand where the system failed and potentially deepen the psychological understanding of the individual**
 - Use NRS/ability to request documents legally
 - Interview key people
 - State with family and investigator that was on the scene
 - Need to get legal advice on whether we can proceed with that for cases that are undetermined.
 - Look deeper into connection of care
 - Look into early childhood trauma
 - Obtain more qualitative data

POLICY RECCOMENDATIONS

- **Discharge patients with 3 days supply of buprenorphine** **noted that the Board of Pharmacy is considering but may need legislation*
- ***Additional Questions***

Are hospitals doing a morbidity and mortality conference review after a patient death?

OFR Pilot Lessons Learned

- Facilitation
- Documentation
- Information gathering

Recommendation(s)

- **Nevada should support an overdose fatality review to improve the states ability to use data to inform overdose prevention and intervention programming and policy. The OD2A program recommends the follow specific recommendations,**
 - Leveraging Existing Fatality Review
 - Support Dedicated Fatality Review Resources, Facilitation and Documentation

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Contact Information

Name	Elyse Monroy
Title	Program Manager, Nevada OD2A
Phone	775-229-5783
Email	ecmonroy@unr.edu

**8. REVIEW PROCESS FOR
PRIORITIZING
RECOMMENDATIONS AND
UPCOMING MEETINGS**

Timeline & Process

August

- Subject Matter Expert Presentations: County Responses, Good Samaritan and Drug-Induced Homicide Laws, Tribal Needs Assessment, Overdose Fatality Review
- Review New Recommendations
- Review and Discuss Initial Priority Recommendations

September

- Finalize Subcommittee Recommendations for SURG

**9. REVIEW SUBCOMMITTEE
RECOMMENDATIONS AND
PRELIMINARY PRIORITIZATION**

New Recommendations

- Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law (453.33). (Dr. Terry Kerns)
- Establish a pre-arrest deflection program that enables law enforcement officers, working with community providers to divert eligible individuals away from the criminal justice system and into community-based behavioral health interventions and social services, when appropriate. (Dr. Stephanie Woodard)
- Modernize Nevada Civil Protective Custody Laws (NRS 458.175 and NRS 458.250) to ensure that standards of care are followed and do not contribute to dangerous acute episodes of detoxification/withdrawal management without necessary linkage to follow-up care, recovery support, or formal treatment, and offer for Medication for Opioid Use Disorder/Alcohol Use Disorder. (Dr. Stephanie Woodard)

New Recommendations

- Establish statewide and regional Overdose Fatality Review Committees to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies. (Dr. Stephanie Woodard)
- Modernize Nevada's statute that can be interpreted that substance use during pregnancy constitutes child abuse (NRS 200.508). (Dr. Stephanie Woodard)
- Require all jails and prisons to offer all three FDA approved medications for opioid use disorder. (Dr. Stephanie Woodard)
- Continue to update Nevada Revised statute to reflect the importance of public health interventions regarding harm reduction. Changes to NRS 453 were made in the 2021 session to exclude the use of fentanyl and analog testing from the definition of drug paraphernalia and provide immunity for individuals who in good faith support an individual in testing their drugs to identify toxins, etc. Further policy changes could provide protections for harm reduction interventions to allow for the distribution and protections for persons who, in good faith, engage in harm reduction interventions. (Dr. Stephanie Woodard)
- Establish a user-oriented searchable website for programs on prevention, treatment and recovery, and response for all substances. (Assemblywoman Jill Tolles)

Priority Recommendations

- Amend NRS to assign lengthier prison sentences to dealers that sell fentanyl, with or without knowledge, in the State of Nevada. If a dealer's drug sales are directly correlated to an overdose event, fatal or non-fatal, additional charges should be applied. Trafficking weights of fentanyl should also be lowered to previous law standards.
- Crisis outreach response team (similar to or enhancing MOST, ACT, LEAD teams) to “respond to any suspected overdose and offer follow-up support, referrals, and services to the individual (and loved ones) for up to 45 days after the overdose.” Teams to be dispatched to anyone being released from an institutional setting who is being discharged post overdose or suspected overdose.
- Reform criminal justice services to include MAT, peers, social determinants of health, harm reduction strategies, reduce criminalization and punitive practices towards individuals with OUD.

Priority Recommendations

- Increase targeted Naloxone distribution.
- Harmonize criminal justice and public health responses to promote access to treatment and medical care.
- Funding for an independent medical examiner for reports that verify the specific cause of death in overdose cases where the source of the drug supply has been identified and can be prosecuted.
- Coordinate with specialty courts to provide front-end comprehensive evaluations to determine co-occurring disorders and provide comprehensive treatment.
- Identify which treatments are essential services within the criminal justice system and develop corresponding policies.

Priority Recommendations

- Standardized data sharing agreements between public safety and public health that support data sharing and allow for redisclosure to inform risk messaging.
- Collaborate with the Coordinating Council, other stakeholders and partners to collect data and measure criminal justice outcomes.
- A statewide forensic lab that would support surveillance sample testing and other types of bio-surveillance using standardized protocol.
- Funding an API for the ODMAP system.
- Policy change to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities.

Priority Recommendations

- Funding for additional police Overdose Response Teams, to respond to and investigate overdose related crimes.
- Implement follow-up and referral with linkage of care for incarcerated and court-involved individuals.
- Pain education and awareness at the community level for all age groups.

10. SUBCOMMITTEE LEADERSHIP

11. FUTURE MEETING DATES

12. PUBLIC COMMENT

Public Comment

- Public comment will be and via the Zoom Meeting. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). 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.

13. 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)/)



OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, Attorney General

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - <http://ag.nv.gov>