

Joe Lombardo
Governor



Richard Whitley
Director

Opioid Data Sources and Reporting

Office of Analytics

Natalie Bladis, Biostatistician III

March 14th, 2024



Department of Health and Human Services

Helping people. It's who we are and what we do.



Agenda

1. Review available state databases and resources tracking substance use.
2. Publicly available opioid data.
 - a) Dashboards
 - b) Report
3. Gaps and areas of further study.



Available Data Sources

Treatment Episode Data Sets (TEDS)

- State funded substance abuse treatment centers admission and discharge records

Drug Overdose Surveillance and Epidemiology (DOSE)

- Chief complaint related to substance use from EMS/ED (daily)

Vital Records

- Birth – mothers self report drug use (separate category for opioids)
- Death - ICD-10 Codes
 - State Unintentional Drug Overdose Reporting System (SUDORS)

Prescription Drug Monitoring Program (PDMP)

- Database of controlled substance prescriptions dispensed to patients in Nevada



Available Data Sources (continued)

Hospital Emergency Department Billing (HEDB)

- Collected using a standard universal billing form for patients who used an emergency room service.

Hospital Inpatient Billing (HIB)

- Health billing data for patients discharged from Nevada's non-federal hospitals.

AVATAR

- Adult mental health data from state funded mental health facilities.
- Shows co-occurring substance use disorders.

Medicaid Decision Support System (DSS) and Medicaid Data Warehouse

- Claims show Medicaid recipients who are receiving treatment for substance use.

National Violent Death Reporting System (NVDRS)

- Violent deaths related to opioids show up as poisoning from drug use.



Public Dashboards and Reports

- [Office of Analytics homepage](#)
- The dashboards and reports are located on the OOA Data portal:

Department of Health and Human Services
Office of Analytics

Department of Health and Human Services Homepage Office of Analytics Homepage

Behavioral Health Children and Families Community Health DHHS Factbook Health Care Infectious Diseases Mortality Population

BEHAVIORAL HEALTH DATA PORTAL

Dashboards:

- State Behavioral Health Services
- Certified Community Behavioral Health Centers (CCBHCs)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Children and Youth at Out of State RTC Facilities
- Prescription Drug Monitoring Program (PDMP)
- State Unintentional Drug Overdose Reporting System (SUDORS)
- Substance Use Surveillance

Reports:

- [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, Nevada](#)
- [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, Clark County](#)
- [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, Northern Region](#)
- [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, Rural Region](#)
- [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, Southern Region](#)
- [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, Washoe County](#)
- [State Unintentional Drug Overdose Reporting System \(SUDORS\) Infographic](#)

Helpful Links:

- [DOSE Dashboard: Nonfatal Overdose Data | Drug Overdose | CDC Injury Center](#)
- [SUDORS Dashboard: Fatal Overdose Data | Drug Overdose | CDC Injury Center](#)

To contact the Office of Analytics, please email data@dhhs.nv.gov.

[DHHS Data Portal Dashboard](#)



Substance Use Surveillance Dashboard

Monitoring Substance Use in Nevada

Overview **Current Status** Trends Demographics

Office of Analytics Homepage

DASHBOARD UPDATED ON 02/26/2024

Provided by the **Office of Analytics**,
Department of Health and Human Services



Richard Whitley, MS
Director

Kyra Morgan, MS
State Biostatistician

Helping DHHS staff and stakeholders help people by providing reliable analytics and data to make a difference.

This dashboard analyzes the current status and trends related to substance use in Nevada. It also provides a breakdown of demographic information, including distribution by age group, sex, and race/ethnicity. Key metrics, maps, tables, and trend graphs are available at the county level. These data can inform public health prevention strategies, support evaluations of public health programs and guide future interventions and policies.

Data throughout are separated into three categories: dependence, poisoning, and death, and are collected from three different data sources which are hospital emergency department/room encounters, hospital inpatient admissions, and the electronic death registry system for Nevada which is housed in the Division of Public and Behavioral Health (DPBH), Office of Vital Records (OVR). Dependence (which refers to mental and behavioral disorders due to psychoactive substance use) and poisoning (which is when a person has accumulated too much of a substance in their bloodstream leading to adverse effects) are collected from hospital data. Deaths due to substance poisoning, regardless of intent, are collected from the electronic death registry system in OVR.

Data are separated into the following substances: alcohol, opioids, stimulants, and all substances (excluding nicotine but including alcohol, opioids, stimulants, and all other substances).

County data have been grouped into categories aligned with the Nevada Behavioral Health Regions:

- Clark County
- Northern Region: Carson City, Churchill, Douglas, Lyon and Storey Counties
- Rural Region: Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties
- Southern Region: Esmeralda, Lincoln, Mineral, and Nye Counties
- Washoe County

This dashboard is updated annually. For questions or feedback please email data@dhhs.nv.gov.

[Substance Use](#)

[Surveillance](#)

[Dashboard](#)



Prescription Drug Monitoring Program (PDMP) Dashboard

Monitoring the Prescription Drug Monitoring Program (PDMP) in Nevada

Overview
Current Status
Trends
Demographics

Office of Analytics Homepage

Patient County
Prescriptions by MME
Day Supply Groups
Refills
Prescriptions by Diagnosis Code

DASHBOARD UPDATED ON 2/6/2024

CURRENT STATUS - PATIENT COUNTY (2024)

DATA AS OF 1/31/2024

Data below are displayed by the county of the patient receiving the prescription. Rates for benzodiazepines, buprenorphine, opioids, and stimulants are calculated per 1,000 population and rates for concurrent prescriptions and methadone are per 100,000 population. Data for 2024 are preliminary.

SELECT A DRUG TYPE

- Benzodiazepine
- Buprenorphine
- Concurrent Prescriptions
- Methadone
- Opioid
- Stimulant

SELECT A COUNTY

- North
 - Carson City
 - Washoe
- South
 - Clark
- Rural
 - Churchill
 - Douglas
 - Elko
 - Esmeralda
 - Eureka
 - Humboldt
 - Lander
 - Lincoln
 - Lyon
 - Mineral
 - Nye
 - Pershing
 - Storey
 - Washoe
 - White Pine

KEY METRICS

107,582

PRESCRIPTION COUNT

32.3

PRESCRIPTION RATE

RATE OF PRESCRIPTIONS BY PATIENT COUNTY

Legend

- 50.2 +
- 37.6 to 50.2
- 25.1 to 37.6
- 12.5 to 25.1
- 0 to 12.5
- 0

COUNTY	POPULATION	PRESCRIPTION TOTAL	PRESCRIPTION RATE
Carson City	59,704	2,459	41.2
Churchill	26,662	1,006	37.7
Clark	2,440,597	77,152	31.6
Douglas	54,286	2,249	41.4
Elko	56,407	1,302	23.1
Esmeralda	1,112	23	20.7
Eureka	1,934	58	30.0
Humboldt	17,809	475	26.7
Lander	6,278	212	33.8
Lincoln	4,992	313	62.7
Lyon	62,516	2,852	45.6
Mineral	4,834	276	57.1
Nye	52,804	3,113	59.0
Pershing	7,328	197	26.9
Storey	4,765	221	46.4
Washoe	520,758	15,267	29.3
White Pine	10,238	407	39.8
Total	3,333,024	107,582	32.3

[PDMP](#)

[Dashboard](#)

This dashboard is updated monthly. For questions or feedback please email data@dhhs.nv.gov.



State Unintentional Drug Overdose Reporting System (SUDORS) Dashboard

State Unintentional Drug Overdose Reporting System (SUDORS)

[Overview](#)
[Current Status](#)
[Trends](#)
[Demographics](#)
Office of Analytics Homepage

[Trend By Drug](#)
[Trend by Circumstance](#)

DASHBOARD UPDATED ON 2/23/2024

TRENDS - BY DRUG TYPE

DATA AS OF 12/31/2022

The information below displays the rate of fatal overdoses in Nevada from January 2019 - December 2022 by the type of drug involved in the overdose. There may have been multiple drugs involved in each death, therefore each category is not mutually exclusive. The "Multiple Substances" selection refers to deaths that were the result of the combination of the use of any of the drugs listed below. MFD refers to Illicitly manufactured fentanyl.

- SELECT A REGION
- Clark
 - Northern
 - Rural
 - Southern
 - Washoe

- SELECT A DRUG TYPE
- Total Overdose Deaths
 - Multiple Substances
 - Alcohol
 - Benzodiazapine
 - Cocaine
 - Fentanyl
 - Illicitly MFD Fentanyl
 - Heroin
 - Methamphetamine
 - Opioid
 - Stimulant
 - Opioid+Stimulant

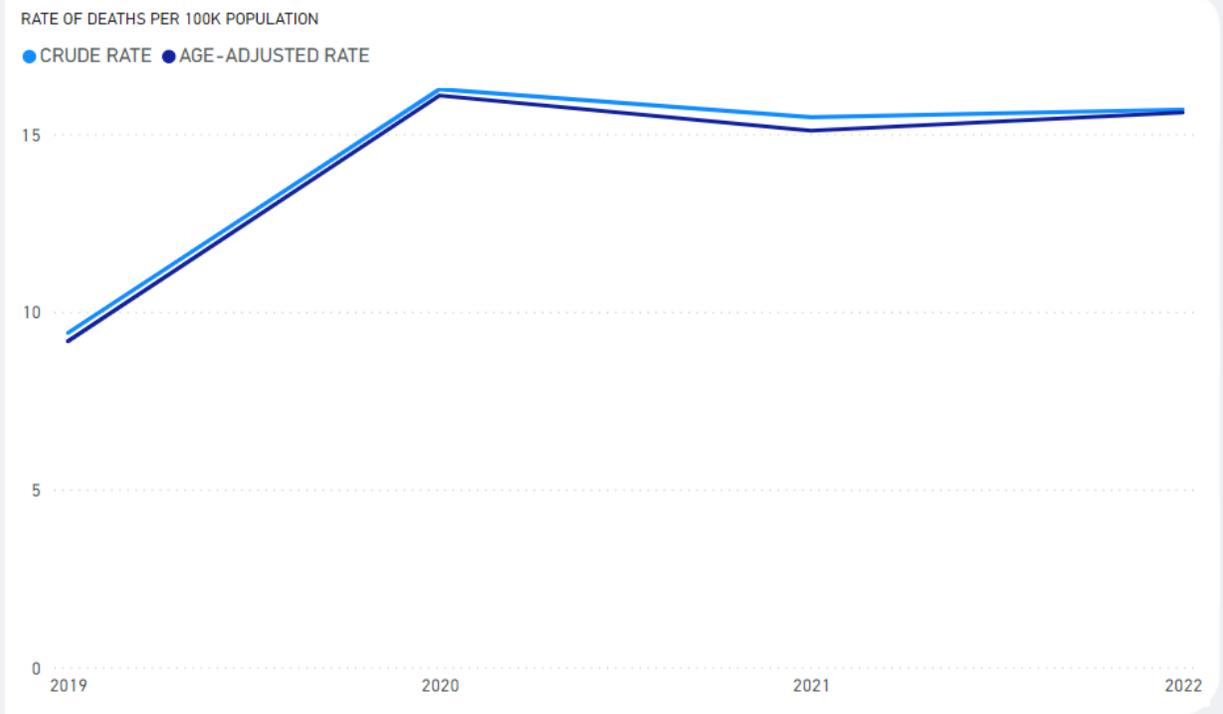
(KEYMETRICS (2022))

503
UNINTENTIONAL DRUG DEATHS

15.7
UNINTENTIONAL DRUG DEATH CRUDE RATE PER 100K POPULATION

15.6
UNINTENTIONAL DRUG DEATH AGE-ADJUSTED RATE PER 100,000

YEAR	ANNUAL CRUDE RATE	ANNUAL % CHANGE
2020	16.3	73.4%
2022	15.7	1.3%
2021	15.5	-4.9%
2019	9.4	N/A



[SUDORS](#)
[Dashboard](#)



Nevada Community Health Profiles Dashboard

- Display some substance use data by assembly, congressional, and senate district or county.

Nevada Community Health Profiles

Overview
Health Indicators
Rankings
Demographics

Office of Analytics Homepage

Assembly District
Congressional District
Senate District
County

DASHBOARD UPDATED ON 11/21/2022

HEALTH INDICATORS - ASSEMBLY DISTRICT DATA AS OF 1/1/2022

Data below display the rate/percent of the selected health indicators by assembly district. "Statistically different" refers to the comparison between the selected assembly district and Nevada, statewide. Up arrows indicate significantly higher, down arrows indicate significantly lower, and bars indicate no significant difference. [Learn more](#)

SELECT A PUBLISH YEAR

2023
 2021

SELECT A CATEGORY

- Birth Rates (per 1,000 live births)
- Cancer Rates (per 100,000 population)
- Child Welfare
- Chronic Disease (percent)
- COVID-19
- Death Rates (per 100,000 population)
- HIV/STD Rates (per 100,000 population)
- Overdose Death Rates (per 100,000 population)
- Schedule II-IV Prescription Rates (per 100,000 population)
- Substance Use ED Rates (per 100,000 population)
- Substance Use IP Rates (per 100,000 population)
- Vaccinations (percent)
- Women, Infants and Children (WIC)

GROUP	DISTRICT/COUNTY	NEVADA	STATISTICALLY DIFFERENT
Substance Use ED Rates (per 100,000 population)			
All	679.6 (637.8-721.5)	1,207.6 (1,199.0-1,216.1)	↓
Alcohol	501.0 (465.0-537.0)	1,072.8 (1,064.8-1,080.9)	↓
Methamphetamine	151.1 (131.4-170.9)	468.8 (463.5-474.1)	↓
Opioid	122.9 (105.1-140.7)	186.1 (182.8-189.5)	↓

SELECT A REGION

- Assembly District 1
- Assembly District 2
- Assembly District 3
- Assembly District 4
- Assembly District 5
- Assembly District 6
- Assembly District 7
- Assembly District 8
- Assembly District 9
- Assembly District 10
- Assembly District 11
- Assembly District 12
- Assembly District 13
- Assembly District 14
- Assembly District 15

ELIGIBILITY FOR STATE PROGRAMS

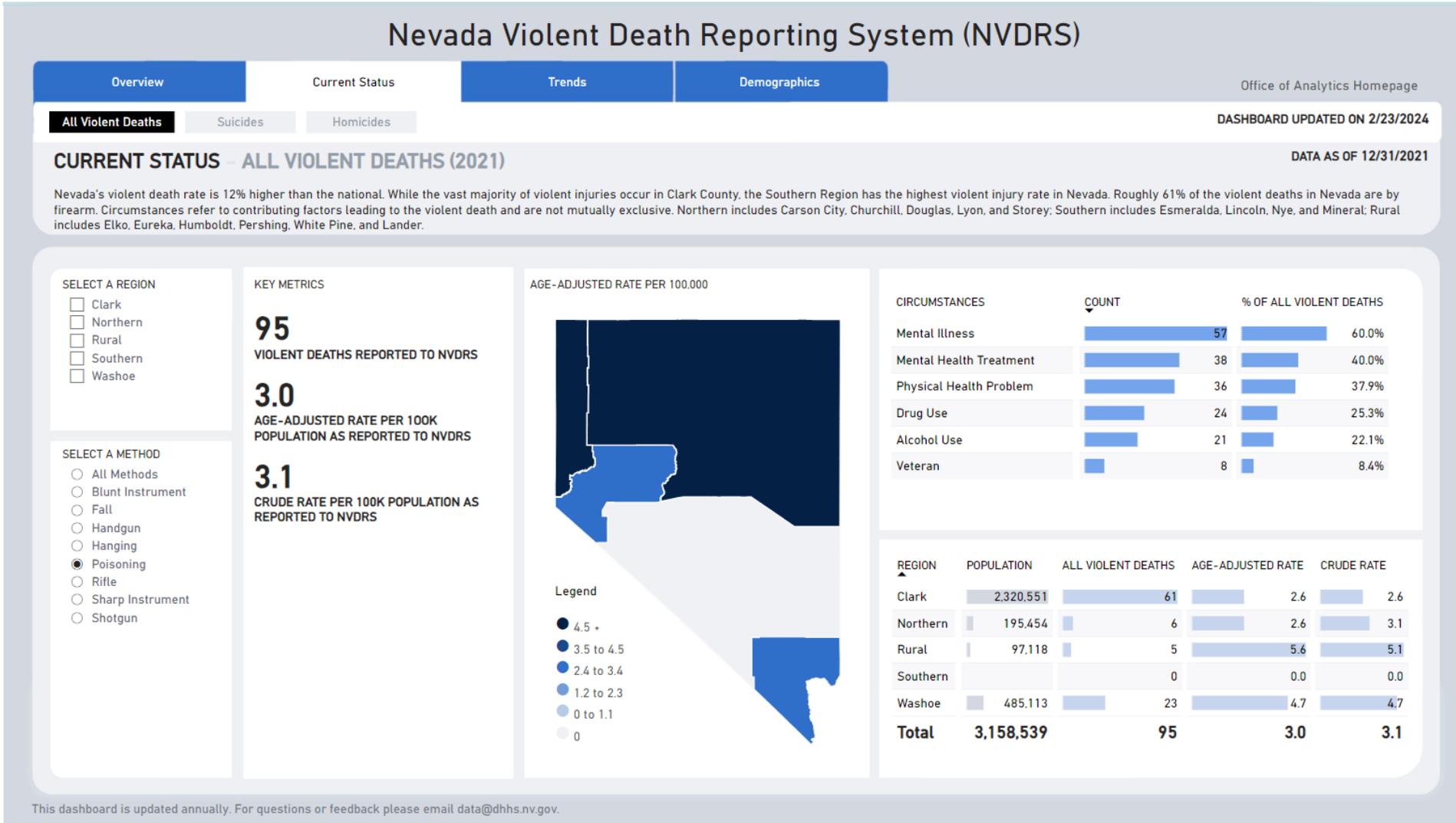
ELIGIBILITY	CURRENTLY ENROLLED	ACA EXPANSION
Percent of Currently Enrolled		36.8%
Medicaid Enrollment	17,173	6,313
NV Check Up	470	-
SNAP Enrollment	8,572	-
TANF Enrollment	311	-

Medicaid SNAP TANF

[Nevada](#)
[Community](#)
[Health](#)
[Profiles](#)
[Dashboard](#)



Nevada Violent Death Reporting System (NVDRS) Dashboard



This dashboard is updated annually. For questions or feedback please email data@dhhs.nv.gov.



Reports

- The [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, Nevada, 2023](#) for all of Nevada
 - Biennial reports
 - One for each behavioral health region as well
 - [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile for Clark County, 2023](#)
 - [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile for Northern Region, 2023](#)
 - [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile for Rural Region, 2023](#)
 - [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile for Southern Region, 2023](#)
 - [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile for Washoe County, 2023](#)
- [State Unintentional Drug Overdose Reporting System \(SUDORS\) Infographic, 2022](#)
- [Veteran Suicide Report](#)
 - Method of suicide includes opioid related overdose



Gaps and Areas of Further Study

- TEDS data dashboard (in review)
- DOSE data on SUDORS dashboard (in review)
- Tracking opioid abatement
 - FRN Program Spending/Impact (dashboard under development)
 - SOR Program Spending/Impact
- Law enforcement intelligence data
 - Example - Test impaired drivers for drugs even if they already tested positive for alcohol (not a standard practice)
- Drug Checking in Forensic labs
 - A very small % of seized drugs get tested (a court date must be scheduled before drugs are tested)
 - Testing seized drugs would allow us to know what is in the drug supply
- All-Payer Claims Database (APCD)
 - Could be used to generate insights about individuals who receive a substance use diagnosis or treatment through private providers



Questions?



Contact Information

Natalie Bladis
Biostatistician III
n.bladis@dhhs.nv.gov

Kyra Morgan
Chief Biostatistician
data@dhhs.nv.gov

https://dhhs.nv.gov/Programs/Office_of_Analytics/DHHS_Office_of_Analytics/



Clark County Opioid Task Force

Terry Kerns

Nevada Office of the Attorney General

Substance Abuse/Law Enforcement Coordinator



Objectives

- Understand SURG structure, mandates, and reporting
- Be aware of other agencies working opioid matters
- Be aware of opioid reporting
- Understand guidelines/toolkits



NRS 458.460 Establishes Statewide Substance Use Response Working Group (SURG) in Attorney General's Office

Section 10 of this bill requires the Working Group to comprehensively review various aspects of substance misuse and substance use disorders and programs and activities to combat substance misuse and substance use disorders in this State.

Section 10.5 of this bill requires the Department of Health and Human Services to annually report to the Working Group concerning the use of state and local money to address substance misuse and substance use disorders, and

Section 10 requires the Working Group to study, evaluate and make recommendations concerning the use of that money.

http://ag.nv.gov/About/Administration/SURG_Info_Page/



SURG Membership

18 members

AG appointments

- 1) One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 700,000 or more, (
- 2) One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000,
- 3) One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000,
- 4) One provider of health care with expertise in medicine for the treatment of substance use disorders,
- 5) One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization,
- 6) One advocate for persons who have substance use disorders and family members of such persons,
- 7) One person who is in recovery from a substance use disorder,
- 8) One person who provides services relating to the treatment of substance use disorders,
- 9) One representative of a substance use disorder prevention coalition,
- 10) One representative of a program to reduce the harm caused by substance misuse
- 11) One representative of a hospital, and
- 12) One representative of a school district.

Other Appointees

- 13) AG appointee,
- 14) DHHS Director appointee,
- 15) NV Senate appointee,
- 16) NV Assembly appointee,
- 17) NV Assembly Minority Leader of the Assembly appointee, and
- 18) NV Senate Minority Leader appointee



SURG Mandates

- (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.***
- (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.***



SURG Mandates continued

- (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.*
- (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.*
- (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.*
- (f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.*
- (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.*



SURG Mandates continued

- (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.***
- (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.***
- (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.***
- (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.***



SURG Mandates continued

- (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.*
- (m) Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies and correctional institutions.*
- (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.*
- (o) Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.*
- (p) Evaluate the effects of substance use disorders on the economy of this State.*



SURG Mandate continued

- (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.***



SURG Subcommittees

- 1) Prevention (primary, secondary, and tertiary) and included discussion around harm reduction strategies
 - (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.
 - (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
 - (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;**
- Harm Reduction
 - (j) Study the efficacy and expand the implementation of programs to: (2) **Reduce the harms associated with substance use and substance use disorders** while referring persons with substance use disorders to evidence-based treatment.



SURG Subcommittees

- 2) Treatment and Recovery

- (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.
- (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.
- (f) **Examine support systems and programs for persons who are in recovery** from opioid use disorder and any co-occurring substance use disorder.



SURG Subcommittees

- 3) Response
 - (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.
 - (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.
 - (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.
 - (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.
 - (m) **Study the effects of substance use disorders on the criminal justice system**, including, without limitation, law enforcement agencies and correctional institutions.
 - (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.
 - (o) **Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.
 - (p) **Evaluate the effects of substance use disorders on the economy of this State.**



SURG Subcommittees

- Cross cutting across all SURG subcommittees
- **(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;
- **(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.**
- **(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.



Other Groups addressing Substance Use Disorder

- Advisory Committee on a Resilient Nevada (ACRN)
- Fund for a Resilient Nevada (FRN)
 - [FRN Home \(nv.gov\)](https://www.nv.gov/frn)
- Southern Nevada Opioid Advisory Council (SNOAC)
 - [Southern Nevada Opioid Advisory Council – Southern Nevada Health District](#)
- Southern Nevada Harm Reduction Alliance
- Opioid Needs Assessment and State Plan
 - [Nevada Opioid Needs Assessment and Statewide Plan 2022 \(nv.gov\)](#)



Reporting

- Department of Health and Human Services (DHHS) Office of Analytics
- Fatality Reporting
- ODMAP/EMS/Hospital (Suspected Overdoses and/or non-fatal overdose reporting)
- Law Enforcement/Intelligence Reporting
- Drug Checking Reports
- Opioid Mapping for funds
 - What funds are used for
 - Specific funds are designated for specific usages
- One Nevada Agreement ([One Nevada Agreement on Opioid Recoveries with Sig Pages \(nv.gov\)](#))
- SURG annual report https://ag.nv.gov/About/Administration/SURG_Info_Page/
- Statewide Overdose Data to Action [The Overdose Data to Action Program - Nevada State Opioid Response \(nvopioidresponse.org\)](#)



Guiding Principles/Toolkits

- Evidence-based practices
 - What they are
 - Why they work
- Implementation resources
 - Toolkits
 - Guidelines
 - References to research



Legislative Analysis and Public Policy Association (LAPPA) 2023 State of the States Legislative Roadmap for Reducing Overdose Deaths and Increasing Access to Treatment

Ten evidence-based policy approaches to reduce overdoses

- Strategy 1: Syringe services programs
- Strategy 2 & 3: Fentanyl test strips and other drug checking equipment
- Strategy 4: Medication for addiction treatment in correctional settings



LAPPA 2023 State of the States Legislative Roadmap for Reducing Overdose Deaths and Increasing Access to Treatment

- Strategy 5: Withdrawal management services in correctional settings
- Strategy 6: School response to drug related incidents
- Strategy 7: Naloxone in public high schools
- Strategy 8: Substance use treatment in the emergency department
- Strategy 9: Substance use during pregnancy and family care plans
- Strategy 10: Overdose fatality review teams



LAPPA 2023 State of the States Legislative Roadmap for Reducing Overdose Deaths and Increasing Access to Treatment

- Nevada adopted 5-6 strategies

Number of Adopted Strategies by State

Adopted 7-10 strategies

ME MD NH PA RI 5 states

Adopted 5-6 strategies

CA CO CT DE MA MN NV NM NY OH OR UT VT WA 14 states

Adopted 3-4 strategies

AK AZ AR DC FL IL LA MI MT NE NJ NC ND OK VA WV WY 17 states and D.C.

Adopted 0-2 strategies

AL GA HI ID IN IA KS KY MS MO SC SD TN TX WI 15 states



LAPPA 2023 State of the States Legislative Roadmap for Reducing Overdose Deaths and Increasing Access to Treatment

- Strategies Nevada adopted
 - STRATEGY 1: SUPPORT EXPANDED ACCESS TO SYRINGE SERVICES PROGRAMS
 - STRATEGY 2: DO NOT SUBJECT FENTANYL TEST STRIPS TO DRUG PARAPHERNALIA PENALTIES &
 - STRATEGY 3: DO NOT SUBJECT DRUG CHECKING EQUIPMENT THAT TESTS FOR DRUGS OTHER THAN FENTANYL TO DRUG PARAPHERNALIA PENALTIES
 - STRATEGY 4: REQUIRE ACCESS TO MEDICATION FOR ADDICTION TREATMENT IN STATE OR LOCAL CORRECTIONAL SETTINGS
 - STRATEGY 6: A DRUG-RELATED INCIDENT THAT OCCURS AT SCHOOL SHOULD NOT NECESSARILY BE REPORTED TO LAW ENFORCEMENT
 - STRATEGY 9: ASSIST PREGNANT OR POSTPARTUM INDIVIDUALS WITH SUBSTANCE USE DISORDER IN SEEKING HELP BY HAVING SPECIFIC LAWS/REGULATIONS DESIGNED TO HELP FAMILIES WITH SUBSTANCE EXPOSED INFANTS; AND NOT AUTOMATICALLY CONSIDERING SUBSTANCE USE DURING PREGNANCY, OR GIVING BIRTH TO A SUBSTANCE-EXPOSED INFANT, TO BE CHILD ABUSE OR NEGLECT



LAPPA 2023 State of the States Legislative Roadmap for Reducing Overdose Deaths and Increasing Access to Treatment

- Strategies Nevada has not adopted
 - STRATEGY 5: REQUIRE STATE AND LOCAL CORRECTIONAL SETTINGS TO PROVIDE WITHDRAWAL MANAGEMENT SERVICES
 - STRATEGY 7: REQUIRE ALL PUBLIC HIGH SCHOOLS TO STORE NALOXONE ON SITE FOR RESPONDING TO OVERDOSES AT SCHOOL AND AT SCHOOL-SPONSORED EVENTS
 - STRATEGY 8: INCREASE ACCESS TO SUBSTANCE USE TREATMENT IN EMERGENCY DEPARTMENT SETTINGS
 - STRATEGY 10: SUPPORT INFORMATION SHARING WITH OVERDOSE FATALITY REVIEW TEAMS



Guiding Principles/Toolkits

- [Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States | Drug Overdose | CDC Injury Center](#)
- [Opioid-Settlement-Toolkit-Final-cobranded.pdf \(preventchildabuse.org\)](#)
- [Principles for the Use of Funds from the Opioid Litigation | JHSPH](#)
- [States' and Localities' Opioid Settlement Spending Plans & News — Opioid Settlement Tracker](#)
- [2023 State of the States: Legislative Roadmap \(legislativeanalysis.org\)](#)



Questions ????

- Terry Kerns
- Nevada Office of the Attorney General
 - tkerns@ag.nv.gov
 - 775 335-5172