



National Governors Association Policy Academy on
Prescription Drug Abuse Prevention

State of Nevada Plan to Reduce Prescription Drug Abuse



TABLE OF CONTENTS

Executive Summary..... 3

Summary of Recommendations 4

**Task Force Report on Prescription Drug Abuse in Nevada and Prevention Plan
Recommendations**

Defining the Problem in Nevada 7

Improved Policy 10

Community Education 14

Prescriber Education..... 16

Data Collection..... 17

Screening and Treatment 18

Criminal Justice Interventions..... 22

Coordination of Efforts 24

Taskforce Members 26

Additional Contributors 27

Multidisciplinary Prevention Advisory Council Members 28

Logic Models

Community Education 29

Prescriber Education..... 34

Data Collection..... 37

Screening and Treatment 42

Criminal Justice Interventions..... 49

Coordination of Efforts 55

12 month Strategic Plan 56

Executive Summary

The abuse of prescription drugs is the fastest growing drug problem in the United States (U.S.), and prescription drugs are now the second most abused drug after marijuana among teens. Approximately 100 people die every day in the U.S. from drug overdoses, with opioid pharmaceuticals being the leading cause of fatal overdose, surpassing both heroin and cocaine. The Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (NSDUH) found that more accidental deaths are a result of drug overdose as compared to car accidents.

In order to address this serious problem, the National Governor's Association (NGA) launched its *Prescription Drug Abuse Reduction Policy Academy* to assist states with developing a strategic action plan for reducing prescription drug abuse tailored to each state's unique needs. In 2012, the National Governor's Association (NGA) launched the first Prescription Drug Abuse Reduction Policy Academy, 7 states participated in this year-long initiative: Alabama, Arkansas, Colorado, Kentucky, New Mexico, Oregon, and Virginia. This academy proved so effective, it was continued.

Nevada was one of 7 states selected to participate in the 2014 *Prescription Drug Abuse Reduction Policy Academy* along with Michigan, Minnesota, North Carolina, and Vermont. The 2014 Policy Academy is co-chaired by Governor Brian Sandoval and Vermont Governor Peter Shumlin, in partnership with the Centers for Disease Control and Prevention (CDC) and the Association of State and Territorial Health Officials (ASTHO).

Nevada established a Taskforce to research prescription drug abuse and related issues including, community education, medical provider education, criminal justice interventions, and screening and treatment. The Taskforce began its work in September of 2014. During the course of their work, the held a number of meetings with NGA Staff, and state based and national subject matter experts. The Taskforce researched best practices from other states. The

Taskforce organized a statewide stakeholder meeting that took place over two days and engaged approximately 200 stakeholders, and interested individuals from all over Nevada. The taskforce recommended policy changes, and with the leadership of Governor Sandoval, was able to introduce and pass SB459 which made substantial policy changes regarding prescription drug abuse prevention in Nevada. The Taskforce adopted the following mission statement in order to guide their work and the State's vision of prescription drug abuse prevention,

“To reduce prescription drug abuse in Nevada by 18% by 2018 by changing attitudes and behaviors of Nevadans through better coordinated efforts and statewide leadership.”

In its report, the Taskforce identified recommendations for implementation in various key areas. The Taskforce worked with Department of Health and Human Services Director, Richard Whitley who has recommended that the Multidisciplinary Prevention Advisory Committee (MPAC) to provide oversight and coordination for the plan implementation. The MPAC will act as an advisory committee to the Substance Abuse Prevention Treatment Agency which will take ownership and act as the primary agency for the implementation of this plan.

Summary of Recommendations

Community Education

- Develop and deliver a comprehensive media campaign with a statewide message on prescription drug abuse issues and applicable sections of SB459.
- Develop and deliver specialty trainings and education for various agencies and organizations.
- Develop consumer education on prescription drugs.

Medical Provider Education

- Inform medical providers about policy changes that will affect them with the passages of SB459.
- Provide education and trainings to prescribers regarding policies and regulations related to SB459.

Data

- Determine baseline data.
- Create an ongoing plan to evaluate prescription drug prevention and treatment efforts in Nevada.
- Create a public data dashboard to track indicators on prescription drug use.
- Use data collected to recommend policy changes and funding decisions in the State.

Screening and Treatment

- Identify the capacity of treatment program in the community to treat persons with prescription drug problems. Develop a plan to address identified shortages and gaps.
- Identify and make recommendations of standardized screening tools that can be utilized across disciplines. Require SBIRT/ early intervention screenings with developmental milestones and key intervention points.

- Develop and enhance referral processes between screening sources and treatment centers.
- Identify funding for treatment.
- Investigate the need for more funding of Medication-Assisted Treatment.

Criminal Justice Interventions

- Identify and work towards best practices for working with adjudicated offenders with prescription drug problem.
- Identify and expand on current best practices regarding the continuum of care from incarceration to release.
- Expand on criminal justice interventions regarding prescription drugs in the community.

Coordination of Efforts

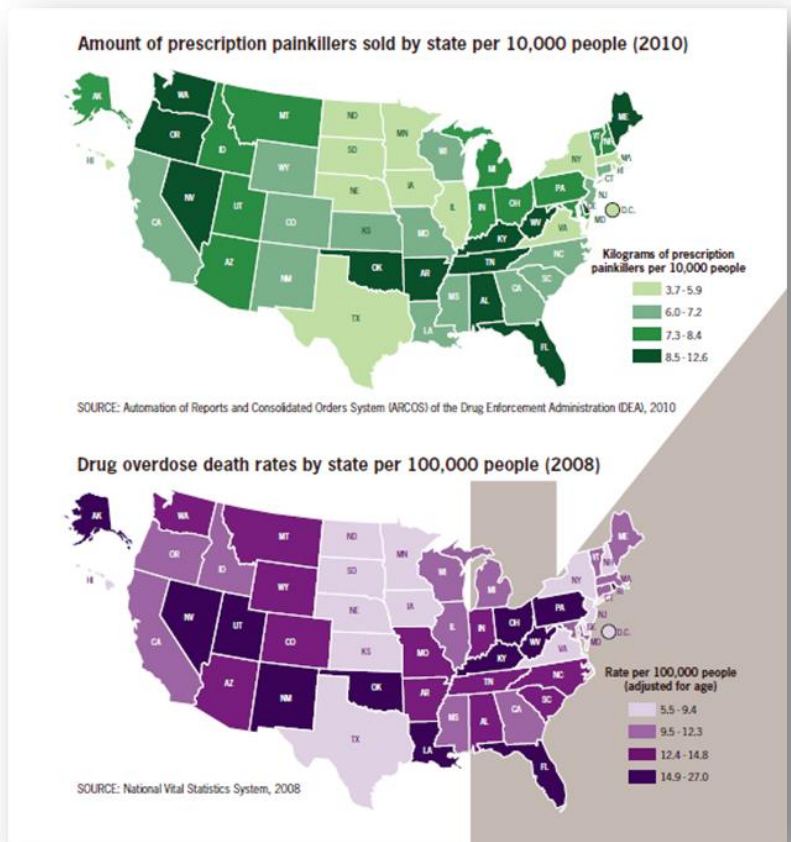
- Create a governing body to oversee the implementation of the Governor's Prescription Drug Abuse Prevention Plan and to coordinate RX abuse projects in the State.

Defining the Problem in Nevada

Prescription drug abuse has been a focus area for prevention and intervention efforts in Nevada for a number of years. There are several organized groups in the state that are dedicated to addressing this growing issue in Nevada. To name a few: The Prescription Drug Abuse Coalition, primarily comprised of the Attorney General, retail industry, and legislative leadership; the Attorney General's Substance Abuse Workgroup, comprised of the Attorney General and law enforcement, as well as other key leaders; and the Nevada Statewide Coalition Partnership which includes twelve member coalitions working to facilitate strategies that are efficient and effective. Other efforts are simultaneously occurring amongst prevention and treatment providers, public and behavioral health agencies, licensing boards, and grassroots organizations. Though each of these groups are working toward a common goal, a combined approach needs to be developed to truly address the issue using the most effective and efficient methods to ensure systemic change in the state.

Despite such efforts consequences, poor outcomes related to prescription drug misuse remain a growing issue in Nevada. According to the Centers for Disease Control and Prevention's (CDC) report entitled *Prescription Painkiller Overdoses in the US*, Nevada has some of the highest rates of prescription painkillers sold and drug overdose deaths per capita. Per units prescribed per 100,000 patients, Nevada ranks:

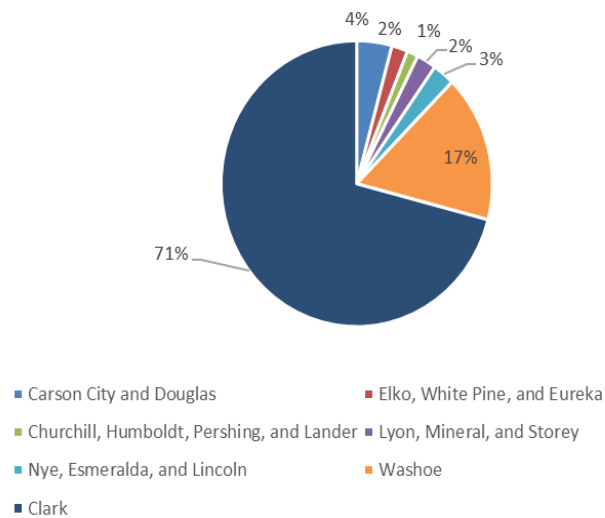
- 2nd highest for hydrocodone (Vicodin and Lortab);
- 2nd highest for oxycodone (Percodan and Percocet);



- 4th highest for methadone;
- 7th highest for codeine.

Overdose of prescription drugs may often lead to hospitalization or death. In 2013, there was an age-adjusted rate of 5.5 per 1,000 emergency department (ED) visits among Nevada residents that were a result of heroin/opioid dependence, abuse, or poisoning emergencies. The highest age-adjusted rates by county were in Washoe County (7.0/1,000) and Nye County (7.2/1,000). The statewide rate of emergency room visits related to heroin/opioid dependence, abuse, or poisoning emergencies increased between 2009 and 2013 and the difference was statistically significant. In 2013, there were 4,539 visits statewide; there were 18,543 visits over the 5-year period of 2009 to 2013¹.

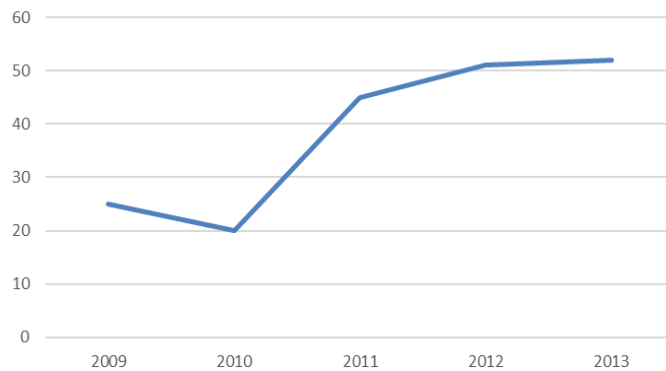
Heroin or Opioid Dependence, Abuse, or Poisoning Among Hospital Emergency Department Visitors for Nevada Residents in 2009-2013 by Region



¹ Kvam, Jay. "Heroin/Opioid Dependence, Abuse, or Poisoning Emergencies for Nevada Residents, 2009 – 2013." Unpublished report. March 2015.

Nevada has the 4th highest drug overdose mortality rate in the United States, with 20.7 per 100,000 people suffering drug overdose fatalities, according to a *Prescription Drug Abuse: Strategies to Stop the Epidemic*. According to the same report, the number of drug overdose deaths, a majority of which are from prescription drugs - in Nevada increased by 80 percent since 1999 when the rate was 11.5 per 100,000. There has been a substantial increase in heroin-related deaths in Nevada between 2009 and 2013, with over double the number of cases between those years.

Heroin-Related Deaths in Nevada, 2009 - 2013



As these data illustrate, Nevada is clearly experiencing problems related to prescription drug abuse despite many efforts to prevent and intervene. It is also clear that progress can only be made by working comprehensively and in partnership. There needs to be a collaborative effort made across disciplines if Nevada wants to see true change in the state.

As a result of the 2014 NGA Prescription Drug Abuse Reduction Policy Academy, the Governor developed a Task Force to create a plan that would improve community health by reducing prescription drug abuse by 18% by 2018. To achieve this, the Task Force's plan seeks to change attitudes and behaviors of Nevadans through better coordinated efforts and statewide leadership. In order to accomplish this, the Task force will created a comprehensive and thorough plan to address all of the various disciplines, sectors and issues affected by prescription drug misuse and abuse. In order to create this comprehensive plan, two stakeholder meetings were convened in order to gather feedback from key stakeholders in all disciplines. Day one was held with stakeholders from northern Nevada, day two was held in southern Nevada. In total, approximately 200 people attended the meetings. The Task Force worked with facilitators to present information and data about the issue, Nevada's prescription drug abuse prevention legislation, what other states have accomplished and to glean input from Nevada Stakeholders.

The Task Force identified community education, provider education, criminal justice interventions, data collection, and screening and treatment, improved policy, and statewide coordination as key areas for the state to focus on in order to begin combating prescription drug abuse. Participants were split up in to groups based on their areas of expertise. Participants were asked to discuss prescription drug abuse prevention efforts already in place and to identify activities or structures that could be considered assets, they were then asked to identify gaps in prevention efforts and what the highest priorities are for addressing prescription drug abuse in Nevada. The Task Force built the following recommendations based on this input from stakeholders and research done during the NGA policy academy.

Improved Policy

Prevention, early intervention, and appropriate treatment will all assist in addressing prescription drug abuse in Nevada; but policy changes have the ability to change the “system” resulting in long term and widespread improvement. Nevada’s plan for reducing prescription drug abuse includes policy changes modeled after states that have truly shown success in addressing prescription drug abuse. In 2014, The Trust for America’s Health released a study containing 10 key policy indicators that state should have enacted in order to begin seeing a reduction in prescription drug abuse in their communities. These policy indicators were developed by pulling data from a number of states and resources, public health, medical and law enforcement experts. Of the 10 key policy indicators, the report found that Nevada fell short in 3 key areas, including Good Samaritan laws, Naloxone programs, and required prescriber education.

The need for policy changes regarding prescription drug in Nevada became apparent to the Task Force early on in their work. The Task Force recommended to the Governor that a bill dealing with prescription drug issues in a comprehensive way be introduced during the 2015 legislative session, in order to begin combating the prescription drug epidemic in the State. This resulted in the Governor introducing Senate bill (SB) 459. This bill was signed in to law on May 5th. With the passage of this bill Nevada now meets all 10 of the Trust of America’s Health Policy

Indicators. The bill addresses four key areas; physician education, Prescription Drug Monitoring Program utilization, Good Samaritan immunity laws, and Naloxone.

Prescription Drug Monitoring Program

Studies have shown that Prescription Drug Monitoring Programs (PDMP) are effective when they are fully utilized by physicians and dispensers. A 2010 study found that when PDMP data were used in an emergency room, 41% of the clinician cases studied had altered prescribing after the individual reviewed the PDMP². In looking at recent experience in other states, it is shown that prescriber mandates serve to rapidly increase enrollment and utilization of the PDMP. As rates of PDMP participation have increased prescribing of certain controlled substances declines, which suggests that increased PDMP utilization helps to promote medically warranted prescribing and dispensing³.

SB 459 requires that prescribing physicians obtain a patient utilization report on the Prescription Drug Monitoring Program before the initiation of a schedule II, III, or IV prescription drug for a new patient, or for a course of treatment lasting longer than 7 days that is part of a new course of treatment for an existing patient. SB 459 also requires the Pharmacists to update the system within the next business day of filling a prescription. This is important as it will help to keep the information maintained in the system up to date and viable.

Provider Education

Most medical, dental, pharmacy and other health professional schools currently do not provide in-depth training on substance abuse. Medical students may only receive limited training on treating pain⁴.

² David F. Baehren, Et.al .A Statewide Prescription Monitoring Program Affects Emergency Department Prescribing Behaviors. 2009. http://californiaacep.org/wpcontent/uploads/A_Statewide_Prescription_Monitoring_Program_Affects_Emergency_Department_Prescribing_Behaviors.pdf

³ Prescription Drug Monitoring Program Center of Excellence at Brandeis University. COE Briefing, Mandating PDMP Participation by Medical Providers: Current Status and Experience in Selected States. 2014.

⁴ Trust for America's Health, Issue Report: Prescription Drug Abuse: Strategies to Stop the Epidemic. 2013. Prescriber Education.

In addition to physician training in identification of substance abuse in patients, it is important that physician receive training and information on how to best direct a patient in need to treatment services or resources in the community.

SB 459 requires that a physician or physician's assistant who is registered to prescribe controlled substances must complete at least one hour of training relating specifically to the misuse and abuse of controlled substances during each period of licensure.

Good Samaritan Immunity Provision

The number of deaths from prescription pain killer overdoses has quadrupled since 1999⁵. Death from prescription drug overdose is avoidable if medical treatment is sought in a timely manner. Medical assistance is often not sought by those in need, or a bystander of someone in need, for fear of being arrested for use or possession of a controlled substance. Good Samaritan Laws, or 911 immunity laws, are designed to encourage a person to help someone that is in danger of drug overdose. Currently, 17 states and D.C. have a law in place to provide a degree of immunity from criminal charges for individuals seeking medical treatment for an overdose.

Washington State was one the first states to pass a drug overdose Good Samaritan law, in 2008. The University of Washington Alcohol and Drug Abuse Institute published initial evaluation results in 2011. Their analysis included interviews of opiate users, police and paramedics in Seattle. The report cited no evidence of negative consequences to date as a result of the implementation of the immunity laws.

As statistical information is limited but growing, evidence on the effectiveness of Good Samaritan immunity laws in the reduction of prescription drug abuse in states cannot be expressly stated at this time. However, 911 immunity laws are widely considered to be

⁵ Trust for America's Health. Issue Report: Prescription Drug Abuse: Strategies to Stop the Epidemic. 2013. Good Samaritan Laws.

paramount when looking at comprehensive plans for prescription drug abuse death reduction efforts.

SB 459 provides for limited immunity to individuals who seek medical help for others or themselves during a drug overdose. This immunity allows individual to evade prosecution for personal use and possession of controlled substances. Large amounts of substances for sale and trafficking are not immune from prosecution.

Expanded Access to Opioid Antagonist Naloxone

Naloxone (Narcan) is a prescription opioid antagonist that, when administered appropriately and timely, reverses an opioid overdose. Naloxone counteracts the depression of the central nervous system and respiratory system during an overdose, which allows an overdose victim to breathe normally⁶. Naloxone is non-addictive and has no adverse side effects. Naloxone only works when someone has opioids in their system. It has no effect if opioids are not present. Naloxone is safely administered by lay people with minimal training.

Research suggests that when communities make Naloxone available to people at risk, their friends, family members, and first responders, overdose death rates decrease. There are currently 14 states that allow the 3rd party prescribing of Naloxone⁷. Third party prescribing of Naloxone works in tandem with the Good Samaritan Laws.

U.S. Department of Health and Human Services Secretary Sylvia Burwell has listed the expansion of Naloxone programs as a major priority in addressing opioid abuse in the country. The expansion of Naloxone has also been supported by a number of national professional organizations. These organizations include, the American Medical Association and the American Public Health Association.

⁶ Harm Reduction Coalition. Understanding Naloxone. <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/understanding-naloxone/>

⁷ Dr. Wagner Testimony to the Joint Senate Assembly HHS Committee.

SB 459 allows a physician to prescribe an opioid antagonist directly or by standing order to a person that is at risk of overdose or to a family member, friend, or other person in a position to assist a person that is at risk of experiencing an overdose.

While, the passage of SB 459 was a monumental accomplishment in the fight against prescription drug abuse in Nevada, additional work needs to be done regarding prescription drug abuse prevention policy. This is an ongoing project. The State will need to closely monitor data related to prescription drug trends to be able to address any additional issues, not addressed by SB 459, or that present themselves in the future. The State must also work with stakeholder groups to review Nevada Revised Statutes and Nevada Administrative Code for language or statute that effects or impedes the State's progress in reducing prescription drug abuse in Nevada.

The passage of SB 459 and the creation of prescription drug abuse prevention policies in Nevada statute is one part of the comprehensive changes needed in the state to reduce prescription drug abuse. Nevada needs a comprehensive, strategic coordinated state plan.

An affective strategic plan is one that seeks to identify ways to bring together the current efforts throughout the state and outline a set of best practices for the many areas and disciplines that prescription drug abuse prevention efforts touch, including; education, data, screening and treatment, and criminal justice interventions.

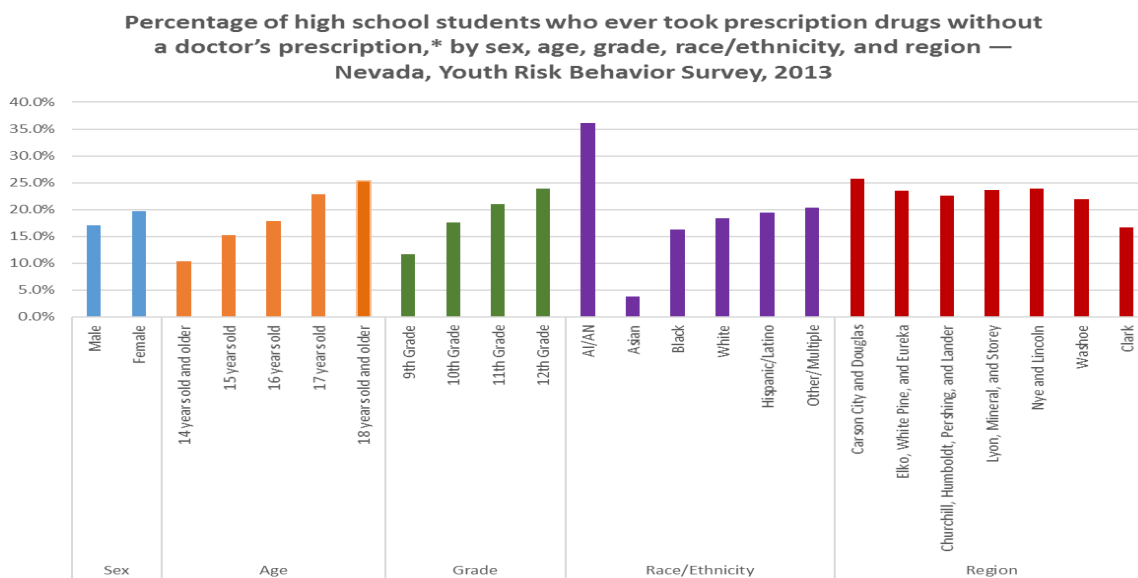
Based on the research conducted during the NGA Policy Academy and input from stakeholders the Task Force recommends continued work in the following areas to further impact prevention of prescription drug abuse.

Community Education

In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use found that 2 million teenagers misused prescription drugs. Of the 2 million surveyed, 1 in 3 reported that there was “nothing wrong” with using prescription drugs every once in a while. There is a misconception that the misuse of prescription drugs is safer than

improper use of other substances, because they are first prescribed by a physician.⁸ This misconception can lead many in to believing that it is safe to use prescription drugs for recreational purposes.

The 2013 Nevada Youth Risk Behavior Survey (YRBS) found that 19.4 percent of high school respondents reported that they have taken prescription drugs without a doctor’s prescription. As shown in the chart below, the highest rates in Nevada were among females, older students, American Indian/Alaskan Natives, and regionally in Carson City and Douglas Counties.



In the spring of 2012, 1,004 University of Nevada, Reno (UNR) undergraduates were surveyed for the American College Health Association-National College Health Assessment Institutional Data Report. Eleven percent of the UNR sample answered “yes,” compared to 7.5% nationally when the question, “Within the last 12 months have you taken any of the prescription drugs that were not prescribed to you: OxyContin, Vicodin, Codeine” was asked.

In 2011 the University of Washington Alcohol and Drug Abuse Institute published the initial evaluation of Washington State’s Good Samaritan law, enacted in 2008. Their analysis found that after three years of the Good Samaritan laws enacted only about one-third of opiate users

⁸ Substance Abuse and Mental Health Administration & National Council on Patient Education and Information. *Maximizing Your Role as a Teen Influencer: What You Can Do to Help Prevent Teen Prescription Drug Abuse*. Rockville, Md: National Council on Patient Education and Information; 2009.

surveyed were aware of the immunity provisions. However, having been made aware during the survey, 88 percent said that they would be more likely to call 911 in an overdose emergency⁹. It is important that Good Samaritan and Naloxone education efforts start immediately.

Community education efforts need to be data driven, targeted, as well as culturally and linguistically appropriate. Messaging must be legally and medically accurate and be coordinated and consistently presented and repeated throughout the state.

Key Community Education Recommendations

- Develop and deliver a comprehensive media campaign with a consistent statewide message on prescription drug related issues and applicable sections of SB459.
- Develop and deliver specialized trainings and education for various agencies and organizations.
- Develop and deliver consumer education on Prescription Drugs.

Immediate Actions:

- Define issues surrounding prescription drug abuse.
- Develop standardized messages around prescription drug abuse issues. These messages should be provided to SAPTA and other community groups.
- Develop trainings for various groups on relevant prescription drug issues.
- Create materials for dissemination with targeted information related to substance abuse and mental health information.

Prescriber Education

The PDMP is a database or a resource that should be used by physicians to help identify patients that maybe be abusing or misusing prescription drugs. Nevada was one of the first states in the country to operate a Prescription Drug Monitoring Program System (PDMP). While Nevada's PDMP has been available since 1997 it continues to be underutilized, with only 5,162 of the 9,676 total prescribers in the state registered to use the PDMP. With the passage of SB

⁹ National Conference of State Legislatures. Drug Overdose Immunity "Good Samaritan Laws." 2015 <http://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx>

459 PDMP registration and patient look up are mandated, which will increase physician utilization.

Key Prescriber Education Recommendations

- Inform medical providers about policy changes that will affect them with the passage of SB459
- Provide training to prescribers and dispensers regarding policies and regulations related to SB459.

Educating prescribers and dispensers about the policy changes is a high priority for physician education. While the use of the system is mandated, there is still a need to educate prescribers on how to use the system, as well as work to be done with the prescribing licensing boards on the importance

of enforcement.

Immediate Action:

- Develop discipline specific trainings for providers related to the 4 key provisions in SB459.
- Develop trainings for pharmacists.
- Work with medical occupational licensing boards to ensure education requirement enforcement.

Data Collection

There is data collected on prescription drug use both nationally and locally. There are several

Key Data Collection Recommendations

- Determine baseline data related to prescription drug abuse and identify indicators and tracking measures.
- Create a public dashboard to track indicators on prescription drug use.
- Use data collected to recommend policy and funding decisions in the State.
- Create an ongoing plan to evaluate prescription drug prevention and treatment efforts in Nevada.

population-based surveys that provide results of perception and risk. Two such surveys are the Youth Risk Behavior Surveillance Survey (middle and high school students) and the Behavioral Risk Factor Surveillance Survey (adults aged 18 and older). There are limited questions related to prescription drug abuse, but the questions available can assist in defining areas of need in the state. Several school districts complete climate surveys that

include data related to drug use and perception.

In addition to survey data, there are several public health and health care data sets that can illustrate prescription drug use. These include: vital statistics (birth and death), hospital discharge billing data, and the Substance Use Prevention and Treatment Agency (SAPTA) treatment records. These sources provide data on more severe outcomes related to the misuse of drugs. Stakeholders have identified a number of assets around data collection and reporting in the state including, the Nevada Health Information Provider Performance System, electronic medical record data and coalition report data on the numbers of people reached as a result of prescription drug abuse projects.

Baseline data needs to be defined, and performance measures established. These are important first steps in the implementation of the prescription drug abuse prevention plan. Data and measuring metrics must be set in order to adequately track progress and inform policy. While a centralized system for the collection and the reporting of prescription drug and substance data is ideal, there are many logistical and statutory barriers to this.

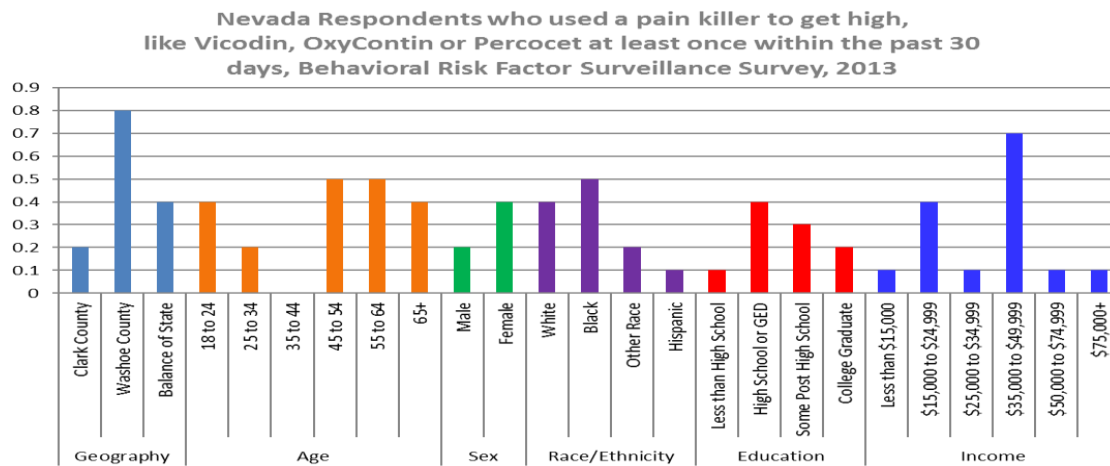
Immediate Actions:

- Document data resources related to prescription drug use in Nevada.
- Outline missing data sets and develop a plan to collect or access the missing datasets.
- Identify what data need to be measured as a result of SB 459 and the NGA Policy Academy project.
- Develop an evaluation plan to collect and report on indicators.
- Create the data dashboard
- Identify changes needed in NRS and NAC

Screening and Treatment

There is limited data on adults in Nevada who use prescription drugs in a manner not prescribed. In the Behavioral Risk Factor Surveillance Survey (BRFSS), Nevada asked this

question to respondents, in 2013: *During the past 30 days, on how many days did you use a pain killer to get high, like Vicodin, OxyContin (sometimes called Oxy or OC) or Percocet.* As this question is very specific in purpose (use to get high) and timeframe (last 30 days), the self-reported response found that only 0.3% of the respondents reported that they had used such medication for that purpose. Though there were a small percentage of people reporting getting high from pain killers, there was disparity in who reported it. As is shown in the following chart, those respondents that were more likely to have used these medications to get high included: Washoe County residents, those aged 45 to 64 years, females, Blacks, those with a high school diploma, and those within the income range of \$35,000 to \$49,999.



Another indicator of the growing problem of prescription drug misuse among adults is shown in admissions to SAPTA-funded treatment programs. In 2007, 3.3% of admissions to funded programs were for prescription drugs. This number rose to 7.8% of admissions by the end of calendar year 2014. Similarly, admissions for heroin combined with the prescription drug admissions showed an increase from 7.9% of total admission in 2007 to 18.3% by the end of calendar year 2014. This trend is indicative of the need for identification of, and treatment availability for, people who are abusing prescription drugs. It is important to consider the heroin admission data, as well, due to the fact that there are a number of people that switch to heroin as a cheaper, more available alternative to prescription drugs.

A study done by P. Bradley Hall, MD., et al., examined addiction as a chronic disease that is a major driving force to the prescription drug abuse epidemic. The study reviewed national data from U.S. Department of Health and Human Services, SAMSHA, and other national substance abuse experts. Hall et al., concluded that addiction is a diagnosable chronic illness, and should be identified early in order to direct people to appropriate treatment before unreversible damage is done to the brain.

The utilization of screening programs and tools at a young age and throughout the lifespan, can help to identify individuals who are at high risk for addictive behaviors, as well as those who have experienced trauma and/or other life problems and could be potentially self medicating¹⁰. Properly used screening tools implemented in medical and social service settings can be effective in helping people make changes in their drug use and can be the first step in helping a person in need to access treatment.

Key Screening and Treatment Recommendations

- Identify and make recommendations of standardized screening tools that can be utilized across disciplines. Require SBIRT/early screenings in conjunction with developmental milestones and key intervention points.
- Develop and enhance referral processes between screening sources and treatment centers.
- Identify the capacity of treatment programs in the community to treat persons with prescription drug problems and develop a plan to address identified shortages or gaps.
- Identify funding needs to more adequately treat persons with prescription drug problems.
- Investigate the need for more funding of Medication Assisted Treatment (MAT) programs.

Screening and treatment is considered an essential component of any state action plan for addressing prescription drug abuse. Addiction is a chronic disease and those who are addicted to prescription drugs are likely to need long-term care services in order to achieve abstinence and recovery.¹¹ Although treating substance abuse can be expensive, research suggests that it costs less than the health and social costs of untreated addiction. The National Institute on Drug Abuse reports that every dollar invested in

¹⁰ Hall et.al- Prescription Drug Abuse & Addiction: Past Present and Future: The Paradigm for an Epidemic.

¹¹ *Principles of Drug Addiction Treatment: A Research-Based Guide, Third Edition*, National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, December 2012.

addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft¹².

According to a SAMHSA's National Survey on Drug Use and Health (NSDUH), 23.2 million Americans age 12 or older needed treatment for an illicit drug or alcohol abuse problem in 2007. Of these people, only 2.4 million received treatment. The biggest reason for an individual not accessing treatment is the belief that he/she doesn't need help. Widespread use of screening tools that are closely connected to treatment referrals can help motivate and encourage many of the 90% not seeking or accessing treatment to do so.

Presently, we know early identification and diversion to treatment programs can increase treatment access and success rates and, to that end, many community and state based organizations are working to provide screening and intervention to high risk populations. Several robust screening efforts such as Mental Health First Aid are being developed across the state. It is important to note, however, that screening should be part of a comprehensive system of treatment in the state's plan.

There are 12 treatment programs in the state that utilize medicated assisted treatment (MAT) for those with opioid addiction problems. SAPTA certifies all of these programs but only funds one. More resources are needed to better fund this specialty portion of the treatment field. SAPTA also funds 19 treatment agencies in the state. These agencies treat people in all counties of the state and include over 50 actual service sites. Typically, most agencies have long waiting lists for services, which means that those in need have to sometimes wait for weeks to get help. Since a substance abuse disorder is a progressive and potentially relapsing condition, waiting for treatment also means that person will most likely continue to abuse alcohol and/or other drugs.

¹² *Principles of Drug Addiction Treatment: A Research-Based Guide, Third Edition*, National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, December 2012

There is a need to develop a shared and standardized assessment structure and processes in order to better measure and track the impact of screening and treatments. This will require the development of protocols and information sharing. The State also needs to look at workforce development for certified alcohol and drug counselor's (CADC), in order to expand access to treatment and care. The state should look to other state models for licensure and best practices.

Immediate Actions:

- Create a matrix of all substance abuse treatment providers in order to access treatment provider capacity and begin to address identified gaps.
- Identify and release a policy paper on recommended standardized screening tools
- Amend State of Nevada Grant scope of work requirements to include screenings
- Work with Schools to incorporate screenings.
- Develop screening and treatment referral curriculum for residents and interns.

Criminal Justice Interventions

There have been several local law enforcement agencies nationwide that associate increased prescription drug misuse to increased crime in the community. This crime is normally associated with breaking and entering homes or vehicles to steal valuables to get money to buy drugs or to raid medicine cabinets to find the drugs themselves for personal use or sale. Other crimes noted include stealing prescription pads, forging doctor's signatures, "doctor shopping," and faking illness to get a prescription.

The Bureau of Justice Statistics found that almost half of prisoners surveyed in Federal or State facilities in 2012 met the Diagnostic and Statistical Manual (DSM) criteria for drug abuse or dependence. Despite this, less than 20% of the individuals who needed treatment received it.

Presently, there are efforts at the national level to further advance systemic changes in the criminal justice system in regards to prescription drug abuse. Nevada’s two largest counties and most rural district courts have established drug court systems. Studies have found that not

Key Criminal Justice Intervention Recommendations

- Identify and work towards best practices for working with adjudicated offenders with prescription drug problems.
- Identify and expand on current criminal justice best practices regarding the continuum of care from incarceration to release.
- Expand on criminal justice interventions regarding prescription drug abuse in the community.

only do drug court participants report less drug use, they also report less criminal activity and have fewer arrests¹³. Further strides can be made in Nevada regarding criminal justice interventions by aligning the criminal justice system with public health systems in order to intervene with heavy users, and to tackle co-occurring disorders using community based response efforts. Currently, when an individual is incarcerated their Medicaid coverage is terminated, this makes it very difficult for some incarcerated individuals with substance abuse

treatment to get timely services when they are released.

Stakeholders identified training mechanisms to support education for judges, including the Speciality Court State Conference, and the National Association of Drug Court Professionals National Conference. Increased engagement of judges in conversations about utilizing alternative treatment strategies has been identified as a high priority, as has establishing a sustainable funding stream to support treatment efforts.

Nevada law enforcement agencies have been recognized nationally for substantial efforts related to prescription drug “round ups.” These opportunities allow residents to dispose of unused prescription drugs in their possession. This removes the drugs from circulation, especially addressing the issue that youth may be accessing the drugs from their parents or family member’s medicine cabinets. Though this effort has proven useful and yields a great deal

¹³ National Drug Control Strategy, 2012 Report, White House, https://www.whitehouse.gov/sites/default/files/ondcp/2012_ndcs.pdf

of product, disposal by law enforcement of these drugs is problematic and needs to be addressed.

Immediate Actions:

- Increase Medication Assistance Treatment with Behavioral Health Treatment in Speciality Court System.
- Incorporate prevention messages into existing court ordered and speciality court programs.
- Work with Federal EPA officials on Prescription Drug Disposal issues.

Coordination of Efforts

There are a number of active efforts regarding prescription drug abuse reduction and prevention in Nevada. For example, in 2014, the Attorney General sponsored a student contest, which targeted select schools and youth. The goal of the contest was to reduce prescription drug abuse rates, especially amongst teens. The Nevada Statewide Coalition Partnership is working to educate the community at large about a number of issues including but not limited to, the importance of prescription drug lock ups and about safe disposal. The Children’s Cabinet in Washoe County is working to educate targeted youth populations. Despite the current efforts in the area of prescription drug abuse prevention, there is no consistent statewide message or strategy concerning prescription drug abuse and prevention for the state. There is a need for consistent statewide coordinated messaging. This is a priority in order to begin closing the gaps in broad prevention efforts.

Key Coordination Recommendation

- Create Governing body to oversee the implementation of the Governor’s Plan recommendations, and to coordinate Rx abuse prevention projects in the State.

States that have been successful in effectively addressing prescription drug abuse have done so through the collaborative effort of multiple stakeholders and disciplines and policy change. This framework has been proven to be effective, and Nevada is committed to this approach.

Leadership in Nevada has been energetic, but disjointed. In order to begin coordination of the efforts, the Taskforce worked with the Nevada Department of Health and Human Services Administration to identify an agency that would become responsible for implementation of the prescription drug abuse prevention plan recommendations that would come out of this policy academy. Director Richard Whitley identified the Substance Abuse Prevention and Treatment Agency (SAPTA) as being the agency responsible for the implementation plan. The Multidisciplinary Prevention Advisory Committee (MPAC) has been charged with overseeing and advising the SAPTA in these efforts. This committee is made up of subject matter experts from various disciplines. The MPAC is currently responsible for advising SAPTA in regards to the Partnership for Success (PFS) Grant. These are funds that come in to the state, from SASHA, and are to be used for prescription drug abuse prevention. The deliverable for the PFS grant and this plan align closely.

Conclusion

Impacting prescription drug abuse is a multifaceted process. As we have learned from many states a reduction in prescription leads to increase in other opioids, specifically heroin abuse. Nevada will focus its efforts on both ends of the spectrum, noting the importance of reduction in prescription as well as an increase in treatment and prevention.

Nevada will use the following data elements to achieve an 18% reduction in prescription drug abuse by 2018,

- By December 31, 2018, reduce the amount of Hydrocodone prescribed by 6%.
 - Baseline: 2010 Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA)
 - Measure of Success: Kilograms of prescription Hydrocode painkillers per 100,000 in Nevada is reduced by 6%.
- By December 31, 2018, reduce the number of Nevadans that die as a result of heroin, opioid analgesics, and other/unspecified opioids overdose by 6%.

- Baseline: in 2013, 478 Nevadans died as a result of heroin, opioid analgesics, and other/unspecified opioids overdose.
- Measure of Success: By December 31, 2018, the total number of Nevadans that die of heroin, opioid analgesics, and other/unspecified opioids overdose will not exceed 449 people, adjusted for population growth¹⁴.
- By December 31, 2018, reduce the number of Nevada High School students that reported that they have taken prescription drugs without a doctor’s prescription by 6%.
 - Baseline: The 2013 Nevada Youth Risk Behavior Survey (YRBS) found that 19.4 percent of high school respondents reported that they have taken prescription drugs without a doctor’s prescription.
 - Measure of Success: The 2017 YRBS will find that 13.4 percent or less of high school respondents will report that they have taken prescription drugs without a doctor’s prescription.

Nationally the best efforts at reducing prescription drug abuse come from those state that meet the following 10 measures,

- Prescription Drug Monitoring Program in the State;
- Mandatory Use of the PDMP;
- Doctor Shopping Laws;
- Support for Substance Abuse Services;
- Prescriber Education Requirements;
- Good Samaritan Law;
- Support for Naloxone Use;
- Physical Exam Requirements;
- ID requirements, and a
- Pharmacy Lock-in Program.

¹⁴ Data Source: Nevada Division of Public and Behavioral Health, Electronic Death Registry System – codes T40.1, T40.2, T40.3, T40.4, and T40.6.

Prior to this NGA project, Nevada had 7 of 10. With passage of SB459 Nevada now meets 10 out of 10. The Task Force anticipates challenges because much of the service delivery of health care is dependent on available access to the medical community.

There must be a fine balance between over regulation and preservation of the patient/doctor relationship. With the implementation of the affordable care act, access has become a critical issue in fact the primary issue in the delivery of health care. Much of the population this project targets, now has a pay source, but have traditionally not received health care services and presents with multiple complex disorders of which substance abuse is often primary.

Governor’s Prescription Drug Abuse Prevention Task Force Members

Name	Title and Affiliation
Kathleen Sandoval	First Lady, State of Nevada CEO, Children’s Cabinet
Dena Schmidt	Deputy Director, Department of Health and Human Services
Kevin Quint	Bureau Chief, Substance Abuse Prevention and Treatment Agency
Mary Wherry	Deputy Administrator, Division of Public and Behavioral Health
Larry Pinson	Director, Nevada Board of Pharmacy
Linda Lang	Director, Nevada Statewide Coalition Partnership
Mary Griffith	Director of Pharmacy Services, Nevada Division of Health Care Financing and Policy
Tyler Klimas	Policy Advisor, Office of Governor Brian Sandoval, Washington DC Office
Elyse Monroy	Policy Analyst, Office of Governor Brian Sandoval
Julia Peek	Manager, Office of Public Health Informatics and Epidemiology, Division of Public and Behavioral Health
Dr. Tracey Green	State of Nevada Chief Medical Officer
Laurie Squartsoff	Administrator, Division of Health Care Financing and Policy

Additional Contributors

Name	Title, Affiliation
Karla Wagner, Ph. D	University of Nevada, Reno, Community Health Sciences
Judge Dorothy Nash Holmes	Reno Municipal Court
Krystal Riccio	Associate Professor of Pharmacy Practice, Roseman University, College of Pharmacy
Michael Corti	Executive Director, Nevada Community Prevention Coalition
Alexis Tucey	Behavioral Health Supervisor, Division of Health Care Financing and Policy
Jennifer DeLevette-Snyder	Executive Director, Join Together Northern Nevada
Stephanie Ward	Drug Abuse Prevention Coordinator, Reno Police Department
Monty Williams	Executive Director, Nevada Statewide Native American Coalition
Keith Carter	Director, Nevada High Intensity Drug Trafficking Administration (HIDTA)
Lt. Tom Green	Criminal Investigation Unit, Washoe County Sheriff’s Department
Ying Zang	Senior Scientist, Southern Nevada Health District
Lisa Adams	Nevada Board of Pharmacy
Monica Adams	Epidemic Intelligence Service Officer, Southern Nevada Health District, CDC Fellow

Substance Abuse Prevention and Treatment Agency
Multidisciplinary Prevention Advisory Committee (MPAC)

Membership List

Name, Organization
Dena Schmidt, Deputy Director, Department of Health and Human Services. MPAC Chair*
Kristen Rivas, Division of Child and Family Services
Scott Schick, Douglas County Juvenile Probation
Stephanie Asteriadas, Center for Application of Substance Abuse Technologies, Clearing House
Mike McMahon, Division of Public and Behavioral Health, Mental Health Planning Unit
Monty Williams, Statewide Native American Coalition
Chief Justice Michael Douglas, Nevada Supreme Court
Keith Carter, High Intensity Drug Trafficking Area, Las Vegas Metro
Dr. Mehl Pol, Las Vegas Recovery
Karla Wagner, University of Nevada Reno, College of Public Health
Joseph Joshua Livernois, Northern Nevada Hopes
Patrick Bozarth, Community Counseling Center of Southern Nevada
Carol O'Hare, Nevada Council on Problem Gambling
Heidi Gustafon, Foundation for Recovery
Cesar Margarejo, Office of Governor

State of Nevada Plan to Reduce Prescription Drug Abuse
 Community Education Recommendation Logic Models

Recommendation 1: Develop and deliver a comprehensive media campaign with a consistent statewide message on prescription drug related issues and applicable sections of SB 459.

Recommendation Policy Objective	
Informing people about the problem of prescription drug abuse problem in the State of Nevada. . Messages for a media campaign should be general, broad and address prescription drug abuse issues in a comprehensive fashion.	
Activities	Resources
Define issues surrounding prescription drug abuse.	MPAC
Develop messages around Prescription Drug Abuse Issues, including- <ul style="list-style-type: none"> - Naloxone - Good Samaritan - Stigma Reduction - Disposal - Where (how to find help) - Misuse - Prevention - Lockups/ disposal 	
Provide SAPTA and Community groups with standardized messages on various issues.	
Activity Outcome Measures	
<ul style="list-style-type: none"> • Number of ads released • Number of online hits or views • Number of billboards messages in the State 	
Outcomes	
<ul style="list-style-type: none"> • More people in the state are aware of prescription drug abuse issues • More people in the state are controlling their drugs • Fewer people in the state are misusing prescription drugs • More people know about Naloxone • More people know about Good Samaritan Laws 	

Impact

- More awareness about prescription drug abuse
- Fewer fatal and non fatal overdose

Recommendation 2: Develop and deliver specialized training and education for various agencies and organizations.

Recommendation Policy Objective	
Develop specialized trainings and messages to be delivered to various agencies and organizations on issues related to prescription drug abuse.	
Activities	Resources
Develop trainings for, <ul style="list-style-type: none"> - Students - Educators - School Districts - Law Enforcement - 911 Dispatchers - Treatment Providers - Churches - Social Service Agencies - Judges - Specialty Court Staff 	MPAC
Developed trainings should include information on, <ul style="list-style-type: none"> - Medication Assisted Treatment Alternatives - Naloxone - Good Samaritan Law - Rx Drug Abuse Identification - Proper use of Rx Drugs - Disposal of Rx Drugs 	
Activity Outcome Measures	
<ul style="list-style-type: none"> • Number of trainings held • Number of Organizations trained • Number of individuals trained 	
Outcomes	
<ul style="list-style-type: none"> • Community organizations and agencies are better informed and are able to receive and provide information about issues, resources, and services to their community members. 	

Impact

- More informed community members
- Fewer fatal and non fatal overdose
- Safe prescription drug practices
- Increased referrals to treatment
- Less prescription drug abuse
- Fewer fatal and non fatal overdose

State of Nevada Plan to Reduce Prescription Drug Abuse
 Community Education Recommendation Logic Models

Recommendation 3: Develop and deliver consumer education on prescription drugs.

Recommendation Policy Objective	
Educate consumers on issues relating to prescription drug abuse, including, Naloxone, Good Samaritan immunity, drug disposal, lock up, substance abuse and mental health treatment.	
Activities	Resources
Create a consistent message on issues.	MPAC
Create materials for dissemination with targeted information related to substance abuse and mental health information.	SAPTA Coalitions
Activity Outcome Measures	
<ul style="list-style-type: none"> • More people have information about prescription drug misuse and abuse issues. • Increase in number of people seeking treatment for Rx drug abuse and mental health disorders • Increase in ER visits related to overdose, • Increase in ER visits related to Naloxone administration • Increase in 911 calls related to overdose • Increase demand for Naloxone 	
Outcomes	
<ul style="list-style-type: none"> • More people in the state are aware of prescription drug abuse issues • More people in the state are controlling their drugs • Fewer people in the state are misusing prescription drugs • More people know about Naloxone • More people know about Good Samaritan Laws 	
Impact	
<ul style="list-style-type: none"> • More informed community members • Fewer fatal and non fatal overdose • Less prescription drug misuse/abuse 	

State of Nevada Plan to Reduce Prescription Drug Abuse

Medical Provider Recommendation Logic Models

Recommendation 1: Inform Medical Providers about policy changes that will affect them, with the passage of SB459

Recommendation Policy Objective	
Prescribing physicians, dispensers and relevant licensing boards needs to be made aware of the various policy changes from the 2015 legislative session that will affect continuing education requirements as well as their prescribing practices.	
Activities	Resources
Provide Education on provisions in SB 459, <ul style="list-style-type: none"> - Naloxone use, prescribing and dispensing - PDMP registration, use, and reporting - Misuse and abuse of opioids 	SAPTA Coalitions MPAC
Provide education on other relevant areas including, <ul style="list-style-type: none"> - Addiction - Treatment options - Screening 	
Activity Outcome Measures	Resources
<ul style="list-style-type: none"> • Number of informational contacts made to prescribers and dispensers • Number of PDMP reports generated • Number of PDMP registration 	
Outcomes	
<ul style="list-style-type: none"> • Increased provider awareness • Increased provider knowledge • Decreased stigma • Increased use of treatment • Increased need to access treatment • Changes to provider practices (both negative and positive) 	
Impact	
<ul style="list-style-type: none"> • A change in prescribing practices • Increased identification of high-risk patients 	

State of Nevada Plan to Reduce Prescription Drug Abuse

Medical Provider Recommendation Logic Models

Recommendation 2: Provide education and training to prescribers and dispensers regarding policies and regulations related to SB459.

Recommendation Policy Objective	
Create Ethics Training for Providers and Dispensers related to Prescription Drug Abuse legislation and the 4 provisions of SB459. Messaging provide to these groups should be constant, timely, accurate and legally sound.	
Activities	Resources
Discipline specific ethics training related to: Naloxone distribution and use	MPAC Coalitions SAPTA
PDMP Registration and use and training mandate 911/Good Samaritan law	
Trainings need to be certified by appropriate entities for CME/CEU's and available for free.	
Trainings for Pharmacists	Nevada Society of Health System Pharmacists Roseman University University of Nevada School of Medicine
Licensing Board Education/ (PDMP Utilization) Enforcement: Work should be done with the various licensing boards to address education mandate (get them to write regulations) and address issues regarding enforcement of education requirement.	MPAC Office of Governor
Activity Outcome Measures	
<ul style="list-style-type: none"> • Number of trainings held • Number of providers trained. • Post training surveys • Number of referrals to treatment • Number of PDMP reports generated • Amount of Naloxone dispensed. • Number of Boards that have adopted regulations 	

Outcomes

- More providers using PDMP
- More providers are prescribing Naloxone
- Licensing boards enforce continuing education requirements
- Increased communication with patients on drug abuse

Impact

- Providers prescribing practices are changed based on information gleaned from PDMP reports, so there is less over prescribing.
- Providers prescribing practices are changed based on information gleaned from continuing education trainings
- More people access treatments
- Potential for longer treatment waitlists
- Fewer people will be mis-prescribed or over prescribed to
- Increased heroin use or doctor shopping for pills

State of Nevada Plan to Reduce Prescription Drug Abuse

Data Recommendation Logic Models

Recommendation 1: Determine baseline data related to prescription drug abuse and identify indicators and tracking measures.

Recommendation Policy Objective 1-A	
Define current indicators related to prescription drug use in Nevada.	
Activities	Resources
Define 18% reduction measure	MPAC/ OPHIE
Document data resources related to prescription drug use in Nevada.	Board of Pharmacy Public Health (State and Local) Advisory Groups (MPAC/ SEW) Law Enforcement and Criminal Justice Community Coalitions Medicaid Treatment Providers
Pull Current available data. Document periodicity of data sources.	
Share list and indicators with partners to identify and add any missing datasets.	
Activity Outcomes	
<ul style="list-style-type: none"> • Baseline data report • Plan to collect and add missing data sets 	
Impact	
<ul style="list-style-type: none"> • Improved understanding of datasets related to prescription drug use in Nevada. 	

Recommendation Policy Objective 1-B	
Identify data gaps related to prescription drug data and indicators in Nevada.	
Activities	Resources
Outline missing data sets	OPHIE/ SEW/ MPAC
Develop a plan to collect or access the missing datasets	
Contact the owners of the external data sources to obtain baseline data.	
Establish MOUs/ DUAs with external agencies who will need DPBH to analyze their datasets	OPHIE/ SAPTA
Outcomes	
<ul style="list-style-type: none"> • same as 1-a 	
Impact	

<ul style="list-style-type: none"> • <i>same as 1-a</i> 	
Recommendation Policy Objective 1-C	
Determine what data is needed to evaluate SB 459.	
Activities	Resources
Identify changes effective in SB459 and identify what needs to be measured.	MPAC SAPTA OPHIE Office of Governor
Define what currently is available for those indicators.	DPBH / SAPTA
Determine how to measure indicators with no current data set.	
Outcomes	
<ul style="list-style-type: none"> • Same as 1-a 	
Impact	
<ul style="list-style-type: none"> • Same as 1-a 	

Recommendation Policy Objective 1-d	
Determine what data is needed is to evaluate the NGA Project.	
Activities	Resources
When logic models for other focus groups are completed, access data needed to evaluate all outcomes	MPAC Office of the Governor
Develop an evaluation plan to collect and report on indicators	OPHIE SEW MPAC
Outcomes	
<ul style="list-style-type: none"> • Same as 1-a 	
Impact	
<ul style="list-style-type: none"> • Same as 1-a 	

Recommendation 2: Create a public dashboard to track indicators on prescription drug use.

Recommendation Policy Objective	
Ensure a central location to display current and accurate prescription drug use data	
Activities	Resources
Create the dashboard	DPBH
Activity Outcomes:	
<ul style="list-style-type: none">• Public Dashboard	
Impact	
<ul style="list-style-type: none">• Transparent data• Track progress on identified indicators• Easy access of data for the public and stakeholders	

Recommendation 3: Use data collected to recommend policy and funding decisions in the state.

Recommendation Policy Objective	
Identify barriers related to creating a comprehensive system to reduce prescription drug abuse.	
Activities	Resources
Identify changes needed in NRS and NAC.	Board of Pharmacy Medical Boards DHHS Governor’s Office MPAC LCB Federal Partners
Track Implantation of data informed policy recommendation.	
Outcomes	
<ul style="list-style-type: none"> List of recommendations for policy changes. 	
Impact	
<ul style="list-style-type: none"> Improved data-informed policy implementation. Improvements on indicators as a result of policy change. 	

Recommendation 4: Create an ongoing plan to evaluate prescription drug prevention and treatment efforts in Nevada.

Recommendation Policy Objective	
Create an evaluation plan related to prevention and treatment indicators	
Activities	Resources
Data reports prepared and reported to the SEW and MPAC and others	DBHP Staff
Needs assessment of current prevention and treatment efforts	MPAC SEW Local public health Academics
Review of PFS grant evaluation plan and opportunities for collaboration	MPAC SAPTA
Outcomes:	
<ul style="list-style-type: none"> Evaluation Plan 	
Impact	
<ul style="list-style-type: none"> Regular evaluation of prescription drug prevention and treatment efforts in Nevada. Modification of prevention and treatment efforts as needed if indicators are not showing progress. 	

State of Nevada Plan to Reduce Prescription Drug Abuse
 Screening and Treatment Recommendation Logic Models

Recommendation 1: Identify the capacity of treatment program in Nevada to treat person with prescription drug problems and develop a plan to address identified shortages or gaps.

Recommendation Policy Objective	
Identify all treatment providers in the state, whose primary role is to provide substance abuse treatment, and identify where gaps in treatment availability exists, in order to best focus resources and work.	
Activities	Resources
Create a comprehensive ¹⁵ matrix for all treatment providers in the state, including SAPTA and non SAPTA certified.	<p style="text-align: center;">211 SAPTA Licensing Board Coalitions</p> <p style="text-align: center;">Kathleen Sandoval will follow up and will work with DPBH staff to find someone one help create matrix.</p>
Analyze list to identify state substance abuse treatment strengths and gaps.	SAPTA
Identify which providers are not currently taking Medicaid	Mary Griffith will follow up with information from Medicaid
Activity Outcome Measures	
<ul style="list-style-type: none"> • Number of treatment providers information collected • Matrix created • Matrix released to public review 	
Outcomes	
<ul style="list-style-type: none"> • Treatment providers across the State are identified. • Gaps are identified. • Referral process can be strengthened, because individuals referring will have access to a comprehensive list of substance abuse treatment providers in the State. 	
Impacts	
<ul style="list-style-type: none"> • State HHS, services providers, relevant agencies, and Nevadans are more informed about what treatment is available in their community. 	

¹⁵ The Screening and Treatment Logic Model Team Identified the following information to be included on the matrix; Name, Facility, number of providers, if they provide substance abuse screening and treatment, if they are accepting new patients, what payer sources they accept,

State of Nevada Plan to Reduce Prescription Drug Abuse
 Screening and Treatment Recommendation Logic Models

Recommendation 2: Identify and make recommendation of standardized screening tools that can be utilized across disciplines and in various settings. Require SBIRT/ early intervention screenings with developmental milestones and key interventions points.

Recommendation Policy Objective	
Improve early identification and interventions of substance abuse issues.	
Activities	Resources
Identify Screens ¹⁶ <ul style="list-style-type: none"> - CANS (Child Adolescent Needs and Strengths) - SBIRT - NIDA Quick Screen (Craft Screen- for kids) 	DPBH SPATA
Research and create policy paper on why screens were selected, and how they should be applied in each setting	DPBH SAPTA
Work with Dr. Lyons, creator of CANS, to make modification to tool for use of substance abuse identification	Dena Schmidt, HHS Directors Office Dr. Green
Convene stakeholder meetings to obtain input and introduce screens to the community. Each NSCP ¹⁷ coalition should hold a meeting. The State should also hold a meeting	Dena Schmidt, HHS Directors Office Elyse Monroy, Office of the Governor Linda Lang, NSCP
Activity Outcome Measures	
<ul style="list-style-type: none"> • Screens Identified • Research Completed and Published • CANS Screen modified • Number of Stakeholder meetings held • Number to stakeholders in attendance • Number of agencies (stakeholder organizations) that incorporate screens • Number of individuals screened. 	
Outcomes	
<ul style="list-style-type: none"> • Increased information and awareness among stakeholders, and among the community about the availability of screening tools. 	

¹⁶ The Screening and Treatment Logic Model Team identified these three screens to be used individually, or in tandem depending on the screening setting.

¹⁷ Nevada Statewide Coalition Partnership

- The number of agencies, practices and stakeholders that incorporate screening tool increases
- The number of individuals screened increases.
- The number of early identifications increases

Impact

- More Nevadans are screened for substance abuse issues.
- More Nevadans with substance abuse issues, or those are risk of addiction are routed to treatment earlier, than had they not been screened.

State of Nevada Plan to Reduce Prescription Drug Abuse
 Screening and Treatment Recommendation Logic Models

Recommendation 3: Develop and enhance referral processes between screening sources and treatment centers.

Recommendation Policy Objective	
Increase the number of people who have been screened and increase the number of people who screen positive for substance abuse who are referred to substance abuse treatment.	
Activities	Resources
Mandate that agencies that receive state grant funds include standardized substance abuse screenings in their scopes of work	Shelia Lambert, State Grants office to identify state grants. Elyse Monroy will follow up.
Work with Safe Schools Health Students schools to incorporate screening tools ¹⁸ .	Dr. Green will work with Pat Sanborn on how to incorporate in to Safe Schools Health Students
Create a screening and treatment referral curriculum for interns and residents in all relevant fields ¹⁹ .	Dr. Green will follow up.
Activity Outcome Measures	
<ul style="list-style-type: none"> • Number of grants amended. • Number of grant recipient agencies that change their scopes of work • Number of grant recipient agencies that start screenings • Number of people screened by grant recipient agencies. • Number of people referred to treatment from a grant recipient agency • Number of people in treatment • Curriculum created • Number of schools that incorporate curriculum • Number of residents/ interns trained • Number of people residents and interns screened • Number of people residents and interns refer to treatment. 	
Outcomes:	

¹⁸ Screening and Treatment referrals should be targeted to all schools in Nevada. The work should start with Schools participating in Safe Schools Healthy Students. Data should be collected, compiled and reviewed from the screening implementation and then analyzed for broad implementation to all Nevada schools.

¹⁹ Relevant providers identified during the logic model meeting included: LCSW and MFT practicum students, CPC practicum students, Psych interns, Physicians and Physicians assistants medical students and residents, and Registered Nurses.

- More people are screened.
- More people are referred to treatment
- More people are in treatment
- More people waiting for treatment\

Impact

- More agencies and providers are screening for substance abuse
- More people are being screened and referred to treatment.
- Residents and interns are taught about the importance of substance abuse screening, early intervention and referrals to treatment, which will create a culture change for these types of providers.

State of Nevada Plan to Reduce Prescription Drug Abuse
 Screening and Treatment Recommendation Logic Models

Recommendation 4: Identify funding needs to more adequately treat persons with prescription drug problems.

Recommendation Policy Objective	
To most adequately apply resources where they are needed most the need for funding across the state should be identified.	
Activities	Resources
Review treatment capacity matrix (product from recommendation 1) and identify funding gaps.	SAPTA
Examine funding for “non- traditional ²⁰ ” providers.	
Activity Outcome Measures	
<ul style="list-style-type: none"> Funding gaps identified 	
Outcomes	
<ul style="list-style-type: none"> The State can identify where funds need to be targeted. 	
Impacts	
<ul style="list-style-type: none"> The state has better information when funding programs. 	

²⁰ These providers are those that are not currently Medicaid Reimbursable.

State of Nevada Plan to Reduce Prescription Drug Abuse
 Screening and Treatment Recommendation Logic Models

Recommendation 5: Investigate how Nevada can increase the number of Medication Assisted Treatment (MAT) providers.

Recommendation Policy Objective	
Increase access and availability of Medication Assisted Treatment.	
Activities	Resources
Work with Pharmacy Board to identify which providers are currently providing MAT in Nevada ²¹ .	Krystal Riccio will follow up with Larry Pinson, from the Pharmacy Board
Review treatment provider capacity matrix ²² and identify which providers, could be providing MAT and are choosing not. Find out why they are not.	SAPTA
Activity Outcome Measures	
<ul style="list-style-type: none"> • Providers doing MAT are identified. • Providers that can be providing MAT, are not are identified • We find out why those providers are not providing MAT 	
Outcomes:	
<ul style="list-style-type: none"> • The State can access the need for, and the capacity of MAT. 	
Impacts	
<ul style="list-style-type: none"> • The State can better address treatment gaps and needs for funding regarding MAT. 	

²¹ This information should be added to a section of the Matrix.

²² This matrix will be the product of recommendation 1.

State of Nevada Plan to Reduce Prescription Drug Abuse
Criminal Justice Interventions Recommendations Logic Models

Recommendation 1: Identify and work towards best practices for working with adjudicated offenders with prescription drug problems

Recommendation Policy Objective 1 A	
Increase Medication Assisted Treatment (MAT) with behavioral health treatment, in specialty court system	
Activities	Resources
Judicial Education	Judicial College
MAT Training and Education, of Specialty Court Staff	Judicial College Coalitions
MAT Training and Education of treatment Providers	Coalitions
Identify and work towards addressing the availability of Treatment ²³	MPAC Specialty Courts
Activity Outcome Measures	
<ul style="list-style-type: none"> • Number of trainings held • Number of Individuals trained in MAT <ul style="list-style-type: none"> Judges Court Staff Treatment providers • Numbers of providers increased • Number of individuals re-encountering the court system • Percentage of increase in prescribing of Suboxone • Number of people in specialty court • Number of insurers paying for Suboxone • Number of hospital overdose deaths • Number of fatal and non fatal overdoses 	
Outcomes	

²³ The Criminal Justice Logic Model Team identified a number of barriers to the increase in MAT in Nevada. These barriers include but are not limited to, the limited number of providers prescribing Suboxone, the limited insurance coverage of Suboxone, and provider capacity. The treatment matrix should be reviewed in order to address these issues.

<ul style="list-style-type: none"> • Increased number of specialty court participants receiving MAT • Increased number of providers participating in MAT • Fewer justice involved people abusing prescription drugs • Reduced recidivism (re-encounters)
Impact
<ul style="list-style-type: none"> • Fewer fatal and non fatal overdose • Reduced hospital costs • Increased access to MAT

Recommendation Policy Objective 1B	
Incorporate Prevention messages into existing court ordered and specialty court programs.	
Activities	Resources
Amend MDV DUI L1 Curriculum to include Poly Drug use and Rx Drug and overdose risk information.	DMV
Educate Treatment providers about poly drug use and overdose risk prevention.	SAPTA Licensing Boards
Education Specialty Court Staff about poly drug use and overdose risk prevention.	SAPTA CASAT Coalition
Activity Outcome Measures	
<ul style="list-style-type: none"> • Number of trainings held • Number of individuals trained Court Staff Treatment Providers • Number of individuals re-entering the court system • Survey of providers and Specialty Court Staff: <i>Have you incorporated prevention messages in to their practices?</i> • Number of hospital overdose deaths • Number of fatal and non fatal overdoses 	
Outcomes:	
<ul style="list-style-type: none"> • More people training in prevention messaging • Change in provider practices • Increased communication with patients (consumers) regarding prescription drug overdose risk. • Fewer justice involved people abusing prescription drugs • Reduced recidivism (re-encounters) 	

Impact

- Fewer fatal and non fatal overdose
- Reduced hospital costs
- More recovered people

State of Nevada Plan to Reduce Prescription Drug Abuse
 Criminal Justice Interventions Recommendation Logic Models

Recommendation 2: Identify and expand on current criminal justice best practices regarding the continuum of care from incarceration to release.

Recommendation Policy Objective	
Increase the substance abuse continuum of care for individuals who have become justice involved. Ensuring that an individual has access to treatment while they are in jail and out.	
Activities	Resources
Provide overdose education and Naloxone (Narcan) to those at high risk of over dose on their way out of jail.	Discharge planners Jail Medical Officers
Connect people to treatment in the community	Coalitions
Activity Outcome Measures	
<ul style="list-style-type: none"> • Number of people discharged with Naloxone • Number of overdose deaths • Number of people re-encountering the criminal justice system, as a result of opioid drug abuse • Number of ER admissions 	
Outcomes	
<ul style="list-style-type: none"> • Reduced fatal and non fatal overdose deaths • Reduced prescription drug abuse 	
Impact	
<ul style="list-style-type: none"> • Increased ER Admissions • Reduced Overdose deaths • Few nonfatal Overdoses • Treatment increase • Increase in inmate education • Increase cost to the criminal justice system 	

Recommendation 3: Expand Criminal Justice Interventions regarding Prescription Drugs in the Community

Recommendation Policy Objective	
Increase capacity of uniformed first responders (law enforcement officers, emergency medical technicians) and other criminal justice personnel to implement and support prescription drug abuse interventions in the community	
Activities	Resources
Provide Trainings for Law Enforcement officers on prescription drug abuse, use of Naloxone, and 911 Good Samaritan law.	State Health Division/SAPTA CASAT State EMS REMSA
Equip uniformed first responders, including law enforcement officers and emergency medical technicians) with Naloxone ²⁴	State EMS REMSA State Health Division/SAPTA
Provide training for 911 dispatchers on community and law enforcement-based naloxone initiatives and 911 Good Samaritan law.	EMS REMSA State EMS Sheriff's Departments Campus police Tribal police Highway patrol
Resume Rx Drug take back days, and address issues surrounding disposal	Sheriff's Departments Coalitions Office of Governor Federal Partners
Activity Outcome Measures	
<ul style="list-style-type: none"> • Number of trainings held • Number of individuals trained • Number of Naloxone vials (doses) provided to law enforcement and other uniformed first responders • Number of first responders with Naloxone • Number of Take Bake Events held • volume of Prescription drugs disposed in the State. 	

²⁴ First Responders are not the same in all counties or regions, and they appropriate individuals need to be identified in each county to make sure that they appropriate people are getting Naloxone.

Outcomes:

- More law enforcement officers trained in Rx issues
- More first responders with Naloxone
- Increased administration of Naloxone
- More 911 calls for overdose emergencies
- Few fatal overdoses

Impact

- Fewer excesses Prescription Drugs on the Streets
- Few justice involved people
- Increase access to Naloxone
- Fewer fatal and nonfatal overdose
- Increase in prescription drugs disposed.

State of Nevada Plan to Reduce Prescription Drug Abuse
 Coordination of Efforts Recommendation Logic Model

Recommendation 1: Create a governing body to oversee the implementation of the Governor’s Prescription Drug Abuse Prevention Plan, and to coordinate RX abuse projects in the State.

Recommendation Policy Objective	
Increase coordination and decrease duplication in prescription drug abuse prevention efforts in statewide.	
Activities	Resources
Work the HHS to establish committee	DHHS SAPTA Office of Governor
Identify and Appoint Members to committee	
Activity Outcome Measures	
<ul style="list-style-type: none"> • Number of Meetings Held • Evaluation of Prescription Drug Abuse Data Indicators 	
Outcomes	
<ul style="list-style-type: none"> • Increase in prevention activities 	
Impact	
<ul style="list-style-type: none"> • Increased coordination of activities and messaging • Decrease in duplication of efforts. 	