DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES

Control #	Rev. Date:	Title:	Effective Date: 09/2023
_____	09/2023	Harm Reduction	Next Review Date: 09/2025

1.0 POLICY:

The Division of Public and Behavioral Health (DPBH) Clinical Services Branch shall establish guidelines in the utilization of naloxone, and other harm reduction resources.

The Nevada Legislature declared that overdose deaths from drug or alcohol use is a major public health and safety concern in Nevada. The use and misuse of both licit and illicit substances, especially opioids, has increased in Nevada at an alarming rate, contributing to dependence, criminal activity, incarceration and imprisonment, mental illness, suicide, family breakdown, and increased costs of medical and mental health treatment for youth and adults in Nevada. The Nevada Legislature has recognized that overdose death is preventable through the timely administration of harm reduction efforts, such as the safe, effective, nonnarcotic opioid antagonist drugs which reverse the effects of opioid overdose in minutes, are not controlled substances, and have no abuse potential.

To combat the continuing rise in opioid related deaths in Nevada, laws were recently amended to allow first responders to possess and administer naloxone.

2.0 PURPOSE:

The purpose of this policy is to establish guidelines for the DPBH clinical programs on the utilization of naloxone, and other harm reduction resources, by community the DPBH staff and their clients with the intent to reduce the risk of injuries and fatalities due to opioid-involved overdoses.

3.0 SCOPE:

DPBH Clinical Services Branch.

4.0 DEFINITIONS:

4.1 **Harm Reduction** – is a public health approach aimed at reducing the negative consequences of certain behaviors and practices, particularly those related to drug use, without necessarily requiring individuals to completely abstain from those

behaviors. The philosophy behind harm reduction is rooted in compassion, pragmatism, and the acknowledgment that some risky behaviors may persist despite efforts to eliminate them. Instead of focusing solely on prohibition and punishment, harm reduction seeks to minimize the harm associated with certain activities.

4.2 Key principles of harm reduction include:

4.2.1 **Acceptance of Reality:** Recognizing that certain behaviors, such as drug use, may persist despite legal and social sanctions. Harm reduction seeks to address these behaviors realistically.

4.2.2 **Focus on Minimizing Harm:** The primary goal is to reduce the negative consequences of behaviors, rather than demanding complete abstinence.

4.2.3 **Human Rights and Dignity:** Harm reduction acknowledges that everyone has the right to be treated with respect and dignity, regardless of their choices.

4.2.4 **Pragmatism:** The approach is practical and non-judgmental, emphasizing achievable steps to improve the well-being of individuals and communities.

4.2.5 **Community Involvement:** Harm reduction initiatives are often community-based and involve the participation of affected populations.

4.3 **The Good Samaritan Drug Overdose Act (**NRS-453C**)** - states that any person including, without limitation, a law enforcement officer, acting in good faith, may possess and administer an opioid antagonist to another person whom he or she reasonably believes to be experiencing an opioid-related drug overdose shall not be liable in a civil or administrative action or subject to criminal prosecution for such acts.

4.4 **Opioid** – means containing derived from opium or based on the chemical structure of opium, including but not limited to heroin, morphine and fentanyl.

4.5 **Opioid Antagonist** – means a drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist for this policy is limited to naloxone hydrochloride (hereby referred to as naloxone).

4.6 **First Responder** – is a person with specialized training who is the first to arrive and aid at the scene of an emergency. First responders typically include paramedics, emergency medical technicians (EMT), police officers, and/or firefighters.

4.7 **Naloxone** – is an opioid antagonist drug. Naloxone is a drug used to counter the effects of opiate overdose, for example heroin or morphine overdose. Naloxone is specifically used to counteract life threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including Narcan and EVZIO. It is not to be confused with naltrexone, an opioid receptor antagonist with qualitatively different effects, used for dependence treatment rather than emergency overdose treatment.

4.8 **Intranasal Naloxone** – means naloxone that is administered nasally.

4.9 **Fentanyl Testing Strips** – are small strips of paper that can detect the presence of fentanyl in all different kinds of drugs (cocaine, methamphetamine, heroin, etc.) and drug forms (pills, powder, and injectables).

5.0 REFERENCES:

5.1 NAC 639 Institutional Pharmacy Regulations

5.2 NAC 585.790 Records of distribution of lots.

5.3 NRS-453C Good Samaritan Drug Overdose Act

5.4 U.S. Department of Health & Human Services Overdose Prevention Strategy

5.5 SAMHSA Harm Reduction Framework

5.6 CDC Fentanyl Test Strips: A Harm Reduction Strategy

6.0 PROCEDURE:

6.1 **Acquisition**

6.1.1 Naloxone, fentanyl testing strips, and other harm reduction resources will be dispensed to DPBH clients and/or their close contacts for free after receiving information on naloxone regarding indications, response, aftercare, storage, and documentation.

6.1.2 When the DPBH agencies and programs are not able to provide access to naloxone, fentanyl testing strips, and other harm reduction resources, the DPBH staff will make referrals to other treatment programs and distribution centers in the community.

6.1.3 The DPBH agencies will work with CASAT on obtaining naloxone, fentanyl testing strips, and other harm reduction resources for the DPBH clients.

6.1.4 When CASAT's remaining supply of naloxone reached 25% of the previous order, CASAT will notify staff at the Division of Public and Behavioral Health who will then begin the process of ordering additional naloxone. Similarly, when distribution sites have 25% of their naloxone supply remaining, they are to notify CASAT who can then order additional naloxone kits.

6.1.5 Community members shall only administer naloxone to individuals after that community member has formed a reasonable belief that the individual is experiencing a drug-related overdose. Such reasonable belief that an individual is experiencing a drug-related overdose may be formed by the following observable indications, including, but is not limited to findings described in the Indications and Use section of this policy.

6.2 Indications and Use

6.2.1 Persons shall utilize naloxone on subjects believed to be suffering from an opioid overdose. Information that a subject is suffering from an opioid overdose includes but is not limited to:

6.2.1.1 Pinpoint pupils, even in a darkened environment
6.2.1.2 Depressed or slow respirations
6.2.1.3 Difficulty breathing (labored breathing, shallow breaths)
6.2.1.4 Blue skin, lips or fingernails
6.2.1.5 Decreased pulse rate
6.2.1.6 Loss of alertness (drowsiness)
6.2.1.7 Unresponsiveness
6.2.1.8 Evidence of ingestions, inhalation, and injection (needles, spoons, tourniquets, needle tracks, bloody nose, etc.)
6.2.1.9 Bloodshot eyes
6.2.1.10 History of opioid use/misuse

6.2.2 Personnel shall follow protocols outlined in their naloxone kits.

6.2.2.1 When using naloxone kits, personnel will maintain universal precautions against pathogens, perform patient assessment, and determine unresponsiveness, absence of breathing and/or pulse.

6.3 Protocol for Naloxone Administration

6.3.1 Trained personnel will follow the manufacturer's recommendations for administration of naloxone.

6.3.2 The reporting and handling of recalled naloxone will be executed in accordance with the directive provided in NAC 639 *Institutional Pharmacy Regulations* and NAC 585.790 *Records of Distribution of Lots*.

6.3.3 **Procedure, Storage and Disposal**

6.3.3.1 The naloxone supply shall be maintained at a minimum par level established by the clinical leadership team. Clinics will work with clinic leadership to order additional naloxone kits as needed to maintain supply.

6.3.3.2 Naloxone kits shall be stored in a manner consistent with proper storage guidelines for temperature and sunlight exposure.

6.3.3.3 A monthly inspection of the naloxone kit shall be the responsibility of the personnel assigned the equipment.

6.3.3.4 Expired naloxone will be properly disposed of per clinic guidelines.

6.3.3.5 Community members shall utilize naloxone on individuals believed to be suffering from an overdose. Community members are taught evaluate the individual for evidence of an overdose that may include, but is not limited to:

- 6.3.3.5.1 Pinpoint pupils
- 6.3.3.5.2 Absent or slow respirations
- 6.3.3.5.3 Blue skin, lips, or fingernails
- 6.3.3.5.4 Slow pulse rate
- 6.3.3.5.5 Unresponsiveness
- 6.3.3.5.6 Evidence of ingestions, inhalation, and injection (needs, spoons, tourniquets, etc.)
- 6.3.3.5.7 History of opioid use or misuse

6.3.3.6 Naloxone will be dispensed to community members at no cost after receiving information on naloxone regarding indications, response, aftercare, storage, and documentation. Naloxone kits include two doses of intranasal naloxone, one pair of latex gloves, an

instructional card, and a disposable CPR mask to use as a barrier for rescue breathing.

6.3.3.7 Trained community members will follow the manufacturer's recommendations for naloxone administration and protocols outlined in the naloxone kits.

6.3.4 **Maintenance**

6.3.4.1 Naloxone kits shall be kept in a manner consistent with proper storage guidelines for temperature and sunlight exposure. The DPBH clinics will store and secure the naloxone in an area designated by clinic leadership.

6.3.4.2 A monthly inspection of the naloxone kit shall be the responsibility of the personnel assigned the equipment. Proper cycling of the kits must be conducted to ensure older supply is used first.

6.3.4.3 Expired naloxone will be properly disposed of per clinic guidelines.

6.4 Protocol for Fentanyl Test Strip Distribution

6.4.1 Trained personnel will distribute fentanyl test strips (FTS) to individuals who are determined to be at risk of intentional exposure to substances that may contain fentanyl, individuals at risk of accidental exposure to substances that may contain fentanyl, individuals who use opioids, individuals at risk of opioid overdose, or close contacts of clients who may be using substances.

6.4.2 **Procedure, Storage and Disposal**

6.4.2.1 The fentanyl test strip supply shall be maintained at a minimum par level established by the clinical leadership team. Clinics will work with clinical leadership team to order additional FTS as needed to maintain supply.

6.4.2.2 Fentanyl testing strips shall be stored in accordance with the manufacturer's recommendations and in a location accessed exclusively by designated staff.

6.4.2.3 A monthly inspection of the fentanyl testing strips shall be the responsibility of the personnel assigned the equipment.

6.4.2.4 Fentanyl testing strips will be properly disposed of per clinic guidelines.

6.4.2.5 Fentanyl test strips will be dispensed to community members at no cost after receiving information on FTS indications, use, and storage.

6.4.2.6 The reporting and handling of recalled fentanyl test strips will be executed in accordance with the directive provided in NAC 639 *Institutional Pharmacy Regulations* and NAC 585.790 *Records of Distribution of Lots.*

7.0 ATTACHMENTS: N/A

8.0 IMPLEMENTATION OF POLICY:

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

EFFECTIVE DATE: _____
DATE APPROVED BY DPBH ADMINISTRATOR: _____
DATE APPROVED BY THE COMMISION ON BEHAVIORAL HEALTH: _____