

2024 SURG Response Subcommittee Preliminary Recommendation Submissions

Recommendation #1 Submitted by Dr. Terry Kerns on 4/19/2024

Recommendation Description	<i>Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.</i>
Please describe your justification/background information for this recommendation.	<p>Recidivism is the act of committing another crime or coming into conflict with the criminal justice system (CJS) again. It is an important measure of the effectiveness of CJS efforts to promote rehabilitation, reintegration, and public safety. Recidivism rates are not available at a national level since there is no national consensus on the operational definition of recidivism and there are significant variations in how recidivism is defined and counted (e.g., re-contact, re-arrest, re-incarceration, or reconviction) in different jurisdictions. For this reason, comparisons between studies and jurisdictions should not be made. (Recidivism in Criminal Justice, https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2020/aug01.html)</p> <p>The Nevada Department of Corrections defines recidivism as a return to incarceration with NDOC within 3 years of an offender’s date of release.</p>
Please include any associated research or links for your recommendation.	<p>See also (by request) the National Governor's Association center for best practices letter to national prearrest diversion and deflection (DPAD) team discussing the definition of recidivism and what states currently have a definition of recidivism in their state statute.</p> <p>Nevada Department of Corrections. Recidivism in the 2019 Release Cohort. https://sentencing.nv.gov/uploadedFiles/sentencingnvgov/content/Meetings/2024/2019%20Recidivism%20Presentation.pdf#:~:text=The%20Nevada%20Department%20of%20Corrections%20defines%20recidivism%20as,3%20years%20of%20an%20offender%E2%80%99s%20date%20of%20release</p> <p>Wisconsin Criminal Justice Coordinating Council. Framework for Defining and Measuring Recidivism. https://cjcc.doj.wi.gov/sites/default/files/subcommittee/Framework%20for%20Defining%20and%20Measuring%20Recidivism_September%202022_Final.pdf</p>
Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.	(d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.	<p>(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.</p> <p>(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.</p>

<p>Recommendation Description</p>	<p><i>Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.</i></p>
<p>If your recommendation focuses on a special population, please select all that apply.</p>	<p>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</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Suggest state agencies involved with deflection and diversion programs; to include but not limited to the Department of Health and Human Services, Department of Administration, Department of Corrections, and Court Systems have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism. Recidivism is often broadly defined as reoffending, however more specificity is necessary for understanding and measuring recidivism rates. Common factors/measures to consider include rearrest, recharge, reconviction, or reincarceration. Recidivism rates measure the frequency with which individuals reengage with the criminal justice system in a defined period of time¹. When these agencies administer grants that have as a goal to reduce recidivism, those receiving the grants (grantees) must have a definition for recidivism that guides metrics that effectively measure the outcomes of these goals. The grantees adopt the state agency recidivism definition. It is suggested this be implemented within two years. Currently the Nevada Department of Corrections has a definition of recidivism. This definition is specific and measurable but would not work well for agencies that fund early deflection and diversion programs.</p> <p>¹Adapted from the Urban Institute, <i>Measuring Recidivism at the Local Level: A Quick Guide</i>. Retrieved from https://www.urban.org/sites/default/files/2015/02/11/recidivism-measures_final-for-website.pdf</p> <p>Wisconsin Criminal Justice Coordinating Council (CJCC), <i>Framework for defining and measuring recidivism</i>. Framework for Defining and Measuring Recidivism September 2022 Final.pdf (wi.gov)</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Short-term (Under 2 years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>No fiscal note</p>
<p>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</p>	<p>2</p>

Recommendation Description	<i>Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.</i>
Please provide a description of the <i>impact</i> of this recommendation.	It could assist with the evaluation of diversion and deflection program effectiveness with programs such as the Forensic Assessment Services Triage Teams (FASTT), specialty court programs such as drug and MAT courts and also with parole and probation programs.
On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.	1
Please provide a description of the <i>urgency</i> of the recommendation.	This is not urgent but will assist in the future with the goal of increasing public safety by reducing recidivism.
On a scale of 1-3, please rate the <i>current capacity & feasibility</i> to implement your recommendation.	2
Please provide a description of the <i>capacity & feasibility</i> of implementing this recommendation.	This would provide a common definition of recidivism at the state agency level and would assist with evaluating the effectiveness of diversion and deflection programs. Programs would then be using a common metric for evaluation of programs across agencies
On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.	2
Please provide a description of how the recommendation <i>advances racial and health equity</i>.	Goal of reducing those involved in the criminal justice system's risk for future recidivism and improving clients' capacity for living in the community.
Please list who you would like to present on this recommendation.	Cherylyn Rahr-Wood cherylyn@nrhp.org Northern Behavioral Health Coordinator and Katie Synder (contractor on COSSUP grant) ksnider@justiceresearch.org

Recommendation #2 Submitted by Dr. Shayla Holmes on 5/21/2024

<p>Recommendation Description</p>	<p><i>Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.</i></p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>Virginia’s Framework for Addiction Analysis and Community Transformation (FAACT) is a secure data-sharing platform led by the Department of Criminal Justice Services (DCJS) in collaboration with Virginia’s chief data officer (CDO). It combines previously siloed data from different agencies, secretariats, localities, social services, public safety and corrections, drug courts, community coalitions and private healthcare systems. It generates insights about contributing factors, brings awareness and delivers actionable intelligence to community leaders supporting their timely and effective response. (https://www.nascio.org/wp-content/uploads/2020/09/NASCIO_FAACT_Entry_2020_FINAL.pdf).</p> <p>In 2023 the SURG Prevention Subcommittee put forth a 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.” 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. This would complement information at the state level to inform better decisions about interventions and it would help in identifying communities where additional policies or program/interventions around outlets could be put in place. It could also look at how outlet density is correlated with other health outcomes.</p>
<p>Please include any associated research or links for your recommendation.</p>	<p>What is FAACT, Virginia’s now-mandated opioid data-sharing tool? https://technical.ly/civic-news/faact-virginia-opioid-data-sharing-tool/</p> <p>National Association of State Chief Information Officers. Framework for Addiction Analysis and Community Transformation (FAACT). https://www.nascio.org/wp-content/uploads/2020/09/NASCIO_FAACT_Entry_2020_FINAL.pdf</p> <p>Code of Virginia. Government Data Collection and Dissemination Practices Act. https://law.lis.virginia.gov/vacodepopularnames/government-data-collection-and-dissemination-practices-act/</p> <p>Virginia Office of Data Governance and Analytics. https://www.odga.virginia.gov/</p> <p>Commonwealth Data Trust. https://www.odga.virginia.gov/commonwealth-data-trust/</p> <p>Framework for Addiction Analysis and Community Transformation. https://www.odga.virginia.gov/faact/</p>

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	<p>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. <i>Journal of public health management and practice: JPHMP</i>, 26(5), 481–488. https://doi.org/10.1097/PHH.0000000000001023</p> <p>County Health Rankings: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/alcohol-outlet-density-restrictions</p>
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.</p>	<p>(i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.</p> <p>(k) Recommend strategies to improve coordination between local, state and federal law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.</p> <p>(l) Evaluate current systems for sharing information between agencies regarding the trafficking and distribution of legal and illegal substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</p>	<p>(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.</p>
<p>If your recommendation focuses on a special population, please select all that apply.</p>	<p>All populations</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Identify if NRS would allow for a similar Data Sharing platform could be implemented or if it would require changes to NRS.</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Long term</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Yes, but unknown the cost of a database like this, in Virginia it is a Tyler Tech based platform.</p>

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<p>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</p>	<p>3</p>
<p>Please provide a description of the <i>impact</i> of this recommendation.</p>	<p>I believe this recommendation would have significant impact on both local and state abilities to respond across prevention, treatment, and recovery with data being analyzed at all points and with predictive possibilities.</p>
<p>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</p>	<p>2</p>
<p>Please provide a description of the <i>urgency</i> of the recommendation.</p>	<p>This is a significant need, but would not make overnight changes to the system or response.</p>
<p>On a scale of 1-3, please rate the <i>current capacity & feasibility</i> to implement your recommendation.</p>	<p>2</p>
<p>Please provide a description of the <i>capacity & feasibility</i> of implementing this recommendation.</p>	<p>I believe it is feasible but would require multiple agencies across multiple professions to participate. In Virginia it took a state mandate for identified agency types.</p>
<p>On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.</p>	<p>3</p>
<p>Please provide a description of how the recommendation <i>advances racial and health equity</i>.</p>	<p>Through better cross-sector data all populations would be better served. Cross-mapping where people live with outlet density 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.</p>
<p>Please list who you would like to present on this recommendation.</p>	<p>Ken Pfeil, Chief Data Officer of the State of Virginia.</p>

Recommendation #3 Submitted by: Dr. Shayla Holmes on August 6, 2024

<p>Recommendation Description</p>	<p><i>Support the collaborative proposal to the Fund for a Resilient Nevada to conduct sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.</i></p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>This was utilized at UNR for COVID on an opt-in voluntary basis. This similar technology is being used for tracking substance use at a community/neighborhood level. "Wastewater-based epidemiology (WBE) has emerged as a powerful tool for monitoring public health trends by analysis of biomarkers including drugs, chemicals, and pathogens. Wastewater surveillance downstream at wastewater treatment plants provides large-scale population and regional-scale aggregation while upstream surveillance monitors locations at the neighborhood level with more precise geographic analysis. WBE can provide insights into dynamic drug consumption trends as well as environmental and toxicological contaminants. Applications of WBE include monitoring policy changes with cannabinoid legalization, tracking emerging illicit drugs, and early warning systems for potent fentanyl analogues along with the resurging wave of stimulants (e.g., methamphetamine, cocaine)."</p> <p>Use cases specific to Nevada were provided at the August 6, 2024 Response Subcommittee meeting.</p>
<p>Please include any associated research or links for your recommendation.</p>	<p>High Risk Substance Wastewater Surveillance in the U.S.:</p> <ul style="list-style-type: none"> National Institute on Drug Abuse (NIDA) / Biobot Analytics: https://biobot.io/press-release/biobot-analytics-awarded-nida-funding-for-nationwide-wastewater-based-monitoring-program-for-high-risk-substances-and-others-associated-with-health-risks/. Wastewater Surveillance of High Risk Substances at New Mexico High Schools: https://www.governor.state.nm.us/wastewater-testing/. Virginia Executive Order for Wastewater Surveillance of Fentanyl: https://www.vdh.virginia.gov/environmental-health/wastewater-surveillance-for-covid-19/. <p>High Risk Substance Wastewater Surveillance in Southern Nevada:</p> <ul style="list-style-type: none"> Gerrity, D., Crank, K., Oh, E.C., Quinones, O., Trenholm, R.A., Vanderford, B.J., 2024. Wastewater surveillance of high risk substances in Southern Nevada: Sucralose normalization to translate data for potential public health action. Sci. Tot. Environ. 908, 168369. https://doi.org/10.1016/j.scitotenv.2023.168369. Zhuang, X, Moshi, M.A., Quinones, O, Trenholm, R.A., Chang, C-L., Cordes, D., Vanderford, B.J., Vo, V., Gerrity, D., Oh, E.C., 2024. Spatial and temporal drug use patterns in wastewater correlate with socioeconomic and demographic indicators in Southern Nevada. JAMA Network Open. In press. Preprint: https://doi.org/10.1101/2024.02.02.24302241.

<p>Recommendation Description</p>	<p><i>Support the collaborative proposal to the Fund for a Resilient Nevada to conduct sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.</i></p>
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.</p>	<p>(i) Develop strategies for local, state, and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.</p> <p>(k) Recommend strategies to improve coordination between local, state, and federal law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.</p> <p>(n) Study the sources and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking, and sale of such substances.</p> <p>(p) Evaluate the effects of substance use disorders on the economy of this State.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</p>	<p>(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.</p>
<p>If your recommendation focuses on a special population, please select all that apply.</p>	<p>This recommendation does not focus on a special population. However, WBE has been correlated with socio economic and demographic indicators in Southern Nevada, including homelessness.</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Expenditure of Opioid Settlement Funds</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Short term</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Fiscal note is not currently required. Proposal requests \$750,000/year for 3 years.</p>

<p>Recommendation Description</p>	<p><i>Support the collaborative proposal to the Fund for a Resilient Nevada to conduct sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.</i></p>
<p>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</p>	<p>3</p>
<p>Please provide a description of the <i>impact</i> of this recommendation.</p>	<p>The potential impact from targeted WBE is significant. WBE has the ability to provide the necessary data to respond to at risk populations within the same timeframe of usage with the right intervention and not wait for overdose or hospitalization data to trigger the response.</p>
<p>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</p>	<p>1</p>
<p>Please provide a description of the <i>urgency</i> of the recommendation.</p>	<p>While this has the potential to save lives and be a significant driver of change in the population, piloting and researching to ensure the outcomes are as anticipated is necessary due to the systems and costs involved.</p>
<p>On a scale of 1-3, please rate the <i>current capacity & feasibility</i> to implement your recommendation.</p>	<p>1</p>
<p>Please provide a description of the <i>capacity & feasibility</i> of implementing this recommendation.</p>	<p>Southern Nevada Water Authority, UNLV, UNR, and College of Southern Nevada are collaborating on this proposal and have experience implementing WBE for uses related to high-risk substance use surveillance.</p>
<p>On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.</p>	<p>3</p>
<p>Please provide a description of how the recommendation <i>advances racial and health equity</i>.</p>	<p>WBE has the ability to identify usage of multiple substances by specific locations, narrowing down areas of concern and the population that frequents or resides there allowing for specific responses. Research shows health outcomes are better determined by zip code and this is because where you live has more significant impact on health equity than genetics.</p>
<p>Please list who you would like to present on this recommendation.</p>	<p>Dr. Gerrity (SNWA), Dr. Oh (UNLV) (already presented)</p>

Recommendation #4 Submitted by: Dr. Shayla Holmes on August 6, 2024

<p>Recommendation Description</p>	<p><i>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, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.</i></p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>From the original submission of this recommendation: The Good Sam Act (SB 459) states that a person acting in good faith would not be arrested for drug related charges if they call 911, provide support to the person who overdosed and stay with them. However, according to the drug induced homicide law, which makes it a class A felony “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”. Therefore, people are afraid to call 911 for those who have overdosed, out of fear of prosecution under NRS 453.333.</p> <p>The subcommittee previously reviewed the Good Samaritan (NRS 453.C.150) and Drug Induced Homicide (NRS 453.333) Laws at its August 2022 and August 2023 meetings. From the August 2023 minutes and presentation by Teresa Benitez-Thompson, Chief of Staff and Alissa Engler, Chief Deputy Attorney General, Office of the Nevada Attorney General:</p> <p>The Drug Induced Homicide Law applies if there is evidence that a person supplied a drug that is the proximate cause of a person’s death, they could be charged with murder. Supplied can mean:</p> <ul style="list-style-type: none"> • Selling • Giving • Trading • Or otherwise making the drug available to an individual <p>This law is very broad and could open up anyone to being charged if there is evidence that someone supplied a drug that caused a death. However, prosecutors in Nevada have stated they would only charge in instances where there was evidence the person was selling the drugs.</p> <p>Ms. Engler talked through the requirements to have immunity under the Good Samaritan law. It could include:</p> <ul style="list-style-type: none"> • Reporting a drug or alcohol overdose to an emergency service • Providing care to a person or • Delivering someone to an emergency room. <p>There are a wide range of options for immunity under this law.</p>

<p>Recommendation Description</p>	<p><i>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, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.</i></p>
<p>Please include any associated research or links for your recommendation.</p>	<p>On June 24, 2024 the Nevada Opioid Center for Excellence hosted a Live Webinar to discuss the Good Samaritan (NRS 453.C.150) and Drug Induced Homicide (NRS 453.333) Laws in Nevada including provisions of the laws, immunity under these laws, and how they compare to other state laws, including Delaware and Rhode Island.</p> <p>Legislative Analysis and Public Policy Association. (April 2024). Good Samaritan Fatal Overdose Prevention and Drug-Induced Homicide: Summary of State Laws.</p> <p>Legislative Analysis and Public Policy Association. (April 2022). Good Samaritan Fatal Overdose Prevention: Laws and Implementation.</p> <p>Colorado General Assembly. (2022). Fentanyl Accountability and Prevention.</p> <p>Government Accountability Office. (March 2021). GAO-21-248, DRUG MISUSE: Many States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects</p>
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.</p>	<p>O. Study effectiveness of criminal and civil penalties</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</p>	<p>B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use</p>
<p>If your recommendation focuses on a special population, please select all that apply.</p>	<p>B. 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;</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Continue to research and track.</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Short term</p>

<p>Recommendation Description</p>	<p><i>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, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.</i></p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Funding for education and public ad campaign (likely less than \$500,000)</p>
<p>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</p>	<p>2</p>
<p>Please provide a description of the <i>impact</i> of this recommendation.</p>	<p>The impact is people who witness someone overdosing may be more likely to intervene and call 911 to get medical assistance for the person experiencing an overdose.</p>
<p>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</p>	<p>3</p>
<p>Please provide a description of the <i>urgency</i> of the recommendation.</p>	<p>The urgency is a mechanism by which people who have experienced an overdose can receive medical intervention and to lower the number of fatal overdoses.</p>
<p>On a scale of 1-3, please rate the <i>current capacity & feasibility</i> to implement your recommendation.</p>	<p>2</p>
<p>Please provide a description of the <i>capacity & feasibility</i> of implementing this recommendation.</p>	<p>Education of the public and law enforcement as well as a media campaign to update the public on the changes to the good sam/drug induced homicide laws.</p>
<p>On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.</p>	<p>3</p>
<p>Please provide a description of how the recommendation <i>advances racial and health equity</i>.</p>	<p>Those experiencing an overdose may be more likely to receive medical care post overdose and avoid a fatal overdose.</p>
<p>Please list who you would like to present on this recommendation.</p>	<p>See note above regarding presentations occurring in 2022, 2023, and the NOCE webinar in June 2024. Engage people with lived experience by reaching out to Shine a Light, Foundation for Recovery, and needle exchange programs.</p>

Recommendation #5 Submitted by: Senator Jeff Stone on August 13, 2024

Recommendation Description	<i>Implement a voluntary program to install “drug take back bins” in retail pharmacies.</i>
Please describe your justification/background information for this recommendation.	Will allow patrons to easily dispose of pharmaceuticals including narcotics that have expired or unused free.
Please include any associated research or links for your recommendation.	Will keep legal narcotic and controlled substances from being diverted for street sale and help keep our water supply clean from pharmaceutical that are flushed down the toilet or deposited into landfills.
Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.	(i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies. (n) Study the sources and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking and sale of such substances.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.	(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.
If your recommendation focuses on a special population, please select all that apply.	e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Bill Draft Request (BDR) Expenditure of Opioid Settlement Funds
Is this a short-term or long-term recommendation?	Long-term (2+ years)

Recommendation Description	<i>Implement a voluntary program to install “drug take back bins” in retail pharmacies.</i>
If your recommendation requires a fiscal note, please approximate the amount.	Estimated fiscal note amount: \$500k
On a scale of 1-3, please rate the <i>impact</i> of your recommendation.	3
Please provide a description of the <i>impact</i> of this recommendation.	Will keep legal controlled substances prescribed for patients that have expired or not used from being diverted for street sale and consumption.
On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.	1
Please provide a description of the <i>urgency</i> of the recommendation.	Just another tool to address opiate addiction in Nevada by eliminating the illicit sale and distribution of prescription controlled substances.
On a scale of 1-3, please rate the <i>current capacity & feasibility</i> to implement your recommendation.	3
Please provide a description of the <i>capacity & feasibility</i> of implementing this recommendation.	As a California State Senator, my bill was signed into law requiring all pharmacies install such bins. It has been very successful in protecting the environment and diversion of controlled substances.
On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.	2
Please provide a description of how the recommendation <i>advances racial and health equity</i>.	This would help all races and creeds with addiction disorders
Please list who you would like to present on this recommendation.	Jeff Stone, Pharm. D.