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PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

August 7, 2024

3:00 pm

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Johnson

1. Call to Order and Roll Call to Establish Quorum Cont.

Member	SURG Role	Committee Role
Senator Fabian Doñate	Senate Majority Appointee	Member
Jessica Johnson	Urban Human Services (Clark County)	Chair
Debi Nadler	Advocate/Family Member	Member
Angela Nickels	Representative of a School District	Member
Erik Schoen	SUD Prevention Coalition	Vice Chair

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. 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.
- If you are dialing in from a telephone:
 - Dial 253-205-0468
 - When prompted enter the Meeting ID: 825 0031 7472
 - Please press *6 so the host can prompt you to unmute.

**3. REVIEW AND APPROVE JUNE
5, 2024 PREVENTION
SUBCOMMITTEE MEETING
MINUTES**

Chair Johnson

4. UPDATE ON HARM REDUCTION SHIPPING SUPPLY

Rick Reich, Program Director, and Kat Reich, Administrative Manager, Trac-B Exchange

#14 in Annual Report Rankings: Recommendation, Justification

Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.

Justification/Background: Syringe exchanges and harm reduction programs are not available throughout most of the state and distance should not be a barrier for people to receive harm reduction services and products. Trac-B Exchange has served 13 counties with naloxone shipping and 16 counties with harm reduction supply shipping. They have had 24 reported reversals with shipped naloxone, and over 1100 requests for harm reduction supplies. These efforts could be scaled up to serve more people in all counties.

#14 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility

Action Step: Expenditure of Opioid Settlement Funds

Impact: Harm reduction shipping will allow people that do not have easy access to life-saving supplies such as fentanyl test strips, naloxone and sterile harm reduction supplies to have them mailed directly to them. Supporting the collection of used sharps focuses on supporting safe disposal and protects individuals and communities. This recommendation supports the scale up of an existing program with an incorporation of working with communities/community coalitions to develop additional strategies for disposal and delivery to people in need of naloxone and other harm reduction items.

Capacity & feasibility of implementation: Currently, Trac-B Exchange in Las Vegas works with NextDistro and ships supplies, but their efforts could be supported to allow for growth across the state. Shipping from one location costs less than opening a “brick-and-mortar” storefront but allows for clients to receive many of the same services. Because these services exist already in the state, it is possible to expand quickly. Trac-B Exchange has been shipping since February 2019. This would be a scale up of existing operations, funding an unfunded program, and supporting additional syringe disposal.

#14 in Annual Report Rankings: Urgency, Racial & Health Equity

Urgency: Getting supplies to people who are currently using substances saves lives. People who use substances are dying of overdose in our communities and naloxone availability would save lives. Syringe disposal would allow people to prevent improperly disposing of sharps.

Racial & health equity: Shipping is for everyone and would serve populations without the ability to travel to or purchase supplies or get to a public health vending machine, storefront or van syringe exchange or pharmacy. Shipping allows for all people to receive products that can save their life, regardless of location or access to services. With the addition of alternative strategies if people can't receive delivery of supplies, this would expand harm reduction equity statewide. Incorporating community conversations allows for communities to participate.

See handout for links included in 2023 report.

5. DISCUSSION AND REVISION OF HARM REDUCTION RECOMMENDATIONS

Chair Johnson

Harm Reduction Recommendations

- In addition to the recommendation workshopped in the previous agenda item, there are six additional harm reduction recommendations that were included in the 2023 annual report.
- The following slides include 2023 report recommendations and corresponding components including the Justification, Action Step, Impact, Capacity & Feasibility, Urgency, Racial & Health Equity.
- The subcommittee needs to determine if it will:
 - Move the recommendation forward as a 2024 recommendation.
 - If moving forward, determine if there are revisions to be made to the recommendation language and corresponding components.
 - *Please reference the 2023 Harm Reduction Recommendations Handout.*

#7 in Annual Report Rankings: Recommendation, Justification

Support Harm Reduction through: Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of overdose reversal medication throughout the state.

Justification/Background: While the Bureau has made strides to utilize grant funding to identify naloxone, fentanyl test strips, and xylazine test strips, it remains imperative that a baseline level of access to overdose reversal medication (such as naloxone) exists in order to meet on-going needs of community members. Reliance on grant funding alone can leave gaps in access to overdose reversal medications and increases risk for fatal overdose. Other states have utilized past distribution efforts, modeling, and other statistical formulas to project estimated number of naloxone doses needed for sustainable overdose reversal planning and engagement.

#7 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility, Urgency

Action Step: Expenditure of Opioid Settlement Funds

Impact: Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.

Capacity & feasibility of implementation: This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; a naloxone saturation plan has been developed for the state.

Urgency: Moderate urgency - current naloxone access in the state relies solely on grant funding (e.g., SAMHSA State Opioid Response), which creates vulnerability for long-term sustainable access.

#7 in Annual Report Rankings: Racial & health equity

Racial & health equity: Multiple publications have outlined the current system (nationally) inequitably distributing naloxone across populations at risk, however, research on addressing the gaps is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who use drugs found disparities in the re-engagement continuum such that White persons who inject drugs (PWID) were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely (<https://www.sciencedirect.com/science/article/pii/S0376871621002544>). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods.

See handout for links included in 2023 report.

#8 in Annual Report Rankings: Recommendation, Justification

Support Harm Reduction through: Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd (2022). Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.

Justification/Background: As detailed in the August 2023 meeting of the SURG Prevention Subcommittee, there has been tremendous movement and momentum for recognizing the important contributions of CHWs by ensuring that the funds (i.e., Medicaid reimbursements) are at a high enough level to provide competitive and livable wages.

Those working as Peer Recovery Specialists and Certified Prevention Specialists deserve similar compensation levels for their unique and important contributions to supporting our fellow Nevadans.

#8 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility, Racial & Health Equity

Action Step: Bill Draft Request (BDR). There may be pathway for PRSS's and Prevention Specialists in the "slipstream" of the momentum and pathway carved by CHWs in the 2023 legislative session. Perhaps leverage this for the 2025 session.

Impact: HIGH -- If successful in having PRSSs and Prevention Specialists at parity with CHWs, we would have onboard all of the Big Three paraprofessional professions that are key to building strong, effective, and sustainable strategies for mitigating harm from substance abuse.

Capacity & feasibility of implementation: Because of the trailblazing done by CHW advocates, there is already demonstrated capacity and feasibility for implementation of incorporating PRSSs and Prevention Specialists.

Urgency: HIGH -- It is vitally important that we get all of the needed workforce pieces in place so that we don't unintentionally handicap efforts going forward.

Racial & health equity: These sorts of services advance racial and health equity. This is done in two ways. On the workforce development side, these are considered "attainable" professions for folks who might otherwise want to work in healthcare but feel that the barrier of entry is too high for more traditional points of entry (i.e., nurses, doctors).

See handout for links included in 2023 report.

#10 in Annual Report Rankings: Recommendation, Justification

Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification in handout)

Justification/Background: Fentanyl has rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs. A person's overall drug-related risk is lowered every time they choose to smoke instead of inject. Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19. Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies creates safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This broadens the reach of harm reduction services and offers an additional pathway into care and recovery.

#10 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility

Action Step: Bill Draft Request (BDR)

Impact: Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19.

Capacity & feasibility of implementation: Nevada already has multiple laws and policies supporting access to harm reduction services, such as syringe services/harm reduction programs and reduced drug-paraphernalia for drug checking equipment for personal overdose prevention (e.g., fentanyl test strips). Making safer smoking equipment more widely available in partnership with harm reduction programs can provide more opportunities for effective health communication. This can reduce health care barriers and improve health outcomes.

#10 in Annual Report Rankings: Urgency, Racial & Health Equity

Urgency: Fentanyl has rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs.

Racial & health equity: Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies create safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This broadens the reach of harm reduction services and offers an additional pathway into care and recovery. Harm reduction programs can connect people who smoke drugs (PWSD) to a wider array of harm reduction education, materials, and linkage with health care and substance use treatment. In addition, engaging PWSD, especially with younger adults, may slow the development or escalation of substance use disorder and/or transition into injection.

See handout for links included in 2023 report.

#13 in Annual Report Rankings: Recommendation, Justification

Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:

- *Work with harm reduction community to identify partners/ locations and provide guidance and training.*
- *Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.*
- *Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.*
- *Articulate principles and plans for what will happen to the data.*

Justification/Background: There is an increasingly unstable drug supply, and potency can vary significantly from batch to batch. There is a wide range of cutting agents, some of which can be quite harmful, including Xylazine, Levamisole and synthetic opioids. The unpredictability of the drug supply has a direct impact on overdose rates and negative health effects. Currently, people who use drugs in Nevada lack broad access to quantitative drug checking services, which has been shown to prevent overdoses and change drug using behavior. Additionally, collection of this data as a dashboard reported to the public could inform tailored community interventions and resources.

This recommendation was workshopped by the Prevention subcommittee from recommendation submissions by Prevention Vice Chair Schoen, Chair Jessica Johnson, and SURG committee member Lisa Lee. (See SURG Prevention and Harm Reduction Recommendations August 2023 for earlier submissions).

#13 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility

Action Step:

- Work with harm reduction community to identify partners/ locations and provide guidance and training.
- Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
- Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.
- Articulate principles and plans for what will happen to the data.

Impact: This could have a profound impact for public health and safety. If we provide accessible drug checking services they empower people to make informed decisions and reduce their risk of overdose. At the community level, it would allow public health entities and community-based organizations and harm reduction organizations to have a more comprehensive approach to addressing substance use and overdose prevention.

Capacity & feasibility of implementation: There is an existing infrastructure through harm reduction advocates to implement this. However, due to recent changes to state law that increased penalties for people who possess drugs that contain fentanyl, there is a risk for criminal penalty. One additional challenge is distributing the needed funding to smaller community-based harm reduction organizations.

#13 in Annual Report Rankings: Urgency, Racial & Health Equity

Urgency: This is urgent, because of escalating overdoses, particularly around fentanyl. These innovative “boots on the ground” approaches are needed to promote evidence-based strategies to keep people safe. This can negate risks associated with substance use and create safer communities.

Racial & health equity: Offering accessible drug checking services helps to address system inequities by providing a community-based intervention for all people who use drugs to engage in harm reduction measures, and access to information to make an informed choice. BIPOC communities have historically not been connected to the same resources and do not have the same social supports that alleviate substance use related harms within their communities. Involving community members who are harm reductionists in the design and implementation can help make sure this program is attuned to the unique needs and challenges based on disproportionately impacted populations, making it more inclusive and equitable.

See handout for links included in 2023 report.

#15 in Annual Report Rankings: Recommendation, Justification

Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.

Justification/Background: Nevada has a robust peer recovery specialist credentialing program and the community prevention coalitions utilize both peers and community health workers on staff that provide support to their communities in various ways which could include harm reduction efforts that are for the communities they serve. Peers are every bit as effective as community health workers in providing therapeutic social support(s); as such, it is important for them to be reimbursed through Medicaid at a similar, if not higher, level.

#15 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility

Action Step: Expenditure of Opioid Settlement Funds

Impact: HIGH - If there were a contender for "most impactful strategy" with respect to workforce development, the widespread utilization of CHWs (and Peers and Prevention Specialists) would be at the top of the list. From recruitment to sustainability, these paraprofessionals are the most widely accessible and easily deployable -- not to mention the most eager -- members of the workforce to utilize and mobilize in providing Nevadans with the supports they need to mitigate any harm from possible substance use or abuse, including harm reduction efforts.

Capacity & feasibility of implementation: The good news is that many of the community coalitions throughout Nevada are already utilizing CHWs and Peers in harm reduction efforts like Naloxone training and distribution, and other strategies. These coalitions have also done the hard work of helping the communities they serve be more receptive to the importance of considering and utilizing harm reduction strategies.

#15 in Annual Report Rankings: Urgency, Racial & Health Equity

Urgency: HIGH - Time is of the essence -- the longer we delay in standing up this very important strategy, the slower we will be to bring the full benefits to Nevada residents.

Racial & health equity: The use of paraprofessionals helps to promote diversity within the workforce (according to the NCHWA, the most recent cohort of CHW trainees is more than 50% people of color). As well, they are uniquely positioned to be able to have an outsize positive influence relative to more traditional professions (i.e., masters-level therapists, psychiatrists, etc.).

See handout for links included in 2023 report.

#18 in Annual Report Rankings: Recommendation, Justification (Part One)

Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.

Justification/Background (Part One): While the Bureau has made considerable strides to develop MOST/FAST teams and crisis stabilization centers, there is still considerable work to ensure naloxone is provided to individuals when they are vulnerable to overdose (e.g., when being released from incarceration, being released from the hospital, etc.) Maryland's legislation requires evaluation of individuals experiencing non-fatal overdose at these key junctures and requires dispensation of naloxone to these individuals. Further, exploring how to give medication free of charge (and in-hand from hospital discharge) is imperative to ensure access to people at risk of overdose.

From the 2022 Annual Report: One harm reduction tool to address the increase in fatal opioid overdoses is naloxone, a safe and highly effective Food and Drug Administration-approved medication that reverses opioid overdoses. In studies, naloxone efficacy has ranged between 75 and 100 percent. One study from Brigham and Women's hospital in Massachusetts concluded that of those individuals given naloxone, 93.5 percent survived opioid overdose.

#18 in Annual Report Rankings: Justification (Part Two)

Justification/Background (Part Two): In Maryland, the STOP Act legislation expanded access to naloxone in two ways. First, it authorized emergency medical services (EMS) personnel, including emergency medical technicians (EMTs) and paramedics, to dispense naloxone to an individual who experienced a nonfatal overdose or who was evaluated by a crisis response team for possible overdose symptoms. Second, the legislation established that within 2-years of passage, community services programs, including those specializing in homeless services, opioid treatment, and reentry, must develop protocols to dispense naloxone free of charge to individuals at risk of overdose. Both approaches help get naloxone into the hands of those who are most at risk. It is worth noting that Nevada leaders in the legislature and governor's administration have already taken many steps to increase naloxone availability across the state, such as with the passage of The Good Samaritan Drug Overdose Act of 2015 (Senate Bill 459, Chapter 26, Statutes of Nevada 2015 NRS 453C.120). This Act allows greater access to naloxone, an opioid overdose reversal drug and has saved countless lives across Nevada since its passage. This proposed policy would expand these laws to allow health providers to dispense naloxone "leave-behind" or "take-home" kits so that people who use drugs have ready access to them if needed. Dispensing naloxone into the hands of people who use drugs has been found to be effective. One meta-analysis found that in the case of overdose, a take-home kit reduced fatality to one in 123 cases.

#18 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility, Urgency, Racial & Health Equity

Action Step: Bill Draft Request (BDR)

Impact: Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.

Capacity & feasibility of implementation: This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; DHHS has expanded capacity in 2022/2023 with MOST/FAST and crisis stabilization, these entities can be the first groups to engage in provision of naloxone for non-fatal overdoses.

Urgency: Opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.

Racial & health equity: Research on addressing gaps in naloxone access is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who inject drugs (PWID) found disparities in the re-engagement continuum such that White PWID were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely (<https://www.sciencedirect.com/science/article/pii/S0376871621002544>). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods is imperative to save lives. The impact of this recommendation will be dependent on the extent to which these crisis stabilization services have been impactful at addressing racial disparities in their services and programs.

See handout for links included in 2023 report.

6. UPCOMING PREVENTION SUBCOMMITTEE MEETINGS AND NEXT STEPS

Chair Johnson

August 26th Meeting

- Community Health Worker presentation
- Prevention Programming in Schools presentation
- Remaining 2023 Recommendations to be workshopped
- Consider any new recommendations
 - TBD – School ID Cards

September 4th Meeting

- This will be the last subcommittee meeting before the full SURG considers preliminary subcommittee recommendations at the October 9th meeting and will focus on finalizing recommendations.
- Note that the subcommittee will meet again on November 6th to consider the October meeting feedback and finalize recommendations.

7. APPROACH TO RECOMMENDATIONS RANKING PROCESS

Chair Johnson

Discussion on Recommendations Ranking Process

- Options for ranking:
 - 2022 method: weighted ranking; recommendations with multiple members ranking it as their top recommendation received a higher aggregate score.
 - 2023 method: ranked the full slate of preliminary recommendations in October and the final recommendations in December to reflect the relative importance of different recommendations.
 - New option: entire SURG ranks recommendations by subcommittee topic area.
- **Given the approaches used in the past, and the likelihood of there being fewer recommendations, how would the subcommittee suggest moving forward?**
 - Your feedback will be discussed by support staff and provided to the Attorney General for a final decision.

8. PUBLIC COMMENT

Public Comment

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9. 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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