



## OFFICE OF THE ATTORNEY GENERAL

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# RESPONSE SUBCOMMITTEE

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Substance Use Response Group (SURG)

August 21, 2023

9:00 am

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

Chair Kerns

# 1. Call to Order and Roll Call to Establish Quorum (Cont.)

<b>Member</b>	<b>SURG Role</b>	<b>Committee Role</b>
<b>Christine Payson</b>	Sheriffs' & Chiefs' Assoc.	Member
<b>Dr. Stephanie Woodard</b>	DHHS Director Appointee	Member
<b>Dr. Terry Kerns</b>	Attorney General Appointee	Chair
<b>Shayla Holmes</b>	Rural Human Services (Lyon County)	Vice Chair
<b>Gina Flores-O'Toole</b>	SUD Treatment Provider	Member

## **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 669-444-9171
  - When prompted enter the Meeting ID: 868 3331 1069
  - Please press \*9 so the host can prompt you to unmute.

**3. REVIEW AND APPROVE MAY  
22, 2023 RESPONSE  
SUBCOMMITTEE MEETING  
MINUTES**

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Chair Kerns

# **4. PRESENTATION ON EMERGENCY DEPARTMENT PEER SUPPORT PROGRAM**

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Lavatta Palm, Program Manager, Trac-B Exchange, University Medical  
Center-Emergency Department Embedded Peer

# Disclosures

- The information contained in the following slides are strictly the views of the presenter.
- Actual data on slide six obtained from UMC peer program as of June 2023.



# Introduction

- Peer Recovery Support is an Evidence Based Practice in which persons with lived experience in recovery from substance use, mental health, and cooccurring disorders can empower and engage others with mutual respect, empathy, and understanding while inspiring the hope of Recovery.

# Issues

- Our goal is to reduce the number of opioid and stimulant using patients admitted to Emergency Department at UMC.

# Special Populations

We serve

- Veterans, elderly persons, and youth;
- Pregnant women and postpartum women;
- Lesbian, gay, bisexual, transgender, and questioning persons;
- People who inject drugs;
- Other populations disproportionately impacted by substance use disorders.

# What's Working Well / Evidence Based Practice

UMC October 2022 to June 2023

Referrals:	194
Detox:	121
Other resources MAT, 12 Step:	108
Warm Handoff:	112

# Gaps

Opioids are synthetic or natural drugs that have certain unique effects on the brain and body. Opioids relieve pain and give a people a sense of well-being or euphoria by changing the body and brain chemistry. The first change many people notice is tolerance, or the need for more of a drug to get the desired effect, which makes it difficult for people to stop using them.

# Recommendation(s)

- None

# References

- <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>
- [Peer Support in the ED Setting \(wisc.edu\)](#)

# Contact Information

<b>Name</b>	<b>Lavatta Palm</b>
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Email	Lavatta@tracbexchange.com



# **5. PRESENTATION FROM BOARD OF PHARMACY**

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Darla Zarley, Pharm.D., Grant and Project Analyst, Nevada State Board of Pharmacy

# Update on Nevada Laws (part 1)

- Effective October 1, 2015
- Senate Bill 459 – 2015 Legislative Session (NRS 453C.120)
  - Good Samaritan Drug Overdose Act
  - The law:
    - Prevents punitive actions against health professionals and any person who administers naloxone or calls 911 to assist someone who may be overdosing on opiates.
    - Provides immunity to persons seeking medical treatment for an opioid overdose for themselves or someone else.
    - Allows greater access to naloxone, an opioid overdose reversal drug. Naloxone is available at area pharmacies and can be obtained without a prescription.
- Coming soon - NARCAN® Nasal Spray has recently been approved as an over-the-counter treatment
  - FDA approved on March 29, 2023.

# Update on Nevada Laws (part 2)

- Effective December 29, 2022
- Regulation authorizing a practitioner to dispense a controlled substance for the treatment of opioid use disorder (UOD) without a Dispensing Registration
- Restricted to a hospital or independent center for emergency medical care
- Practitioner must have an active NV Controlled Substance registration issued by the Board of Pharmacy
- Practitioner must have an active NV DEA registration
- Comply with labeling and recordkeeping requirements
- Report dispensation to the NV PMP

# Update on Nevada Laws (part 3)

- Effective January 1, 2024, and upon passage of any regulations
- Assembly Bill 156 (2023 Legislative Session)
- Allows a pharmacist to:
  - Assess a patient to determine whether the patient has an opioid use disorder and whether medication-assisted treatment (MAT) would be appropriate for the patient and;
  - Prescribe and dispense a drug for medication-assisted treatment;
  - Counsel and provide information to the patient on OUD treatment options including MAT.
- Board of Pharmacy shall adopt regulations regarding the registration process and actions authorized by the pharmacist

# Removal of DATA Waiver Requirement for Opioid Use Disorder Prescriptions

- On December 29, 2022, Congress signed into law the Consolidated Appropriations Act of 2023 (the Act), which eliminated the “DATA-Waiver Program.”
- The Act removes the federal requirement for practitioners to obtain a Data-Waiver (X-waiver) to prescribe medications such as buprenorphine, a Schedule III controlled substance, for the treatment of opioid use disorder (OUD).
- On January 12, 2023, the Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced the immediate elimination of the X-Waiver for prescribing buprenorphine.
- The elimination of the X-waiver will increase the number of practitioners eligible to prescribe buprenorphine thereby increasing access to buprenorphine for those in need.

# Removal of DATA Waiver Requirement for Opioid Use Disorder Prescriptions Cont.

All DEA registrants should be aware of the following:

- A DATA-Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder.
- All prescriptions for buprenorphine only require a standard DEA registration number. The previously used DATA-Waiver registration numbers are no longer needed for any prescription.
- There are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine.
- A new eight-hour training will be required as of June 21, 2023, for all prescribers when they apply for or renew their DEA registration to prescribe controlled substances. The training will include identifying and treating addiction.
- The Act does not impact existing state laws or regulations that may be applicable to prescribing controlled substances.

# References

- [FDA Approves First Over-the-Counter Naloxone Nasal Spray | FDA](#)
- <https://www.deadiversion.usdoj.gov/pubs/docs/A-23-0020-Dear-Registrant-Letter-Signed.pdf>
- <https://www.congress.gov/117/bills/hr2067/BILLS-117hr2067ih.pdf>

# Board of Pharmacy Contact Information

<b>Name</b>	<b>Darla Zarley</b>
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# **6. WASTEWATER SURVEILLANCE OF ILLICIT DRUGS IN SOUTHERN NEVADA**

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Daniel Gerrity, Ph.D., Principal Research Microbiologist, Southern Nevada Water Authority, Water Quality R&D and Edwin Oh, Ph.D., Associate Professor, University of Nevada, Las Vegas, Neurogenetics and Precision Medicine Lab

# Disclosures

- Sampling was performed as part of a SARS-CoV-2 wastewater surveillance effort funded by the U.S. Centers for Disease Control and Prevention:
  - **U.S. Centers for Disease Control and Prevention (NH75OT000057-01-00)**
  - **University of Nevada Las Vegas (PI: Edwin Oh)**
  - **Southern Nevada Health District (Cassius Lockett and Kimberly Franich)**
- We would like to acknowledge the collaborating wastewater agencies for their assistance with sample logistics and the following individuals for their contributions in the field and laboratory: Casey Barber, Janie Holady, Karleigh Hovemo, Michael Moshi, Katerina Papp, Oscar Quinones, Brittney Stipanov, Rebecca Trenholm, Brett Vanderford, and Phil Wang.

# Introduction (part 1)

## Wastewater-Based Surveillance (WBS)

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## Wastewater-Based Epidemiology (WBE)

Monitoring **chemicals** or **biological agents** in wastewater/sewage  
to characterize **activities, behavior, or infection/disease**  
over **time** and **space**

# Introduction (part 2)

**Clinical Swab**



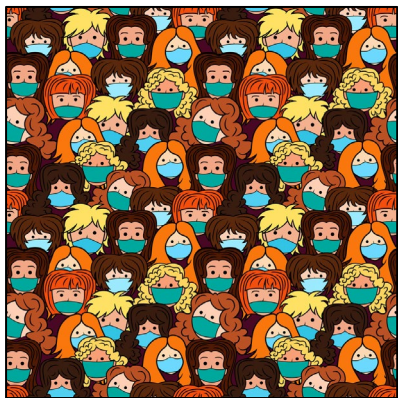
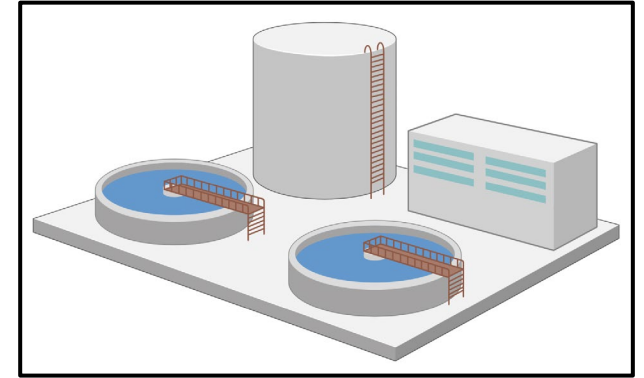
**Sewer Manhole**



**Sewer Lift Station**



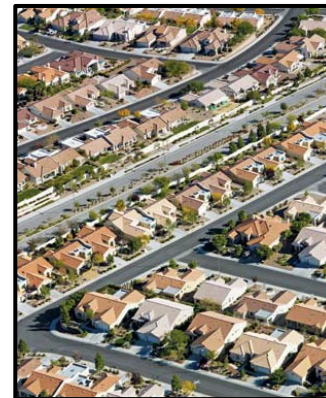
**Wastewater Treatment Plant**



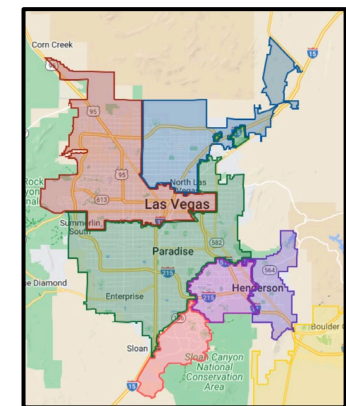
**Individuals**



**Facility**



**Sub-Sewershed**



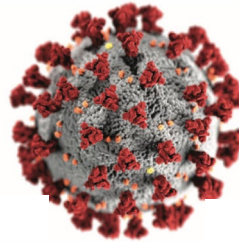
**Sewershed**

# Introduction (part 3)

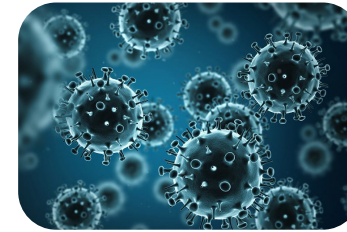


## Respiratory Viruses

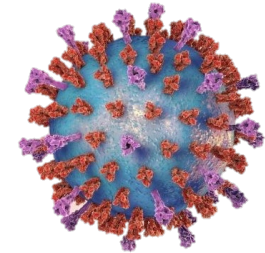
SARS-CoV-2



Influenza

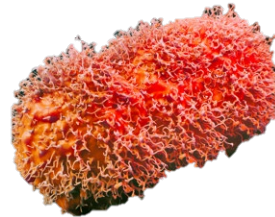


RSV

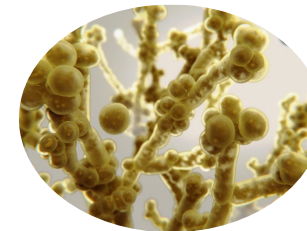


## (Re)Emerging Public Health Threats

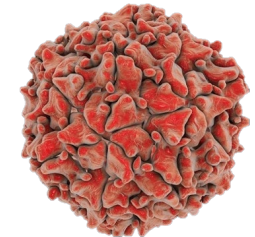
Mpox



*Candida auris*



Poliovirus

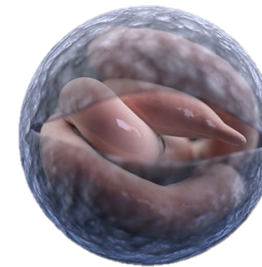


## Historical Water Industry Targets

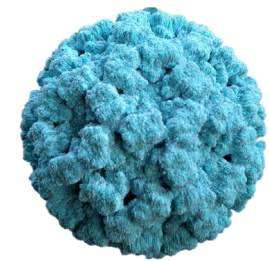
Illicit Drugs (Fentanyl)



*Cryptosporidium*



Norovirus



# Issues

- Wastewater surveillance requires no action on the part of the community
- Thus, it has the potential to reveal the true incidence/prevalence of public health threats
- **Most valuable targets:**
  - **Waning urgency:** SARS-CoV-2
  - **Stigmatization:** Mpox virus
  - **Legal implications:** High risk substances
    - How can we know the true level of substance abuse in a community?

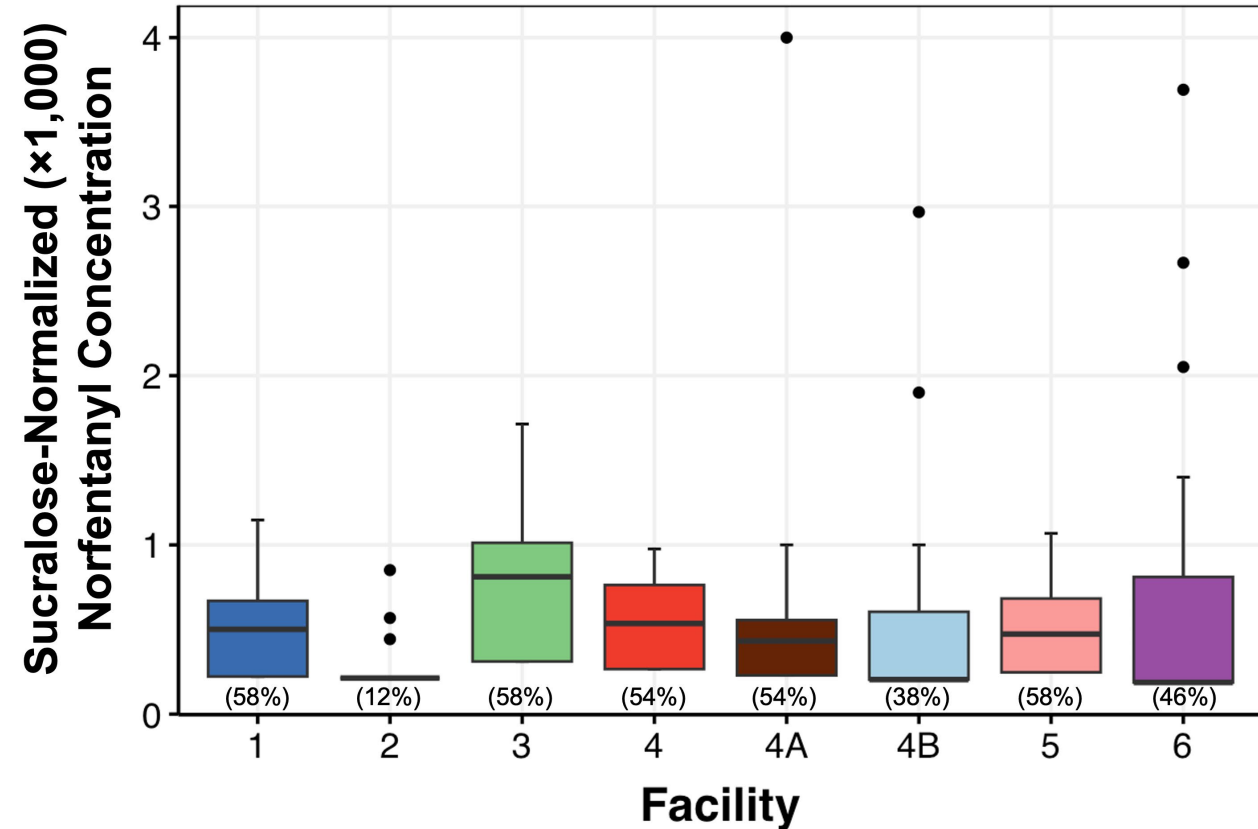
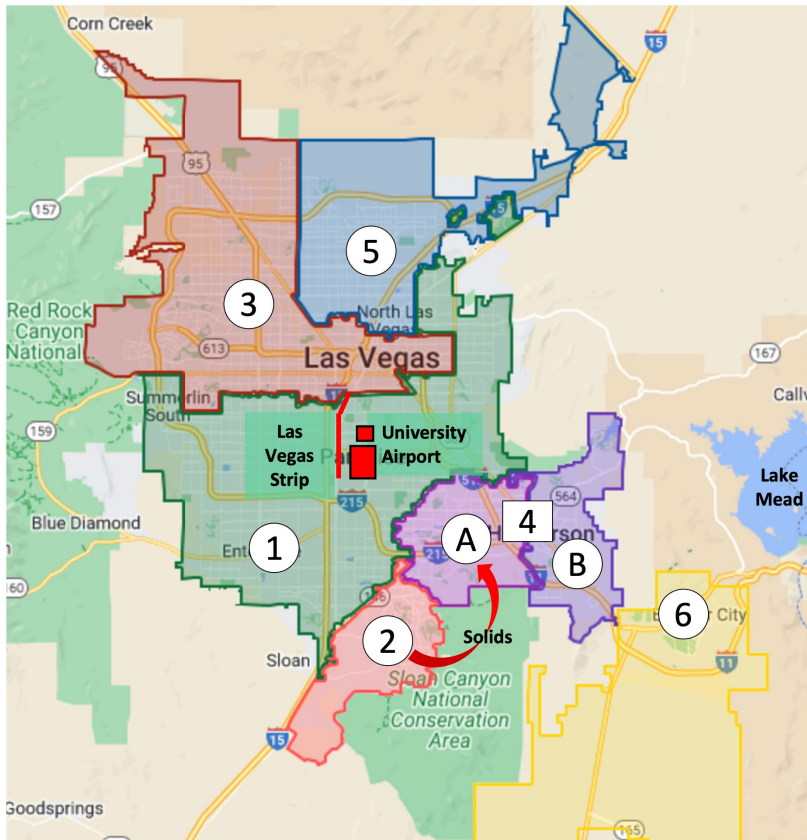


# Special Populations

- **Populations already addressed by Southern Nevada team:**
  - Persons experiencing homelessness (infectious diseases only)
  - Elementary schools (infectious diseases only)
  - LGBTQ (infectious diseases and high risk substances)
- **Populations that could be addressed in Southern Nevada, or have been elsewhere:**
  - Veterans, elderly persons, and youth (VA facilities, assisted living facilities, schools)
  - Persons who are incarcerated (prisons)

# What's Working Well / Evidence Based Practice (part 1)

- Spatial distribution of high risk substance use and outlier events (fentanyl)







# What's Working Well / Evidence Based Practice (part 3)

- Estimating overall consumption of high-risk substances (**kilograms/year**)

<b>Compound/Sewershed</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Total</b>
<b>Cocaine</b>	811	22	407	115	160	2.8	<b>1,518</b>
<b>Codeine</b>	36	1.8	17	7.7	6.4	0.5	<b>69</b>
<b>Fentanyl</b>	27	0.7	12	5.4	4.8	0.3	<b>50</b>
<b>Heroin</b>	123	4.3	118	33	22	1.2	<b>302</b>
<b>Hydrocodone</b>	316	18	156	85	67	5.7	<b>649</b>
<b>MDMA</b>	101	2.2	30	8.7	7.7	0.4	<b>150</b>
<b>Methadone</b>	174	5.4	65	48	27	2.7	<b>322</b>
<b>Methamphetamine</b>	3,788	52	2,328	738	734	35	<b>7,676</b>
<b>Morphine</b>	819	31	312	167	139	20	<b>1,488</b>
<b>Oxycodone</b>	159	10	92	45	36	2.7	<b>345</b>
<b>Sucralose</b>	15,542	811	4,658	2,855	2,793	148	<b>26,807</b>
<b>THC</b>	38,606	1,126	10,447	5,075	4,839	392	<b>60,485</b>
<b>Tramadol</b>	200	14	90	55	44	4.1	<b>407</b>

# What's Working Well / Evidence Based Practice (part 4)

- Facility-level sampling for targeted interventions

Compound (ng/L)	WWTP	Bars	Hospital	Residential	Flamingo Wash <sup>b</sup>
Acetylmorphine (Heroin)	62	83	<25	<25	<25
Benzoylcegonine (Cocaine)	5,133	15,000	633	378	59
MDMA (Ecstasy)	7,520 <sup>a</sup>	6,733 <sup>a</sup>	<50	127	<50
Methamphetamine	6,933	17,000	3,510	123	560
Norfentanyl (Fentanyl)	99	163	<25	<25	48
Xylazine	Non-Detect	Non-Detect	Detected	Non-Detect	Non-Detect

<sup>a</sup>Inflated concentrations due to EDC music festival

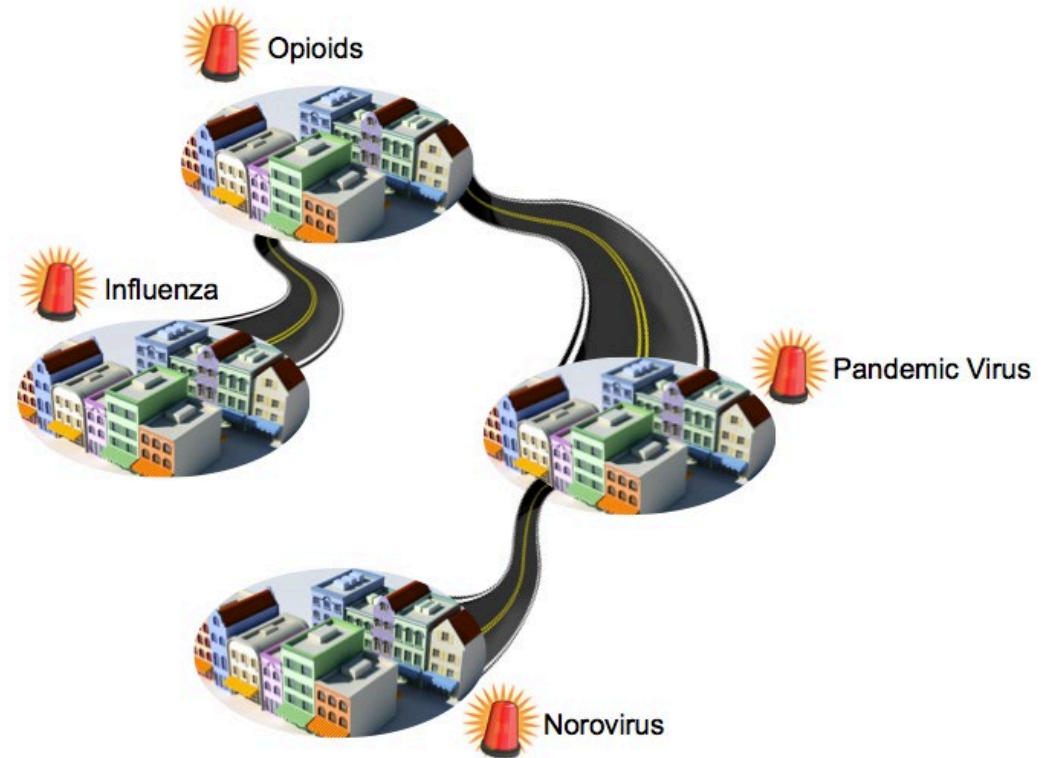
<sup>b</sup>Surrogate for unsheltered homeless population

# Gaps

- **Explicit connections between wastewater surveillance data and other relevant data**
  - Prescribed/supervised use (i.e., expected quantities)
  - Emergency department visit and overdose data
  - Interventions and mitigation (e.g., Narcan deployment)
- **Recommendations for data collection, presentation, and communication**
  - What are the major data gaps that can be filled by wastewater surveillance?
  - What are the high risk substances of greatest interest?
  - How should the information be presented and communicated to maximize benefits?

# Recommendation(s)

- Reach out to groups who have already implemented wastewater surveillance for high risk substances
- Assess whether wastewater surveillance can fill critical data gaps and/or improve response and intervention efforts
- Engage with public health departments and other stakeholders or experts to develop a wastewater surveillance system that best meets the needs of the local community



# References

## High Risk Substance Wastewater Surveillance Case Studies:

- Cary, North Carolina: <https://www.carync.gov/projects-initiatives/project-updates/wastewater-projects/opioid-wastewater-monitoring>
- Marin County, California (xylazine): <https://www.govtech.com/health/wastewater-is-providing-valuable-data-on-community-drug-use>
- Biobot Analytics Webinar with Marin County Epidemiologist Haylea Hannah. [Addressing high risk substance use through wastewater intelligence](#)
- Tempe, Arizona: <https://data.tempe.gov/apps/opioid-wastewater-collection-data-dashboard/explore>

## High Risk Substance Wastewater Surveillance in Southern Nevada:

- Gerrity, D., Crank, K., Oh, E.C., Quinones, O., Trenholm, R.A., Vanderford, B.J., **2023**. Wastewater surveillance of illicit drugs in Southern Nevada: Sucralose normalization to translate data into public health action. Water Research. Future Publication ([draft submitted to SURG](#)).
- Gerrity, D., Papp, K., Dickenson, E., Ejjada, M., Marti, E., Quinones, O., Sarria, M., Thompson, K., Trenholm, R.A., 2022. Characterizing the chemical and microbial fingerprint of unsheltered homelessness in an urban watershed. Sci. Tot. Environ. 840, 156714. <https://doi.org/10.1016/j.scitotenv.2022.156714>.

## SARS-CoV-2 Wastewater Surveillance at a Community Shelter:

- Harrington, A., Vo, V., Papp, K., Tillett, R.L., Chang, C., Baker, H., Shen, S., Amei, A., Lockett, C., Gerrity, D., Oh, E., **2022**. Urban monitoring of antimicrobial resistance during a COVID-19 surge through wastewater surveillance at a treatment plant and homeless shelter. Sci. Tot. Environ. 853, 158577. <https://doi.org/10.1016/j.scitotenv.2022.158577>.
- Vo, V., Tillett, R. L., Papp, K., Shen, S., Gu, R., Gorzalski, A., Siao, D., Markland, R., Chang, C., Baker, H., Chen, J., Schiller, M., Betancourt, W. Q., BATTERY, E., Pandori, M., Picker, M., Gerrity, D., Oh, E.C., **2022**. Use of wastewater surveillance for early detection of Alpha and Epsilon SARS-CoV-2 variants of concern and estimation of overall COVID-19 infection burden. Sci. Tot. Environ. 835, 155410. <https://doi.org/10.1016/j.scitotenv.2022.155410>.

# Contact Information

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<b>Name</b>	<b>Edwin Oh, Ph.D.</b>
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# **7. CROSSWALK OF GOOD SAMARITAN AND DRUG INDUCED HOMICIDE LAWS**

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Teresa Benitez-Thompson, Chief of Staff, Office of the Nevada Attorney General, and Alissa Engler, Chief Deputy Attorney General, Office of the Nevada Attorney General



# **8. 2022 RESPONSE RECOMMENDATIONS REVIEW AND DISCUSSION**

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Vice Chair Holmes

# 2022 RESPONSE RECOMMENDATIONS

*Please refer to the 2022 SURG Recommendations Status July 2023 handout for details on the status of recommendations.*

**Guiding Principle:** *Harmonize public safety and public and behavioral health responses to substance use in our communities and state.*

- 1. 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 such as the Bureau of Justice Assistance's Overdose Fatality Review: A Practitioner's Guide to Implementation.*
- 2. 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).*
- 3. 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 institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose.*
- 4. Fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases.*

## **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.

# 2022 RESPONSE RECOMMENDATIONS CONT.

- Does anyone have additional information to add about the status of any of the recommendations?
- Given the status, do any of the recommendations warrant a revision and resubmission?
- If recommendations are to be resubmitted, which subcommittee member will submit the survey response?

# **9. 2023 RESPONSE RECOMMENDATIONS PROCESS DISCUSSION**

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Chair Kerns

# 2023 RESPONSE RECOMMENDATIONS PROCESS DISCUSSION

Please come prepared to discuss the following for each recommendation:

- Impact
- Capacity & feasibility of implementation
- Urgency
- How the recommendation advances racial and health equity

# SUMMARY OF RESPONSE SUBCOMMITTEE RECOMMENDATIONS UNDER REVIEW (PART 1)

1. Resolve the conflict between the Good Samaritan Law and the Drug Induced Homicide Law.
2. Revise NRS 453c.150 to include language similar to the State of Delaware: "Defendant made a good faith effort to promptly seek, provide, or obtain emergency medical or law enforcement assistance to another person who was experiencing a medical emergency after using a Schedule I or II controlled substance..." or Rhode Island, "An eligible person will not be charged or prosecuted for the offense of controlled substance delivery resulting in death if a person, in good faith, without malice and in the absence of evidence of an intent to defraud, sought medical assistance for someone experiencing a controlled substance overdose..."

# SUMMARY OF RESPONSE SUBCOMMITTEE RECOMMENDATIONS UNDER REVIEW (PART 2)

3. SUD/MH/MOUD assessment, treatment, recovery support, pre-release case management availability in incarcerated settings, implementation challenges and opportunities, and the 1115 waiver for Medicaid coverage 90 days pre-release.
4. Wastewater-based epidemiology (WBE) for monitoring public health trends.

# **10. PUBLIC COMMENT**

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# Public Comment

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  - When prompted enter the Meeting ID: 868 3331 1069
  - Please press \*9 so the host can prompt you to unmute.

# **11. ADJOURNMENT**

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# 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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