



OFFICE OF THE ATTORNEY GENERAL

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RESPONSE SUBCOMMITTEE

Substance Use Response Group (SURG)

September 13, 2022

12:30 pm

**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
AUGUST 23, 2022 MEETING
MINUTES**

4. FINALIZE SUBCOMMITTEE RECOMMENDATIONS

New Recommendations (September)

- Increase/expand Maternal, Infant, Early Childhood Home Visiting programs within the State of Nevada
- Support funding decisions that increase funds to evidence-based programs that strengthen and educate families.*

**A recommendation was made to combine the two above*

- Increase state funding for substance use treatment facility "beds" on a grants basis. This can aid in the research regarding the impact of having treatment available on the economy.

- Funding an API for the ODMAP system*

**This recommendation was resubmitted for consideration*

Priority Recommendations

SURVEILLANCE AND DATA

- Establish statewide and regional Overdose Fatality Review committees to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies.
 - 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.
 - Standardized data sharing agreements between public safety and public health that support data sharing and allow for redisclosure to inform risk messaging.
 - Funding an Automated Program Interface (API) for the Overdose Mapping Application (ODMAP) system.

Priority Recommendations

CRIMINAL AND CIVIL PENALTIES

- 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.
- *Suggested Revision:* Revise penalties based on the quantity of Fentanyl that is trafficked. (NRS 453.3385, NRS 453.336, 453.339, 453.3395)

Weights and Penalties

- Weight/Penalty (potential deaths when comparing 2 milligrams to grams of fentanyl):
- Less than 14g: deferral (potential to kill 6,995 people)
 - o Prior law: less than 4g – low level trafficking
- Greater than 14g less than 28g: 1-4 years (potential to kill 13,995 people)
 - o Prior law: 4g-28g – mid level trafficking
- Greater than 28g less than 42g: - 1-10 years (potential to kill 20,995 people)
 - o Prior law: 28g or more – high level trafficking
- Greater than 42g but less than 100g: 2-15 years (potential to kill 49,995 people)

Priority Recommendations

CRISIS RESPONSE SYSTEM

- Implement a comprehensive integrated Crisis Response System to coordinate public health and law enforcement to reduce harms through deflection, diversion and medically assisted treatment.
 - 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.
 - Funding for additional police Overdose Response Teams, to respond to and investigate overdose related crimes.

Priority Recommendations

REVISE AND UPDATE NEVADA STATUTES

- Align Nevada Revised Statutes and Administrative Code to promote access to treatment and preventative services.
 - Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law
 - Continue to update NRS 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.
 - Harmonize criminal justice and public health responses to promote access to treatment and medical care.

Priority Recommendations

CRIMINAL JUSTICE

- 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.
- 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.
- Reform criminal justice services to offer all three FDA approved medications for opioid users and implement follow-up and referral with linkage of care including use of peers and other harm reduction strategies with reduced criminalization and punitive practices towards individuals with OUD. **This recommendation was consolidated.*

Priority Recommendations

FUNDING/TREATMENT

- Increase state funding for substance use treatment facility "beds" on a grant's basis. This can aid in the research regarding the impact of having treatment available on the economy.

Priority Recommendations

OTHER

- Support funding decisions that increase funds to evidence-based programs that strengthen and educate families such as increasing and expanding Maternal, Infant, Early Childhood Home Visiting programs within the State. **Consolidated*
- Policy change to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities.
- Establish a user-oriented searchable website for programs on prevention, treatment and recovery, and response for all substances.

Revised Recommendations and Next Steps

- Support legislation to establish a statewide and regional Overdose Fatality Review (OFR) committees and recommend an allocation of funding to support the OFR to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices (cite OFR Checklist)
- Revise penalties based on the quantity of Fentanyl, analogs, or other synthetic drugs of high potency that are trafficked. (NRS 453.3385, NRS 453.336, 453.339, 453.3395)
 - Review language with Board of Pharmacy for accuracy
- Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can “respond to any suspected overdose and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose.” Provider(s) and/or personnel to be deployed to anyone being released from an institutional setting who is being discharged post overdose or suspected overdose.
- Fund personnel and resources to investigate and prosecute drug-related crimes, including an independent medical examiner for reports that specify the cause of death in overdose cases where the source of the drug supply has been identified and can be prosecuted.

Revised Recommendations and Next Steps

Add as a guiding principle: Harmonize criminal justice and public health responses to promote access to treatment and medical care to reduce criminalization and punitive practices towards individuals with SUD

For Further Review:

- Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law
 - Immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel
- Policy change to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities.

Note Support For:

- Reform and fund criminal justice services to offer all three FDA approved medications for the treatment of opioid users

5. PUBLIC COMMENT

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6. 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%20Use%20Response%20Working%20Group%20(SURG)/)



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