



## Statewide Substance Use Response Working Group (SURG)

### 2024 DRAFT Recommendations

The Statewide Substance Use Response Working Group (SURG) was created in the Office of the Attorney General under [Assembly Bill 374](#) in 2021. The SURG is required to make recommendations for the establishment, maintenance, expansion or improvement of programs, and the use of state and local funds to address substance misuse and substance use disorders in Nevada.

This document represents the draft recommendations established by each of the SURG subcommittees:

- Prevention Subcommittee: *Abbreviated to PS for Numbering of Recommendations*
  - Harm Reduction: *Abbreviated to HR for Numbering of Recommendations*
- Treatment & Recovery Subcommittee: *Abbreviated to TRS for Numbering of Recommendations*
- Response Subcommittee: *Abbreviated to RS for Numbering of Recommendations*

All recommendations from each subcommittee are presented first, followed by the detailed recommendations and supporting information grouped by subcommittee in the order listed above.

### Summary of Draft Recommendations

#### Prevention Subcommittee

PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor’s budget request, a request 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. ([Page 4](#))

PS 2. 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. ([Page 8](#))

PS 3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard. ([Page 12](#))

PS 4. Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to 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. ([Page 16](#))

#### Harm Reduction

HR 1. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:

- Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking.



- 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. ([Page 20](#))

HR 2. 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.

In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, 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. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly. ([Page 23](#))

HR 3. Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state. ([Page 28](#))

HR 4. Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18. ([Page 31](#))

HR for Potential Consideration. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies, utilizing Maine or Colorado as examples. ([Page 34](#))

### Treatment & Recovery Subcommittee

TRS 1. Support BDR 95 to ensure Narcan be available wherever an AED machine is located, and on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, and within Residential Advisor's domiciles and include training of the administration of Narcan which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design. ([Page 38](#))



TRS 2. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.

[\(Page 41\)](#)

TRS 3. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance’s employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within seven years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals. [\(Page 44\)](#)

TRS 4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the “Bridge Program” for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments. [\(Page 47\)](#)

### Response Subcommittee

RS 1. 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. [\(Page 49\)](#)

RS 2. 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. [\(Page 52\)](#)

RS 3. 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. [\(Page 56\)](#)

RS 4. 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. [\(Page 60\)](#)

RS 5. Implement a voluntary program to install “drug take back bins” in retail pharmacies. [\(Page 64\)](#)



Detailed Recommendations

Prevention Subcommittee

<p><b>Prevention Recommendation #1</b></p> <p><i>2023 Recommendation #1 revised and resubmitted</i></p>	<p><b>PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor’s budget request, a request 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.</b></p>
<p>Question</p>	<p>Response</p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>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.</p> <p>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).</p> <p>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</p>



<p><b>Prevention Recommendation #1</b></p> <p><i>2023 Recommendation #1 revised and resubmitted</i></p>	<p><b>PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor’s budget request, a request 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.</b></p>
<p>Question</p>	<p>Response</p>
	<p>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.”</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<ul style="list-style-type: none"> <li>• SAPTA 9/26/2023 “Funding Update: SPF-PFS Grant for Nevada” email</li> <li>• Griffin, K. W., &amp; 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. <a href="https://doi.org/10.1016/j.chc.2010.03.005">https://doi.org/10.1016/j.chc.2010.03.005</a></li> </ul>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.</b></p>	<p>(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.</p> <p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b></p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:</p> <ol style="list-style-type: none"> <li>(1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;</li> <li>(2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;</li> <li>(3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and</li> </ol>



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<p>Question</p>	<p>Response</p>
	<p>(4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</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><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>	<p>a. Veterans, elderly persons and youth</p> <p>g. Other populations disproportionately impacted by substance use disorders</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<ul style="list-style-type: none"> <li>• Expenditure of Opioid Settlement Funds</li> <li>• DHHS Policy</li> <li>• Other – Expenditure of other funds/reappropriation of general fund dollars</li> </ul>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Long-term recommendation</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>Unsure</p>
<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p>2</p>
<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p>3</p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>3</p>
<p><b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the</b></p>	<p><b>Impact:</b> This long-term investment in Nevada’s youth can reduce substance use and risk behavior in our state.</p> <p><b>Capacity &amp; feasibility of implementation:</b> We have a strong coalition infrastructure that is already engaging stakeholders and</p>





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<p>Question</p>	<p>Response</p>
<p><b>next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</b></p>	<p>schools in primary prevention programming; additional resources are needed to reach saturation.</p> <p><b>Urgency:</b> This is an emerging crisis and an ongoing need for youth.</p> <p><b>Racial and health equity:</b> Equitable education to learn about substance use and health risk improves opportunities for healthy choices and reduces risk over time.</p>



<p><b>Prevention Recommendation #2</b></p> <p><i>2023 Recommendation #5 resubmitted</i></p>	<p><b>PS 2. 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 &amp; Smoke-free Coalition and subject matter experts.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>This funding recommendation was recommended and supported by the Nevada Tobacco Control &amp; Smoke-free Coalition. With the \$2 per capita support, this brings 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. CDC recommends states fund tobacco control and prevention at \$30 to mitigate morbidity and mortality (Ahlo, M., (7/17/23). Presentation to the SURG Prevention Subcommittee).</p> <p>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.</p> <p>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.</p> <p>Other relevant background information -</p> <ul style="list-style-type: none"> <li>- 1 in 6 Nevada teens use electronic vapor products.</li> <li>- This is important because we know that tobacco use is the number 1 cause of preventable illness and death in the United States.</li> <li>- Tobacco kills more than 480,000 people annually. More than alcohol, car accidents, illegal drugs, murders, suicides and HIV/AIDS - COMBINED.</li> <li>- Use of electronic cigarettes often lead to co-use or commercial tobacco use.</li> <li>- Prevention is key. 90% of adult smokers started before the age 18.</li> </ul> <p>Nevada's Youth Vaping Prevalence Rate:</p> <ul style="list-style-type: none"> <li>- Current ever tried rate for high schoolers 36.7% (2021)</li> <li>- Current ever tried rate for middle schoolers 12.6% (2021)</li> <li>- Current past 30 days user high school 17.6% (2021)</li> <li>- Current past 30 day user middle school 13.4% (2021)</li> </ul> <p>(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)).</p> <p>In 2023, Youth Vaping Prevention Funding was Eliminated</p> <p>Nevada Tobacco Revenue</p>





<p><b>Prevention Recommendation #2</b></p> <p><i>2023 Recommendation #5 resubmitted</i></p>	<p><b>PS 2. 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 &amp; Smoke-free Coalition and subject matter experts.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
	<p>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.</p> <ul style="list-style-type: none"> <li>- \$145.2 million of Cigarette Taxes / \$0 for tobacco control and prevention</li> <li>- \$30.8 million of Other Tobacco Taxes / \$0 for tobacco control and prevention</li> <li>- \$14.6 million Juul Settlement / \$0 for tobacco control and prevention</li> <li>- \$41 million Master Settlement Funding / \$950,000 for tobacco control and prevention</li> </ul> <p>This equals .004% allocated in Nevada to Tobacco Control and Prevention efforts.</p> <p>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.</p> <p>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.</p>



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<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<ul style="list-style-type: none"> <li>• Nevada YRBS Data <a href="https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey">https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey</a></li> <li>• CDC Tobacco Funding Recommendations <a href="https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.htm">https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.htm</a></li> <li>• CDC Tobacco Control Best Practices <a href="https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm">https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm</a></li> <li>• Nevada Legislature 2023 Session</li> <li>• From earlier submission: <a href="https://www.cdc.gov/media/releases/2022/p1007-e-cigarette-use.html">https://www.cdc.gov/media/releases/2022/p1007-e-cigarette-use.html</a></li> </ul>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.</b></p>	<p>(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.</p> <p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b></p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p>
<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>	<p>a. Veterans, elderly persons, and youth</p> <p>d. Lesbian, gay, bisexual, transgender and questioning persons</p> <p>f. Children who are involved with the child welfare system</p> <p>g. Other populations disproportionately impacted by substance use disorders</p>



<b>Prevention Recommendation #2</b>  <i>2023 Recommendation #5 resubmitted</i>	<b>PS 2. 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 &amp; Smoke-free Coalition and subject matter experts.</b>
Question	Response
<b>Please describe the Action Step aligned with your recommendation.</b>	Bill Draft Request
<b>Is this a short-term or long-term recommendation?</b>	Unsure
<b>If your recommendation requires a fiscal note, please approximate the amount.</b>	Estimated fiscal note amount: 6.2 million
<b>On a scale of 1-3, please rate the urgency of your recommendation.</b>	3
<b>On a scale of 1-3, please rate the impact of your recommendation.</b>	3
<b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b>	3
<b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</b>	<p><b>Impact:</b> Vaping prevention efforts focus on youth, which is a population of focus for the SURG, and is relevant to the impact of this recommendation.</p> <p><b>Capacity &amp; Feasibility of implementation:</b> There is capacity and feasibility to implement this.</p> <p><b>Urgency:</b> This should be considered urgent, given the statistics shared by Malcolm Ahlo, Tobacco Control Coordinator at SNHD:</p> <ul style="list-style-type: none"> <li>• Tobacco kills at a higher rate than alcohol, car accidents, illegal drugs, murders, suicides, and AIDS combined.</li> <li>• Tobacco use remains the leading cause of preventable death, even though traditional tobacco or commercial use has declined.</li> <li>• Cannabis/marijuana/tobacco and other mechanisms such as vaping.</li> </ul> <p><b>Racial and health equity:</b> Many tobacco companies target communities of color.</p>



<p><b>Prevention Recommendation #3</b> <i>2023 Recommendation #8 revised and resubmitted</i></p>	<p><b>PS 3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>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.</p> <p>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.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p>Where to begin? The value of Peer Recovery Specialists is widely acknowledged for the "lived experience" that informs the interactions of each and every Peer Recovery Specialist. According to SAMHSA's "National Model Standards for Peer Support Certification" page on their website, a primary goal of President Biden's 2022 Presidential Unity Agenda (which indicates strategies for addressing the nation's mental health crisis), "A primary goal outlined within this strategy is accelerating the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system."</p> <p>Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead &amp; McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self---empowerment, and take concrete steps towards building fulfilling, self---determined lives for themselves. (From "Value of Peers", 2017, SAHMSA)</p> <p>According to SAHMSA ("Value of Peers," 2017), the Peers appear to provide the following benefits to clients:</p> <ul style="list-style-type: none"> <li>• Increased confidence and self-esteem</li> <li>• Increased sense of control and ability to bring about changes in their lives</li> <li>• Raised empowerment scores</li> <li>• Increased sense that treatment is response and inclusive of needs</li> <li>• Increased sense of hope and inspiration</li> <li>• Increased empathy and acceptance (camaraderie)</li> <li>• Increased engagement in self care and wellness</li> <li>• Increased social support and social functioning</li> <li>• Decreased psychotic symptoms</li> <li>• Reduced hospital admission rates and longer community tenure</li> </ul>



<p><b>Prevention Recommendation #3</b> <i>2023 Recommendation #8 revised and resubmitted</i></p>	<p><b>PS 3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
	<ul style="list-style-type: none"> <li>• Decreased substance use and depression</li> </ul> <p>As for Certified Prevention Specialists, these are folks with specialized training in providing evidence-based curricula and programs for the purposes of dissuading the substance use or abuse. As we move towards acknowledging the importance of offering comprehensive school-based programs that can help to address all factors including those that contribute to elevated ACE scores, it is important that we have a trained workforce able to do this very important work.</p> <p>Per the IC&amp;RC's website, "Today's communities face a myriad of challenges – violence, drug abuse, crime, illness – but those problems, and the long-term damage they can cause, can be prevented, with appropriate education and intervention. Prevention-based programs are taking that message to schools, workplaces, faith-based organizations, and community centers in the U.S. and 22 countries around the world. The success of these programs relies on a competent, well-trained, ethical and professional workforce of Prevention Specialists.</p> <p>"The Affordable Health Care for America Act of 2010, Substance Abuse and Mental Health Services Administration's (SAMHSA) "8 Strategic Initiatives," and the 2011 National Drug Control Strategy have placed prevention in the forefront of health care reform efforts across the country. Local, state, and national organizations are struggling to keep up with the tremendous demand for new prevention professionals.</p> <p>"Credentialed prevention staff ensure that programs and their funders are delivering on their mission of ensuring public safety and well-being. A thorough understanding of prevention and the latest evidence-based practices for treatment is the hallmark of a qualified professional. The Prevention Specialist credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination.</p> <p>"Adopted in 1994, the Prevention Specialist (PS) is one of the fastest growing credentials in the field of addiction-related behavioral health care. There are now more than 50 U.S. states, territories, and countries that offer a reciprocal PS credential."</p>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention</b></p>	<p>(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.</p>



<p><b>Prevention Recommendation #3</b> <i>2023 Recommendation #8 revised and resubmitted</i></p>	<p><b>PS 3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Subcommittee that aligns with your recommendation. Please select all that apply.</b></p>	<p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b></p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <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><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>	<p>My recommendation does not focus on a special population.</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Bill Draft Request (BDR) Other (please specify): 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.</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Long-term (2+ years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>Estimated fiscal note amount: Unsure -- conceivably these two professions could ostensibly HELP the State save money by reducing harm and utilization of higher cost services.</p>





<p><b>Prevention Recommendation #3</b> <i>2023 Recommendation #8 revised and resubmitted</i></p>	<p><b>PS 3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.</b></p>
<p>Question</p>	<p>Response</p>
<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p>3</p>
<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p>3</p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>3</p>
<p><b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</b></p>	<p><b>Impact</b> -- 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.</p> <p><b>Capacity and Feasibility of Implementation</b> -- Because of the trailblazing done by CHW advocates, there is already demonstrated capacity and feasibility for implementation of incorporating PRSSs and Prevention Specialists.</p> <p><b>Urgency</b> -- HIGH -- It is vitally important that we get ALL of the needed workforce pieces in place so that we don't unintentionally handicap our efforts going forward.</p> <p><b>Racial and health equity</b> --It is my understanding that is just these sorts of services that most 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). Indeed, data from the NV Community Health Worker Association demonstrates that their most recent training cohort are primarily people of color.</p> <p>Secondly, because paraprofessionals are not as expensive as more traditional supports (i.e., masters-level mental health counselors, psychologists), they are more often utilized and deployed to provide services to people of color where funds are not widely available.</p>



<p><b>Prevention Recommendation #4</b></p>	<p><b>PS 4. Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control &amp; Smoke-free Coalition and subject matter experts.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please describe your justification/background and information for this recommendation.</b></p>	<p>Nevada, the ninth state to legalize cannabis in 2016, enforces a minimum age of 21 for recreational cannabis use. The state has 100 active dispensaries: 66 offer both medical and recreational products, 33 are retail-only, and one served exclusively as a medical dispensary. <i>(Sources: Nevada Tobacco and Smoke Free Coalition, Centers for Disease Control and Prevention, Cannabis Facts NV, Nevada Cannabis Compliance Board, Nevada Youth Risk Behavior Surveillance System).</i></p> <p>In fiscal year 2021/2022, Nevada reported taxable cannabis sales of \$965,091,123. Clark County led with \$754,357,922, followed by Washoe County at \$126,857,544, with all other counties contributing \$83,875,657. <i>(Sources: Nevada Tobacco and Smoke Free Coalition, Centers for Disease Control and Prevention, Cannabis Facts NV, Nevada Cannabis Compliance Board, Nevada Youth Risk Behavior Surveillance System).</i></p> <p>Around 48 million people in the United States use cannabis, and its impact on the youth population is particularly concerning. In 2021, about 13% of young people in the U.S. used cannabis. In the same year, 15.6% of Nevada’s high school students reported being current users. Several factors contribute to youth and young adult cannabis use, including perceived harm, peer influence, accessibility, marketing and advertising, curiosity and experimentation, and normalization. <i>(Sources: Nevada Tobacco and Smoke Free Coalition, Centers for Disease Control and Prevention, Cannabis Facts NV, Nevada Cannabis Compliance Board, Nevada Youth Risk Behavior Surveillance System).</i></p> <p>The Nevada Tobacco and Smoke Free Coalition created these recommendations for strategic funding allocation and best practices and how they could be operationalized:</p> <ol style="list-style-type: none"> <li>1) <b>Education and Prevention:</b> Launch awareness campaigns for youth, parents, and educators to highlight cannabis risks, dispel myths, and promote healthy alternatives through presentations, workshops, and peer-led activities. Utilize social media, schools, and community organizations for outreach.</li> <li>2) <b>Treatment and Cessation:</b> Offer culturally tailored, evidence-based cessation programs for youth, along with support for existing counseling and replacement therapy initiatives.</li> <li>3) <b>Supportive School Practices:</b> Encourage alternatives to punitive measures like school suspension, emphasizing staff training for safe and healthy alternatives.</li> </ol>



<p><b>Prevention Recommendation #4</b></p>	<p><b>PS 4. Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control &amp; Smoke-free Coalition and subject matter experts.</b></p>
<p>Question</p>	<p>Response</p>
	<p>4) <b>Youth Engagement:</b> Empower young people to participate actively in addressing the issue through youth-led initiatives, advocacy groups, and peer support networks.</p> <p>5) <b>Parent and Community Outreach:</b> Engage parents and communities by providing resources, workshops, and support networks to help them understand cannabis risks and address the issue effectively.</p> <p>6) <b>Data Collection:</b> Improve data collection to track youth cannabis trends and effective policies, aiding policymakers and public health officials in adapting interventions.</p> <p>7) <b>Cannabis Product Waste:</b> Educate students, staff, faculty, and parents on responsible cannabis waste disposal, promoting environmental awareness.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p>Research/links:</p> <ul style="list-style-type: none"> <li>• <a href="https://nvtobaccopreventioncoalition.org/">https://nvtobaccopreventioncoalition.org/</a></li> <li>• <a href="https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Marijuana-and-Teens-106.aspx">https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Marijuana-and-Teens-106.aspx</a></li> <li>• <a href="https://www.cdc.gov/cannabis/data-research/facts-stats/index.html">https://www.cdc.gov/cannabis/data-research/facts-stats/index.html</a></li> <li>• <a href="https://www.dfaf.org/california-nevada-and-oregon-see-increase-in-youth-marijuana-use/">https://www.dfaf.org/california-nevada-and-oregon-see-increase-in-youth-marijuana-use/</a></li> <li>• <a href="https://thenevadaindependent.com/article/opinion-seven-years-later-is-legal-recreational-cannabis-really-worth-it">https://thenevadaindependent.com/article/opinion-seven-years-later-is-legal-recreational-cannabis-really-worth-it</a></li> <li>• <a href="https://www.dfaf.org/california-nevada-and-oregon-see-increase-in-youth-marijuana-use/">https://www.dfaf.org/california-nevada-and-oregon-see-increase-in-youth-marijuana-use/</a></li> <li>• <a href="https://www.psychologytoday.com/us/blog/addiction-outlook/202405/the-reality-of-teens-and-weed?amp">https://www.psychologytoday.com/us/blog/addiction-outlook/202405/the-reality-of-teens-and-weed?amp</a></li> <li>• <a href="https://www.psychiatrictimes.com/view/cannabis-use-young-adults-challenges-during-transition-adulthood">https://www.psychiatrictimes.com/view/cannabis-use-young-adults-challenges-during-transition-adulthood</a></li> </ul>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.</b></p>	<p>(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.</p> <p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.</p>



<b>Prevention Recommendation #4</b>	<b>PS 4. Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control &amp; Smoke-free Coalition and subject matter experts.</b>
Question	Response
<b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b>	(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants.
<b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not, please select that response.</b>	Special Populations: <ul style="list-style-type: none"> <li>• Veterans, Elderly Populations, and Youth</li> <li>• Lesbian, gay, bisexual, transgender and questioning persons</li> <li>• Children who are involved with the child welfare system</li> <li>• Other populations overly impacted by substance use disorders</li> </ul>
<b>Please describe the Action Step aligned with your recommendation.</b>	Bill Draft Request (BDR)
<b>Is this a short-term or long-term recommendation?</b>	Unsure
<b>If your recommendation requires a fiscal note, please approximate the amount.</b>	Estimated fiscal note amount: 6.2 million
<b>On a scale of 1-3, please rate the urgency of your recommendation.</b>	2
<b>On a scale of 1-3, please rate the impact of your recommendation.</b>	2



<p><b>Prevention Recommendation #4</b></p>	<p><b>PS 4. Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control &amp; Smoke-free Coalition and subject matter experts.</b></p>
<p>Question</p>	<p>Response</p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>3</p>
<p><b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</b></p>	<p><b>Impact:</b> The proposed recommendation will bolster youth-focused prevention programs across Nevada. By reaching the \$2 per capita funding goal, this policy ensures a sustained investment in evidence-based prevention efforts aimed at reducing youth initiation and use of cannabis. Investing in early prevention has been shown to reduce lifetime health risks, lower healthcare costs associated with substance use, and promote healthier behaviors among young people, ultimately leading to improved public health outcomes for future generations.</p> <p><b>Capacity and Feasibility of Implementation:</b> Leveraging the local lead agencies model ensures that funds are distributed efficiently and effectively to communities with the highest needs. Local agencies are well-positioned to implement youth-specific prevention programs, building on existing infrastructure and expertise in public health interventions. Nevada already has a coalition and framework in place to distribute these prevention funds. The feasibility of this approach is supported by the ability of local agencies to collaborate with schools, youth organizations, and community groups, ensuring that prevention efforts are culturally relevant and impactful.</p> <p><b>Urgency:</b> Youth and young adults are particularly vulnerable to the harmful effects of substances, including long-term cognitive, physical, and emotional impacts. Without timely investment in youth prevention programs, Nevada risks exacerbating future public health and social challenges, such as increased substance dependence and reduced academic achievement. The urgency of this funding is clear: investing in youth prevention now will mitigate these risks and create healthier communities for years to come.</p> <p><b>Racial and health equity:</b> Youth from communities of color and low-income backgrounds often face higher exposure to tobacco and cannabis, along with fewer resources for prevention and education. By directing these funds toward youth prevention programming, this policy ensures that local agencies prioritize outreach to underserved communities, addressing health disparities and ensuring equitable access to prevention services. Targeted investments in these communities will help close gaps in health outcomes and provide critical resources to those most affected by substance use, advancing both racial and health equity across the state.</p>



Harm Reduction

<p><b>Harm Reduction Recommendation #1</b> <i>2023 Recommendation #13 revised and resubmitted</i></p>	<p><b>HR 1. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:</b></p> <ul style="list-style-type: none"> <li>• Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking.</li> <li>• Work with harm reduction community to identify partners/ locations and provide guidance and training.</li> <li>• Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.</li> <li>• Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.</li> <li>• Articulate principles and plans for what will happen to the data.</li> </ul>
<p>Question</p>	<p>Response</p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>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.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p>Not provided</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</b></p>	<p>Not provided</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your</b></p>	<p>Not provided</p>





<p><b>Harm Reduction Recommendation #1</b></p> <p><i>2023 Recommendation #13 revised and resubmitted</i></p>	<p><b>HR 1. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:</b></p> <ul style="list-style-type: none"> <li>• Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking.</li> <li>• Work with harm reduction community to identify partners/ locations and provide guidance and training.</li> <li>• Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.</li> <li>• Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.</li> <li>• Articulate principles and plans for what will happen to the data.</li> </ul>
<p>Question</p>	<p>Response</p>
<p>recommendation. Please select all that apply.</p>	
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>Not provided</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<ul style="list-style-type: none"> <li>• Work with harm reduction community to identify partners/ locations and provide guidance and training.</li> <li>• Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.</li> <li>• Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.</li> <li>• Articulate principles and plans for what will happen to the data.</li> </ul>
<p>Please provide a description of the following regarding your recommendation: Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation</p>	<p><b>Impact:</b> 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.</p> <p><b>Capacity &amp; feasibility of implementation:</b> Health districts and other local coalitions could support this regional approach. There is also an existing infrastructure through harm reduction advocates to implement</p>



<p><b>Harm Reduction Recommendation #1</b></p> <p><i>2023 Recommendation #13 revised and resubmitted</i></p>	<p><b>HR 1. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:</b></p> <ul style="list-style-type: none"> <li>• Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking.</li> <li>• Work with harm reduction community to identify partners/ locations and provide guidance and training.</li> <li>• Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.</li> <li>• Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.</li> <li>• Articulate principles and plans for what will happen to the data.</li> </ul>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>advances racial and health equity.</b></p>	<p>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.</p> <p><b>Urgency:</b> 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.</p> <p><b>Racial &amp; health equity:</b> 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.</p>



**Harm Reduction Recommendation #2**  
*2023 Recommendation #14 revised and resubmitted*

**HR 2. 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.**

**In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, 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. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.**

Question	Response
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>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.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p>Nextdistro is a national Harm Reduction Program that partners with local programs to ship overdose prevention supplies to individuals that need it. Trac-B/Impact Exchange in Las Vegas is a partner. <a href="http://www.nextdistro.org">www.nextdistro.org</a></p>



<p><b>Harm Reduction Recommendation #2</b></p> <p><i>2023 Recommendation #14 revised and resubmitted</i></p>	<p><b>HR 2. 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.</b></p> <p><b>In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, 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. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</b></p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.</p>
<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>	<p>e. People who inject drugs; (as revised)</p> <p>g. Other populations disproportionately impacted by substance use disorders</p>



<p><b>Harm Reduction Recommendation #2</b></p> <p><i>2023 Recommendation #14 revised and resubmitted</i></p>	<p><b>HR 2. 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.</b></p> <p><b>In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, 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. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Expenditure of Opioid Settlement Funds</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Long-term (2+ years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>Unsure</p>
<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p>1</p>
<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p>3</p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>3</p>
<p><b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting):</b></p>	<p><b>Impact:</b> 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. Additionally, critical information about assistance for medical care, detox, treatment are included in the mailed packages. This can remove a communication barrier and allow for more effective information sharing.</p>



**Harm Reduction Recommendation #2**

*2023 Recommendation #14 revised and resubmitted*

**HR 2. 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.**

**In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, 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. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.**

**Question Response**

**Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.**

Supporting the collection of used sharps focuses on supporting safe disposal and protects individuals and communities. Syringe disposal is much more important than one might suspect. Individuals may elect to reuse or share used syringes and points if they do not have the means to properly dispose them.

This recommendation scales up an existing program and incorporates working with communities/community coalitions to develop additional strategies for disposal and delivery to people in need of naloxone and other harm reduction items. This scaling up would allow individuals receiving products to meet local agency staff if they choose to physically drop off used products. It's important to consider the limited lines of communication with people using illicit drugs. This recommendation meets people where they are at, which is an important quality of harm reduction.

**Capacity & feasibility of implementation:** Harm reduction shipping supply is a very cost-effective way of distributing supplies. 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.

**Urgency:** Getting supplies to people who are currently using substances saves lives. People who use substances are dying of overdose in our





**Harm Reduction Recommendation #2**

*2023 Recommendation #14 revised and resubmitted*

**HR 2. 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.**

**In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, 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. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.**

Question

Response

communities and naloxone availability would save lives. Syringe disposal would allow people to prevent improperly disposing of or reusing 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.

Additionally, mailing presents a much more non-judgmental, non-discriminatory approach which is essential to open lines of communication and allows control by the participant.



<p><b>Harm Reduction Recommendation #3</b> <i>2023 Recommendation #7 revised and resubmitted</i></p>	<p><b>HR 3. Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state’s Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>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.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<ul style="list-style-type: none"> <li>• This article summarizes the process for establishing naloxone saturation. Likely underestimates true need as it does not include non-fatal overdoses and drug checking data: <a href="https://www.thelancet.com/article/S2468-2667(21)00304-2/fulltext">https://www.thelancet.com/article/S2468-2667(21)00304-2/fulltext</a></li> <li>• This article summarizes the net benefit of naloxone access over the counter, and highlights the continued barrier of affordability for people at risk of opioid overdose: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7894851/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7894851/</a></li> <li>• Summary from national experts on overdose education and naloxone distribution (OEND) programs on best practices for community based naloxone distribution: <a href="https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00639-z">https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00639-z</a></li> </ul>
<p><b>Please select AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</b></p>	<p>(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor, and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.</p>



<p><b>Harm Reduction Recommendation #3</b> <i>2023 Recommendation #7 revised and resubmitted</i></p>	<p><b>HR 3. Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state’s Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b></p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p>
<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></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 e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Expenditure of Opioid Settlement Funds</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Unsure</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>Unsure</p>
<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p>3</p>



<p><b>Harm Reduction Recommendation #3</b> <i>2023 Recommendation #7 revised and resubmitted</i></p>	<p><b>HR 3. Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state’s Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p>3</p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>3</p>
<p><b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</b></p>	<p><b>Impact:</b> Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.</p> <p><b>Capacity &amp; Feasibility:</b> 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.</p> <p><b>Urgency:</b> 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</p> <p><b>Racial and Health Equity:</b> 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 (<a href="https://www.sciencedirect.com/science/article/pii/S0376871621002544">https://www.sciencedirect.com/science/article/pii/S0376871621002544</a>). 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.</p>



<p><b>Harm Reduction Recommendation #4</b> <i>2023 Recommendation #15 revised and resubmitted</i></p>	<p><b>HR 4. Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>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.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p>No Survey Response</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.</b></p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p> <p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.</p>
<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></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>g. Other populations disproportionately impacted by substance use disorders</p>



<b>Harm Reduction Recommendation #4</b> <i>2023 Recommendation #15 revised and resubmitted</i>	<b>HR 4. Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.</b>
<b>Question</b>	<b>Response</b>
<b>Please describe the Action Step aligned with your recommendation.</b>	Expenditure of Opioid Settlement Funds
<b>Is this a short-term or long-term recommendation?</b>	Long-term (2+ years)
<b>If your recommendation requires a fiscal note, please approximate the amount.</b>	Unsure
<b>On a scale of 1-3, please rate the urgency of your recommendation.</b>	1
<b>On a scale of 1-3, please rate the impact of your recommendation.</b>	2
<b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b>	3
<b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</b>	<p><b>Impact:</b> 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.</p> <p><b>Capacity &amp; feasibility of implementation:</b> The good news is that many of the community coalitions throughout Nevada are already utilizing CHWs 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.</p> <p><b>Urgency:</b> 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.</p>





<p><b>Harm Reduction Recommendation #4</b> <i>2023 Recommendation #15 revised and resubmitted</i></p>	<p><b>HR 4. Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
	<p><b>Racial and health equity:</b> 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.).</p>



<p><b>Harm Reduction for Potential Consideration</b></p> <p>2023 Recommendation #10 revised; to be considered and revisited with further guidance</p>	<p><b>HR for Potential Consideration. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies, utilizing Maine or Colorado as examples.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>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 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.</p> <p>Maine legislation: <a href="https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0732&amp;item=1&amp;snm=130">https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0732&amp;item=1&amp;snm=130</a></p> <p>Colorado legislation: <a href="https://leg.colorado.gov/bills/hb24-1037">https://leg.colorado.gov/bills/hb24-1037</a></p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<ul style="list-style-type: none"> <li>• Example briefing from Washington State: <a href="https://adai.uw.edu/wordpress/wp-content/uploads/SaferSmokingBrief_2022.pdf">https://adai.uw.edu/wordpress/wp-content/uploads/SaferSmokingBrief_2022.pdf</a></li> <li>• <a href="#">CDC: Issue Brief: Smoking Supplies for Harm Reduction.</a></li> </ul>
<p><b>Please select the AB374 Section 10</b></p>	<p>(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance</p>



<p><b>Harm Reduction for Potential Consideration</b></p> <p><i>2023 Recommendation #10 revised; to be considered and revisited with further guidance</i></p>	<p><b>HR for Potential Consideration. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies, utilizing Maine or Colorado as examples.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Requirement(s) that aligns with your Harm Reduction recommendation. Please select all that apply.</b></p>	<p>use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.</p>
<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></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 e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Bill Draft Request (BDR)</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Long-term (2+ years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>No Fiscal Note</p>



<p><b>Harm Reduction for Potential Consideration</b></p> <p><i>2023 Recommendation #10 revised; to be considered and revisited with further guidance</i></p>	<p><b>HR for Potential Consideration. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies, utilizing Maine or Colorado as examples.</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p>3</p>
<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p>3</p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>3</p>
<p><b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</b></p>	<p><b>Impact:</b> 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.</p> <p><b>Capacity &amp; feasibility of implementation:</b> 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.</p>



**Harm Reduction for Potential Consideration**

2023 Recommendation #10 revised; to be considered and revisited with further guidance

**HR for Potential Consideration. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies, utilizing Maine or Colorado as examples.**

**Question**

**Response**

**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 and 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.



Treatment & Recovery Subcommittee

<p><b>Treatment &amp; Recovery Recommendation #1</b></p>	<p><b>TRS 1. Support BDR 95 to ensure Narcan be available wherever an AED machine is located, and on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, and within Residential Advisor’s domiciles and include training of the administration of Narcan which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution’s design.</b></p> <p><b>Sponsor: Dorothy Edwards</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>In 2022, the Nevada State Unintentional Drug Overdose Reporting System reported 47.6% of people who died by unintentional drug overdoses in Washoe County were between the ages of 18 and 44 (NSOR, 2022). Also, the efficacy of Narcan as an opioid overdose reversal drug is very well documented. When Narcan is administered by a layperson, its positive overdose reversal rate can be as high as 75-100% (Clark, 2014). Prefrontal cortex does not fully mature until the age of 24 or 25. This is the area of the brain which controls higher brain functions such as complex prioritizing, decision making skills, and social control of behaviors. Narcan, the opioid overdose reversal drug, is only available legitimately within the Student Health Center on the campus of UNR. A goal would be for it to be available ubiquitously throughout the campus. This life saving drug should be treated like first aid. Wherever band-aids are located, so should a box of Narcan be. Also recommended that Resident Advisors in dorms throughout this state be able to assist and provide this lifesaving care for someone in the throes of an overdose. In other states this has been made possible through legislation. Propose a similar bill that would require our Nevada System of Higher Education (NSHE) to make this happen.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p>1. CA SB367 (The Campus Opioid Safety Act)  2. NY S3448A (The Hinchey Bill)  3. MD HB 1268 4. MO HB 1997</p>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.</b></p>	<p>(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.</p>





<p><b>Treatment &amp; Recovery Recommendation #1</b></p>	<p><b>TRS 1. Support BDR 95 to ensure Narcan be available wherever an AED machine is located, and on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, and within Residential Advisor’s domiciles and include training of the administration of Narcan which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution’s design.</b></p> <p><b>Sponsor: Dorothy Edwards</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b></p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</p>
<p><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>	<p>g. Other populations disproportionately impacted by substance use disorders</p>



<p><b>Treatment &amp; Recovery Recommendation #1</b></p>	<p><b>TRS 1. Support BDR 95 to ensure Narcan be available wherever an AED machine is located, and on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, and within Residential Advisor’s domiciles and include training of the administration of Narcan which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution’s design.</b></p> <p><b>Sponsor: Dorothy Edwards</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Bill Draft Request (BDR)</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Long-term (2+ years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>Unsure</p>
<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p>2</p>
<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p>2</p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the following regarding your recommendation: Impact, capacity &amp; feasibility of implementation, urgency, how the recommendation advances racial and health equity.</b></p>	<p><b>Urgency:</b> N/A  <b>Impact:</b> Life saving  <b>Capacity and Feasibility:</b> N/A  <b>Advances Racial and Health Equity:</b> N/A</p>



<b>Treatment &amp; Recovery Recommendation #2</b>	<p><b>TRS 2. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.</b></p> <p><b>Sponsor: Chelsi Cheatom</b></p>
Question	Response
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>Treating trauma is an important step in supporting people with SUD and mental health. Trauma -informed treatment would include looking at the effects of violence, adverse childhood experiences (ACES) , sexual assault, incarceration, overdose, etc. as well as supporting trauma related care for surviving family members after an overdose or overdose fatality.</p> <p>According to SAMHSA, the impact of child traumatic stress can last well beyond childhood. In fact, research shows that child trauma survivors are more likely to have:</p> <ul style="list-style-type: none"> <li>• Learning problems, including lower grades and more suspensions and expulsions</li> <li>• Increased use of health services, including mental health services</li> <li>• Increased involvement with the child welfare and juvenile justice systems</li> <li>• Long term health problems, such as diabetes and heart disease</li> <li>• Trauma is a risk factor for nearly all behavioral health and substance use disorders (<a href="https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#impact">https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#impact</a>).</li> </ul>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p><a href="https://www.chcs.org/project/advancing-trauma-informed-care/">https://www.chcs.org/project/advancing-trauma-informed-care/</a>  <a href="https://www.pacesconnection.com/blog/bad-news-good-news-each-additional-ace-increases-opioid-relapse-rate-by-17-each-ace-informed-treatment-visit-reduces-it-by-2">https://www.pacesconnection.com/blog/bad-news-good-news-each-additional-ace-increases-opioid-relapse-rate-by-17-each-ace-informed-treatment-visit-reduces-it-by-2</a>  <a href="https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/">https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/</a></p>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.</b></p>	<p>(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.</p> <p>(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.</p>



<p><b>Treatment &amp; Recovery Recommendation #2</b></p>	<p><b>TRS 2. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.</b></p> <p><b>Sponsor: Chelsi Cheatom</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b></p>	<p>(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</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><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>	<p>a. Veterans, elderly persons and youth  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  c. Pregnant women and the parents of dependent children  d. Lesbian, gay, bisexual, transgender and questioning persons  e. People who inject drugs; (as revised)  f. Children who are involved with the child welfare system  g. Other populations disproportionately impacted by substance use disorders</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Expenditure of Opioid Settlement Funds  DHHS Policy  Regulatory or Licensing Board</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Long-term (2+ years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>Unsure</p>



<b>Treatment &amp; Recovery Recommendation #2</b>	<b>TRS 2. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.</b> <b>Sponsor: Chelsi Cheatom</b>
<b>Question</b>	<b>Response</b>
<b>On a scale of 1-3, please rate the urgency of your recommendation.</b>	2
<b>On a scale of 1-3, please rate the impact of your recommendation.</b>	3
<b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b>	2
<b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, how the recommendation advances racial and health equity.</b>	<b>Impact:</b> This recommendation will impact SUD prevention, treatment and recovery and because trauma-informed treatment/ therapy can be incorporated into every part of substance use work. <b>Capacity and Feasibility:</b> am unsure about capacity and I look forward to discussion on capacity. <b>Urgency:</b> This would be a moderately urgent recommendation. <b>Advances racial and health equity:</b> Children of different races and ethnicities do not experience ACEs equally. Nationally, 61 percent of black non-Hispanic children and 51 percent of Hispanic children have experienced at least one ACE, compared with 40 percent of white non-Hispanic children and only 23 percent of Asian non-Hispanic children. In every region, the prevalence of ACEs is lowest among Asian non-Hispanic children and, in most regions, is highest among black non-Hispanic children <a href="https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity">https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity</a>



<p><b>Treatment &amp; Recovery Recommendation #3</b></p>	<p><b>TRS 3. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance’s employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within seven years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.</b></p> <p><b>Sponsor: Steve Shell</b></p>
<p><b>Survey Question</b></p>	<p><b>Survey Response</b></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>Individuals who have felony backgrounds have limited opportunities to work as certified peer recovery support specialists in hospitals, including behavioral health hospitals, due to requirements that are set by the Nevada Bureau of Health Care Quality and Compliance. Current requirements do not allow a hospital to hire a peer specialist who has had a felony in the last five years. As a result, this has excluded some peers who are stable and in recovery but are still within the five-year period from their felony conviction. I believe individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation should be considered. In a hospital setting peers would only work under the supervision of a physician, nurse or a therapist and would not be working independently with patients.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p>N/A</p>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.</b></p>	<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>(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.</p>





<p><b>Treatment &amp; Recovery Recommendation #3</b></p>	<p><b>TRS 3. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance’s employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within seven years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.</b></p> <p><b>Sponsor: Steve Shell</b></p>
<p><b>Survey Question</b></p>	<p><b>Survey Response</b></p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b></p>	<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><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>	<p>My recommendation does not focus on a special population.</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Regulatory or Licensing Board</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Short-term (Under 2 years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>No fiscal note</p>



<p><b>Treatment &amp; Recovery Recommendation #3</b></p>	<p><b>TRS 3. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance’s employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within seven years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.</b></p> <p><b>Sponsor: Steve Shell</b></p>
<p>Survey Question</p>	<p>Survey Response</p>
<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p>3</p>
<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p>3</p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, how the recommendation advances racial and health equity.</b></p>	<p><b>Urgency:</b> This will open up opportunities for more individuals to become certified peer recovery support specialists and allow hospitals to have more choices when hiring for these positions. Some very strong peers are currently excluded from job opportunities in healthcare due to their felony convictions.</p> <p><b>Impact:</b> This will open up opportunities for more individuals to become certified peer recovery support specialists and allow hospitals to have more choices when hiring for these positions. Some very strong peers are currently excluded from job opportunities in healthcare due to their felony convictions.</p> <p><b>Capacity to implement:</b> This will depend on the reception from the Nevada Bureau of Health Care Quality and Compliance and/or Division of Public and Behavioral Health to consider the change.</p> <p><b>Advances racial and health equity:</b> N/A</p>



<b>Treatment &amp; Recovery Recommendation #4</b>	<b>TRS 4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the “Bridge Program” for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.</b>  <b>Sponsor: Steve Shell</b>
<b>Survey Question</b>	<b>Survey Response</b>
<b>Please describe your justification/background information for this recommendation.</b>	Based on a presentation by Dr. Kelly Morgan to the SURG Treatment and Recovery Subcommittee
<b>Please include any associated research or links for your recommendation.</b>	Not provided
<b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.</b>	Not provided
<b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b>	Not provided
<b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b>	Not provided



<b>Treatment &amp; Recovery Recommendation #4</b>	<p><b>TRS 4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the “Bridge Program” for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.</b></p> <p><b>Sponsor: Steve Shell</b></p>
Survey Question	Survey Response
<b>Please describe the Action Step aligned with your recommendation.</b>	Not provided
<b>Is this a short-term or long-term recommendation?</b>	Not provided
<b>If your recommendation requires a fiscal note, please approximate the amount.</b>	Not provided
<b>On a scale of 1-3, please rate the urgency of your recommendation.</b>	Not provided
<b>On a scale of 1-3, please rate the impact of your recommendation.</b>	Not provided
<b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b>	Not provided
<b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, how the recommendation advances racial and health equity.</b>	Not provided



Response Subcommittee

<b>Response Recommendation #1</b>	<b>RS 1. 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.</b> <b>Sponsor: Dr. Terry Kerns</b>
Question	Response
<b>Please describe your justification/background information for this recommendation.</b>	<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, <a href="https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2020/aug01.html">https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2020/aug01.html</a>)</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>
<b>Please include any associated research or links for your recommendation.</b>	<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. <a href="https://sentencing.nv.gov/uploadedFiles/sentencingnv.gov/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">https://sentencing.nv.gov/uploadedFiles/sentencingnv.gov/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</a></p> <p>Wisconsin Criminal Justice Coordinating Council. Framework for Defining and Measuring Recidivism. <a href="https://cjcc.doj.wi.gov/sites/default/files/subcommittee/Framework%20for%20Defining%20and%20Measuring%20Recidivism_September%202022_Final.pdf">https://cjcc.doj.wi.gov/sites/default/files/subcommittee/Framework%20for%20Defining%20and%20Measuring%20Recidivism_September%202022_Final.pdf</a></p>
<b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.</b>	(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.



<p><b>Response Recommendation #1</b></p>	<p><b>RS 1. 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.</b></p> <p><b>Sponsor: Dr. Terry Kerns</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</b></p>	<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><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></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><b>Please describe the Action Step aligned with your recommendation.</b></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 time<sup>1</sup>. 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><sup>1</sup>Adapted from the Urban Institute, Measuring Recidivism at the Local Level: A Quick Guide. Retrieved from <a href="https://www.urban.org/sites/default/files/2015/02/11/recidivism-measures_final-for-website.pdf">https://www.urban.org/sites/default/files/2015/02/11/recidivism-measures_final-for-website.pdf</a></p>





<p><b>Response Recommendation #1</b></p>	<p><b>RS 1. 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.</b></p> <p><b>Sponsor: Dr. Terry Kerns</b></p>
<p>Question</p>	<p>Response</p>
	<p>Wisconsin Criminal Justice Coordinating Council (CJCC), Framework for defining and measuring recidivism. <a href="#">Framework for Defining and Measuring Recidivism_September 2022_Final.pdf (wi.gov)</a></p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Short-term (Under 2 years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>No fiscal note</p>
<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p>1</p>
<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p>2</p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</b></p>	<p><b>Impact:</b> 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.</p> <p><b>Capacity &amp; Feasibility:</b> 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.</p> <p><b>Urgency:</b> This is not urgent but will assist in the future with the goal of increasing public safety by reducing recidivism.</p> <p><b>Racial and Health Equity:</b> Goal of reducing those involved in the criminal justice system's risk for future recidivism and improving clients' capacity for living in the community.</p>



<p><b>Response Recommendation #2</b></p>	<p><b>RS 2. 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.</b></p> <p><b>Sponsor: Dr. Shayla Holmes</b></p>
<p><b>Question</b></p> <p><b>Please describe your justification/background information for this recommendation.</b></p>	<p><b>Response</b></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.</p> <p><a href="https://www.nascio.org/wp-content/uploads/2020/09/NASCIO_FAACT_Entry_2020_FINAL.pdf">https://www.nascio.org/wp-content/uploads/2020/09/NASCIO_FAACT_Entry_2020_FINAL.pdf</a>.</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><b>Please include any associated research or links for your recommendation.</b></p>	<p>What is FAACT, Virginia’s now-mandated opioid data-sharing tool?  <a href="https://technical.ly/civic-news/faact-virginia-opioid-data-sharing-tool/">https://technical.ly/civic-news/faact-virginia-opioid-data-sharing-tool/</a></p> <p>National Association of State Chief Information Officers. Framework for Addiction Analysis and Community Transformation (FAACT).  <a href="https://www.nascio.org/wp-content/uploads/2020/09/NASCIO_FAACT_Entry_2020_FINAL.pdf">https://www.nascio.org/wp-content/uploads/2020/09/NASCIO_FAACT_Entry_2020_FINAL.pdf</a></p> <p>Code of Virginia. Government Data Collection and Dissemination Practices Act.</p>



<p><b>Response Recommendation #2</b></p>	<p><b>RS 2. 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.</b></p> <p><b>Sponsor: Dr. Shayla Holmes</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
	<p><a href="https://law.lis.virginia.gov/vacodepopularnames/government-data-collection-and-dissemination-practices-act/">https://law.lis.virginia.gov/vacodepopularnames/government-data-collection-and-dissemination-practices-act/</a></p> <p>Virginia Office of Data Governance and Analytics. <a href="https://www.odga.virginia.gov/">https://www.odga.virginia.gov/</a></p> <p>Commonwealth Data Trust. <a href="https://www.odga.virginia.gov/commonwealth-data-trust/">https://www.odga.virginia.gov/commonwealth-data-trust/</a></p> <p>Framework for Addiction Analysis and Community Transformation. <a href="https://www.odga.virginia.gov/faact/">https://www.odga.virginia.gov/faact/</a></p> <p>Sacks, J. J., Brewer, R. D., Mesnick, J., Holt, J. B., Zhang, X., Kanny, D., Elder, R., &amp; 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. <a href="https://doi.org/10.1097/PHH.0000000000001023">https://doi.org/10.1097/PHH.0000000000001023</a></p> <p>County Health Rankings: <a href="https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/alcohol-outlet-density-restrictions">https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/alcohol-outlet-density-restrictions</a></p>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation. Please select all that apply.</b></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><b>Response Recommendation #2</b></p>	<p><b>RS 2. 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.</b></p> <p><b>Sponsor: Dr. Shayla Holmes</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b></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><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></p>	<p>All populations</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Identify if NRS would allow for a similar Data Sharing platform to be implemented or if it would require changes to NRS.</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Long term</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>Yes, but unknown the cost of a database like this, in Virginia it is a Tyler Tech based platform.</p>
<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p>2</p>
<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p>3</p>



<p><b>Response Recommendation #2</b></p>	<p><b>RS 2. 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.</b></p> <p><b>Sponsor: Dr. Shayla Holmes</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</b></p>	<p><b>Impact:</b> 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><b>Capacity &amp; Feasibility:</b> 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><b>Urgency:</b> This is a significant need, but would not make overnight changes to the system or response.</p> <p><b>Racial and Health Equity:</b> 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><b>Response Recommendation #3</b></p>	<p><b>RS 3. 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.</b></p> <p><b>Sponsor: Dr. Shayla Holmes</b></p>
<p><b>Question</b></p> <p><b>Please describe your justification/background information for this recommendation.</b></p>	<p><b>Response</b></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.</p> <p>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><b>Response Recommendation #3</b></p>	<p><b>RS 3. 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.</b></p> <p><b>Sponsor: Dr. Shayla Holmes</b></p>
<p><b>Question</b></p> <p><b>Please include any associated research or links for your recommendation.</b></p>	<p><b>Response</b></p> <p><b>High Risk Substance Wastewater Surveillance in the U.S.:</b></p> <ul style="list-style-type: none"> <li>• National Institute on Drug Abuse (NIDA) / Biobot Analytics: <a href="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/">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/</a>.</li> <li>• Wastewater Surveillance of High Risk Substances at New Mexico High Schools: <a href="https://www.governor.state.nm.us/wastewater-testing/">https://www.governor.state.nm.us/wastewater-testing/</a>.</li> <li>• Virginia Executive Order for Wastewater Surveillance of Fentanyl: <a href="https://www.vdh.virginia.gov/environmental-health/wastewater-surveillance-for-covid-19/">https://www.vdh.virginia.gov/environmental-health/wastewater-surveillance-for-covid-19/</a>.</li> </ul> <p><b>High Risk Substance Wastewater Surveillance in Southern Nevada:</b></p> <ul style="list-style-type: none"> <li>• 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. <a href="https://doi.org/10.1016/j.scitotenv.2023.168369">https://doi.org/10.1016/j.scitotenv.2023.168369</a>.</li> <li>• 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: <a href="https://doi.org/10.1101/2024.02.02.24302241">https://doi.org/10.1101/2024.02.02.24302241</a>.</li> </ul>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation. Please select all that apply.</b></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</p>



<p><b>Response Recommendation #3</b></p>	<p><b>RS 3. 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.</b></p> <p><b>Sponsor: Dr. Shayla Holmes</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
	<p>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><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b></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><b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b></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><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Expenditure of Opioid Settlement Funds</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Short term</p>



<p><b>Response Recommendation #3</b></p>	<p><b>RS 3. 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.</b></p> <p><b>Sponsor: Dr. Shayla Holmes</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>Fiscal note is not currently required. Proposal requests \$750,000/year for 3 years.</p>
<p><b>On a scale of 1-3, please rate the urgency of your recommendation.</b></p>	<p>1</p>
<p><b>On a scale of 1-3, please rate the impact of your recommendation.</b></p>	<p>3</p>
<p><b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b></p>	<p>1</p>
<p><b>How the recommendation advances racial and health equity.</b></p>	<p><b>Impact:</b> 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><b>Capacity &amp; Feasibility:</b> 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><b>Urgency:</b> 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><b>Racial and Health Equity:</b> 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>



**Response Recommendation #4**

**RS 4. 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.**

**Sponsors: Dr. Shayla Holmes**

**Question**

**Please describe your justification/background information for this recommendation.**

**Response**

*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.

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:

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:

- Selling
- Giving
- Trading
- Or otherwise making the drug available to an individual

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.

Ms. Engler talked through the requirements to have immunity under the Good Samaritan law. It could include:

- Reporting a drug or alcohol overdose to an emergency service
- Providing care to a person or
- Delivering someone to an emergency room.

There are a wide range of options for immunity under this law.



<p><b>Response Recommendation #4</b></p>	<p><b>RS 4. 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.</b></p> <p><b>Sponsors: Dr. Shayla Holmes</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>Please include any associated research or links for your recommendation</b></p>	<p>On June 24, 2024 the <a href="#">Nevada Opioid Center for Excellence</a> 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). <a href="#">Good Samaritan Fatal Overdose Prevention and Drug-Induced Homicide: Summary of State Laws.</a></p> <p>Legislative Analysis and Public Policy Association. (April 2022). <a href="#">Good Samaritan Fatal Overdose Prevention: Laws and Implementation.</a></p> <p>Colorado General Assembly. (2022). <a href="#">Fentanyl Accountability and Prevention.</a></p> <p>Government Accountability Office. (March 2021). <a href="#">GAO-21-248, DRUG MISUSE: Many States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects</a></p>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.</b></p>	<p>O. Study effectiveness of criminal and civil penalties</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</b></p>	<p>B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use</p>



<b>Response Recommendation #4</b>	<p><b>RS 4. 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.</b></p> <p><b>Sponsors: Dr. Shayla Holmes</b></p>
<b>Question</b>	<b>Response</b>
<b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b>	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;
<b>Please describe the Action Step aligned with your recommendation.</b>	Continue to research and track.
<b>Is this a short-term or long-term recommendation?</b>	Short term
<b>If your recommendation requires a fiscal note, please approximate the amount.</b>	Funding for education and public ad campaign (likely less than \$500,000)
<b>On a scale of 1-3, please rate the urgency of your recommendation.</b>	3
<b>On a scale of 1-3, please rate the impact of your recommendation.</b>	2
<b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b>	2
<b>Please provide a description of the following regarding your recommendation: Impact, capacity &amp; feasibility of implementation, urgency, and how the</b>	<p><b>Impact:</b> 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><b>Capacity &amp; Feasibility:</b> 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><b>Response Recommendation #4</b></p>	<p><b>RS 4. 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.</b></p> <p><b>Sponsors: Dr. Shayla Holmes</b></p>
<p><b>Question</b></p>	<p><b>Response</b></p>
<p><b>recommendation advances racial and health equity.</b></p>	<p><b>Urgency:</b> 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><b>Racial and Health Equity:</b> Those experiencing an overdose may be more likely to receive medical care post overdose and avoid a fatal overdose.</p>



<b>Response Recommendation #5</b>	<b>RS 5. Implement a voluntary program to install “drug take back bins” in retail pharmacies. Sponsor: Senator Jeff Stone</b>
<b>Question</b>	<b>Response</b>
<b>Please describe your justification/background information for this recommendation.</b>	Will allow patrons to easily dispose of pharmaceuticals including narcotics that have expired or unused free.
<b>Please include any associated research or links for your recommendation.</b>	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.
<b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation. Please select all that apply.</b>	(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.
<b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</b>	(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.
<b>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</b>	e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders



<b>Response Recommendation #5</b>	<b>RS 5. Implement a voluntary program to install “drug take back bins” in retail pharmacies.</b> <b>Sponsor: Senator Jeff Stone</b>
<b>Question</b>	<b>Response</b>
<b>Please describe the Action Step aligned with your recommendation.</b>	Bill Draft Request (BDR) Expenditure of Opioid Settlement Funds
<b>Is this a short-term or long-term recommendation?</b>	Long-term (2+ years)
<b>If your recommendation requires a fiscal note, please approximate the amount.</b>	Estimated fiscal note amount: \$500k
<b>On a scale of 1-3, please rate the urgency of your recommendation.</b>	1
<b>On a scale of 1-3, please rate the impact of your recommendation.</b>	3
<b>On a scale of 1-3, please rate the current capacity to implement your recommendation.</b>	3
<b>Please provide a description of the following regarding your recommendation : Impact, capacity &amp; feasibility of implementation, urgency, and how the recommendation advances racial and health equity.</b>	<p><b>Impact:</b> Will keep legal controlled substances prescribed for patients that have expired or not used from being diverted for street sale and consumption.</p> <p><b>Capacity &amp; Feasibility:</b> 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.</p> <p><b>Urgency:</b> Just another tool to address opiate addiction in Nevada by eliminating the illicit sale and distribution of prescription controlled substances.</p> <p><b>Racial and Health Equity:</b> This would help all races and creeds with addiction disorders</p>

The Response Subcommittee may put forward an additional recommendation relating to Overdose Fatality Review in alignment with its prior recommendation to:

- *Review the operations and lessons learned from Clark County’s Overdose Fatality Review Task Force when that body’s report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees*



*allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, 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.*

The Subcommittee will have a presentation on the Clark County Task Force at its meeting on November 5, 2024.