



Statewide Substance Use Response Working Group (SURG)

2023 Prevention Recommendations: Summary

1. (#1 in Annual Report Rankings) Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current \$12 million to \$24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming. See [below](#) for details.
2. (#3 in Annual Report Rankings) Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults. See [below](#) for details.
3. (#5 in Annual Report Rankings) Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts. See [below](#) for details.
4. (Unranked in Annual Report Rankings) Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density. See [below](#) for details.

Detailed Recommendations

Recommendations are numbered according to their ranking in the 2023 Annual Report.

Recommendation #1

Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current \$12 million to \$24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.

- Justification/Background:

- While there are strong, evidence-based primary prevention programs that are in place in Nevada along with a robust coalition network, there is not enough financial support to reach all students with primary prevention programming. The most effective interventions target salient risk and protective factors at the individual, family, and/or community levels and are guided by relevant psychosocial theories on substance use. This funding should be allocated on a per pupil basis to ensure maximum reach within the state.

Nevada was not selected for the Strategic Prevention Framework – Partnership for Success funding from SAMHSA this year, which historically has provided funding for primary prevention (Nevada received an annual \$2,260,000 award for the past five years).



The 2022 National Drug Control Strategy report on cost effectiveness of prevention states that “Prevention is not only effective, it is also cost effective approach to prevent later SUD have been identified as an underutilized response to the opioid crisis. The 2016 Surgeon General’s Report on Alcohol, Drugs, and Health also noted that prevention science demonstrates that effective prevention interventions exist, can markedly reduce substance use, and evidence-based programs and policies are underutilized. There are multiple examples of cost-effective prevention programs. For example, the average effective school-based prevention program is estimated to save \$18 per dollar invested... There are also cost-benefit assessments of individual programs. Too Good for Drugs, a school-based prevention program for students in kindergarten through 12th grade, was designed to increase social competencies (e.g., develop protective factors) and diminish risk factors associated with alcohol, tobacco, and other drug use. It has a benefit-to-cost ratio of + \$8.74 and it is estimated that there is a 94-percent chance that benefits will exceed costs. Other effective and cost-effective programs include Botvin Life Skills which has benefit-to-cost ratio of \$13.49, and the Good Behavior Game with a benefit-to-cost ratio of \$62.80.”

- Action Step:
 - Expenditure of Opioid Settlement Funds
 - DHHS Policy
 - Other – Expenditure of other funds/reappropriation of general fund dollars
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
 - **Impact:** This long-term investment in Nevada’s youth can reduce substance use and risk behavior in our state.
 - **Capacity & feasibility of implementation:** We have a strong coalition infrastructure that is already engaging stakeholders and schools in primary prevention programming; additional resources are needed to reach saturation.
 - **Urgency:** This is an emerging crisis and an ongoing need for youth.
 - **Racial and health equity:** Equitable education to learn about substance use and allhealth risk improves opportunities for healthy choices and reduces risk over time.
- Links:
 - SAPTA 9/26/2023 “Funding Update: SPF-PFS Grant for Nevada” email
 - Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and adolescent psychiatric clinics of North America*, 19(3), 505–526. <https://doi.org/10.1016/j.chc.2010.03.005>
 - American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023*. [AMA Overdose Epidemic Report \(ama-assn.org\)](https://www.ama-assn.org), p. 19.



Recommendation #3

Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults.

- Justification/Background:
 - There is a body of research that indicates investing in Tier 1 and Tier 2 services saves money and provides better outcomes and prevents people from needing Tier 3.
- Action Step:
 - Support efforts to expand Provider Type 60 to include reimbursement for preventive services
 - Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services
 - Require DHHS to identify any gaps in Medicaid reimbursement for the delivery of care to support prevention
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
 - **Impact:** This would help Medicaid embrace health and wellness alongside the medical model which would give us tools to get ahead of these important issues. We need to have the ability to be proactive. This will have a profound impact in the long term.
 - **Capacity & feasibility of implementation:** Will need to look at different CPT codes/billing options for facilities to exist. Will need to identify where the gaps are, and opportunities will be. There is quite a bit of infrastructure building that will need to take place.
 - **Urgency:** There is a need to continue to work on this, but it will take some time. It is vital to work on this now.
 - **Racial and health equity:** Addressing gaps in provider services can help improve health outcomes.
- Links:
 - American Medical Association (AMA) Substance Use and Pain Task Force (2023). Overdose Epidemic Report 2023. AMA Overdose Epidemic Report (ama-assn.org), p. 19.

Recommendation #5

Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.

- Justification/Background:
 - This funding recommendation was recommended and supported by the Nevada Tobacco Control & Smoke-free Coalition. With the \$2 per capita support, this brings the total to



\$6.2 million for tobacco control and prevention statewide in Nevada. This would move Nevada's national ranking for tobacco control and prevention funding to 24th instead of its current position at 47th in the nation. The CDC recommendation for Nevada Tobacco Control and Prevention is \$30 million to mitigate morbidity and mortality (Ahlo, M., (7/17/23). Presentation to the SURG Prevention Subcommittee).

Fifteen percent set aside of the approximate \$41 million received annually for the State of Nevada would be about \$6.15 million, which gets close to the \$2 per capita.

The intent of this recommendation is that it should not be at the expense of current Prevention programming/funding or existing NRS set aside for the millennium scholarship.

- Other relevant background information:
 - 1 in 6 Nevada teens use electronic vapor products.
 - This is important because we know that tobacco use is the number 1 cause of preventable illness and death in the United States.
 - Tobacco kills more than 480,000 people annually. More than alcohol, car accidents, illegal drugs, murders, suicides, and HIV/AIDS - COMBINED.
 - Use of electronic cigarettes often lead to co-use or commercial tobacco use.
 - Prevention is key. 90% of adult smokers started before the age of 18.
 - Nevada's Youth Vaping Prevalence Rate:
 - Current ever tried rate for high schoolers 36.7% (2021)
 - Current ever tried rate for middle schoolers 12.6% (2021)
 - Current past 30 days user high school 17.6% (2021)
 - Current past 30 day user middle school 13.4% (2021)
 - (programs were implemented in high schools across Nevada for vaping prevention and demonstrated a reduction on the YRBS between 2019 - 2021 for all groups except middle school 30-day use (group that was not the focus of the intervention)).
 - In 2023, Youth Vaping Prevention Funding was eliminated.
- Nevada Tobacco Revenue
 - The overall total of \$231+ Million from Cigarette Taxes, Other Tobacco Taxes and Settlement Funding is broken down below to demonstrate how much is allocated for tobacco control and prevention.
 - \$145.2 million of Cigarette Taxes / \$0 for tobacco control and prevention
 - \$30.8 million of Other Tobacco Taxes / \$0 for tobacco control and prevention
 - \$14.6 million Juul Settlement / \$0 for tobacco control and prevention
 - \$41 million Master Settlement Funding / \$950,000 for tobacco control and prevention
 - This equals .004% allocated in Nevada to Tobacco Control and Prevention efforts.
- To reiterate: CDC Recommendation for Nevada Tobacco Control and Prevention is \$30mil. This ranks Nevada currently as 47th in the country for Tobacco Control and



Prevention funding. According to the CDC, 2.55 million U.S. middle and high school students reported current (past 30-day) e-cigarette use in 2022, which includes 14.1% of high school students and 3.3% of middle school students. Nearly 85% of those youth used flavored e-cigarettes, and more than half used disposable e-cigarettes. In Nevada, funds for youth vaping prevention have been reduced in 2023.

- Action Step:
 - Identifying funding sources alternative to FRN that can support these statewide programs
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
 - **Impact:** Vaping prevention efforts focus on youth, which is a population of focus for the SURG, and is relevant to the impact of this recommendation.
 - **Capacity & feasibility of implementation:** There is capacity and feasibility to implement this.
 - **Urgency:** This should be considered urgent, given the statistics shared by Malcolm Ahlo, Tobacco Control Coordinator at SNHD:
 - Tobacco kills at a higher rate than alcohol, car accidents, illegal drugs, murders, suicides, and AIDS combined.
 - Tobacco use remains the leading cause of preventable death, even though traditional tobacco or commercial use has declined.
 - Cannabis/marijuana/tobacco and other mechanisms such as vaping.
 - **Racial & health equity:** Many tobacco companies target communities of color.
- Links:
 - Nevada YRBS Data <https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey>
 - CDC Tobacco Funding Recommendations <https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.html>
 - CDC Tobacco Control Best Practices <https://www.cdc.gov/tobacco/stateandcommunity/guides/index.html>
 - Nevada Legislature 2023 Session
 - From earlier submission: <https://www.cdc.gov/media/releases/2022/p1007-e-cigarette-use.html>

Recommendation (Unranked)

Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density.

- Justification/Background:



- Overall, there is evidence from U.S. studies to suggest that higher outlet density is associated with alcohol-related harm. Greater alcohol outlet density is associated with higher rates of intimate partner violence and child abuse and neglect. There is strong scientific evidence that regulating alcohol outlet density is an effective intervention for reducing excessive alcohol consumption and related harms.
- Action Step:
 - DHHS data recommendation
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
 - **Impact:** This would provide a baseline of information needed to complement information at the state level to inform better decisions about interventions. This would have a notable impact and is a first step in identifying opportunities for communities to identify additional policies or program/interventions around outlets and how they correlate with other health outcomes.
 - **Capacity & feasibility of implementation:** here is high capacity and feasibility for implementation.
 - **Urgency:** This is urgent.
 - **Racial & health equity:** There is currently no coordinated effort to collect this information on a regular basis and cross-mapping where people live will help to identify if, and to what degree, there are higher alcohol, tobacco, and cannabis density in communities of color relative to other communities. This can help to advance racial and health equity.
- Links:
 - Sacks, J. J., Brewer, R. D., Mesnick, J., Holt, J. B., Zhang, X., Kanny, D., Elder, R., & Gruenewald, P. J. (2020). Measuring Alcohol Outlet Density: An Overview of Strategies for Public Health Practitioners. *Journal of public health management and practice: JPHMP*, 26(5), 481–488. <https://doi.org/10.1097/PHH.0000000000001023>
 - County Health Rankings: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/alcohol-outlet-density-restrictions>