



Brian Sandoval
Governor



Richard Whitley
Director

State of Nevada

Department of Health and Human Services

Division Name

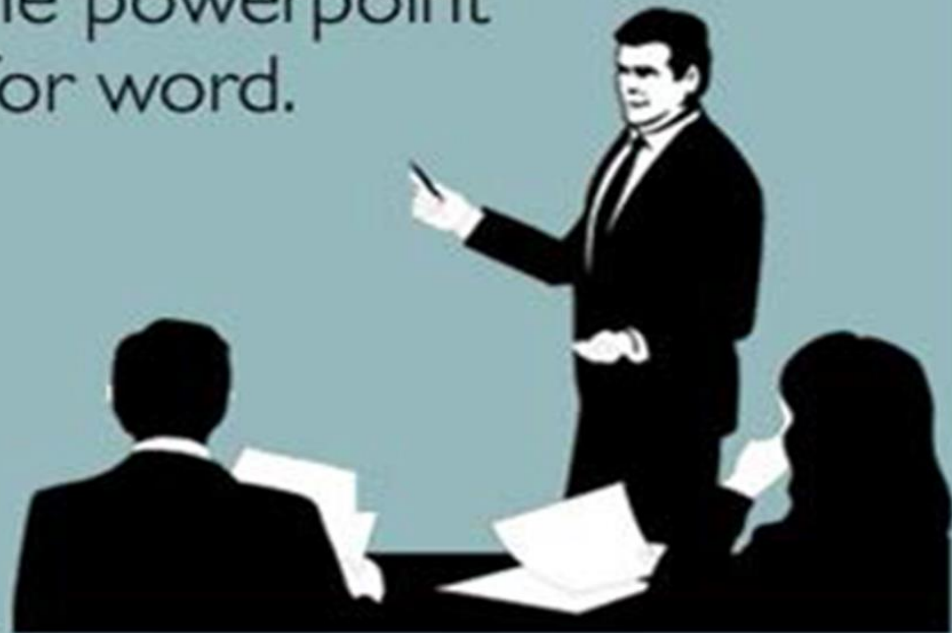


RX Drug Abuse Prevention in Nevada

Marco Erickson
Health Program Manager II
8/29/2018



For my presentation today, I'll
be reading the powerpoint
slides word for word.



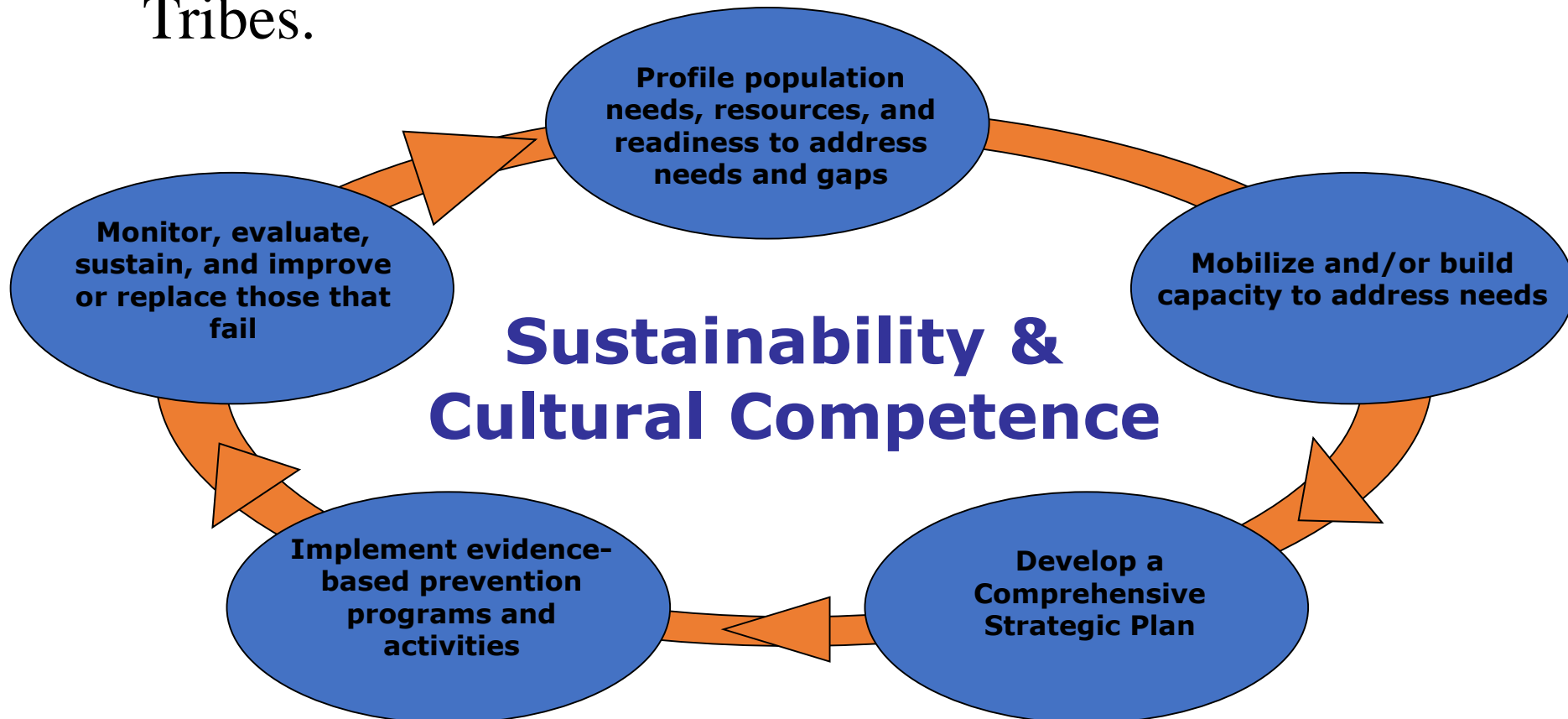
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Strategic Prevention Framework Partnership For Success (PFS)

- SAMHSA funding was awarded to the Division of Public and Behavioral Health September 30, 2013, \$2,207,505 Annually expiring September 29, 2018.
- 85% of this funding must be passed through to the community level for strategies to accomplish these goals.
- The over-arching idea is that change at the community level will, over time, lead to measurable changes at the State level.

Nevada's Funding Structure

- Funding Provided to 12 Coalitions who follow the SPF SIG model and engage community partners covering the full State including Native American Tribes.



Nevada Statewide Coalition Partnership Membership at project start

- Partnership Carson City
- Partnership of Community Resources
- CARE Coalition
- Nevada Community Prevention Coalition
- Partners Allied for Community Excellence
- Healthy Communities Coalition
- Frontier Community Coalition
- PACT Coalition
- Nye Communities Coalition
- Join Together Northern Nevada
- Inter-Tribal Council of Nevada/Statewide Native American Coalition

Community Management Teams at work

- Youth Voice
- Sectors Represented SPF SIG
- Less meetings for community partners
- All community members welcome



Made up of the 12 sectors from the strategic prevention framework model (SPF)



- Religious community
- Schools
- Business community
- Courts
- Parents
- Youth
- Government officials
- Media
- Service or fraternal organizations
- Health providers (MH)
- Law Enforcement
- Agriculture
- Tribal Governments
- Youth serving organizations including sports and recreation

Evidence Based Practices

Workgroup (EBP)

- Create a toolkit for ground level staff to utilize
- Training
- Technical Assistance
- Review of proposed interventions

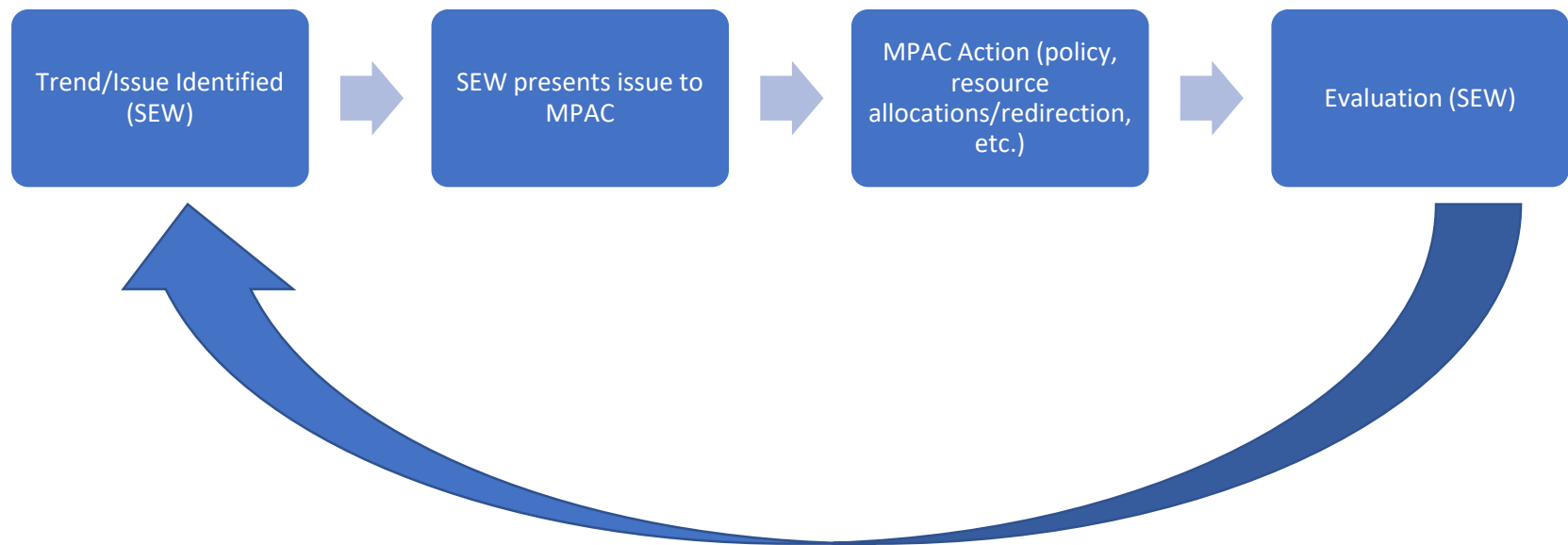
State Epidemiology Workgroup (SEW)

- The purpose of the SEW is to provide ongoing advice and guidance to the SAPTA agency and staff who will disseminate those recommendations to the Multidisciplinary Prevention Advisory Committee (MPAC), the SAPTA Advisory Board, and other appropriate agencies and groups.
 - Review and analyze data to determine the impact of substance abuse and mental health and the need for prevention services and treatment services;
 - Maximize all available Alcohol, Tobacco and Other Drugs (ATOD) and Mental Health treatment and prevention resources;
 - Remove state barriers to enhancing the delivery of effective local treatment and prevention services;
 - Develop shared responsibility among state and local governmental units;
 - Increase the number of data-driven outcomes for substance abuse and mental health treatment and prevention;
 - Promote the treatment and prevention of alcohol and other drug abuse and mental illness.
- The SEW shall not have any policy-making or regulatory authority.

Multidisciplinary Prevention Advisory Committee (MPAC)

- The purpose of the Committee is to provide ongoing advice and guidance to SAPTA and is encouraged to create subcommittees, as listed in section 9.1, to monitor progress and accomplish each of the following steps.
 - Create a comprehensive statewide prevention strategy;
 - Maximize all available Alcohol, Tobacco and Other Drugs (ATOD) prevention and resources;
 - Remove state barriers to enhancing the delivery of effective local substance abuse prevention services that are culturally relevant and target populations of need;
 - Develop shared responsibility among state and local governmental units;
 - Promote the prevention and treatment of alcohol and other drug abuse.
- The Committee shall make policy recommendations as related to grant or SAPTA requirements.

Example of process



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- **Goal 1: Build emotional health, prevent/delay onset of, and mitigate symptoms from substance abuse and mental health.**
 - Reduce symptoms by 3% in ages 12-25 over 5 years.
 - SOS training in NV's rural counties
 - Campaign focusing on parents locking up meds.
 - Coordinate with Office of Veteran's Services
 - Conduct Mental Health First Aid trainings
 - Conduct DITEP (Drug ID Training w/Educ. Pro)

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- **Goal 2: Reduce Rx drug misuse/abuse in ages 12-25.**
 - Reduce availability of Rx meds by medical care providers to ages 12-25 by 1.3% over 5 years.
 - Trainings to prescribers focusing on PMP and opioids
 - Peer-to-Peer education programs
 - Parent education initiatives
 - Promote Rx drop boxes and Take Back Days
 - Social Norms campaign/educational presentations to college students
 - Support legislation re: PMP, Good Samaritan, Naloxone, opioid education for prescribers

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- **Goal 3: Reduce Rx drug misuse/abuse in ages 26 +.**
 - Disseminate educational tools- disposal and safeguarding meds in the home
 - Educational campaign to prescribers/pain management
 - Work with DEA- NV disposal regulations
 - PMP-connect with prescribers one-on-one
 - FASTT expansion (Forensic Assessment System Triage Team)
 - Support legislation

Align with Governor's Rx Drug Policy Academy

Screening and Treatment

- Screen at young age- mitigate addiction severity and duration (doctor's offices, social service agencies, criminal justice settings)
- Addiction is a diagnosable chronic illness
- Develop linkages between screening place and treatment center to decrease barriers
- Workforce development
- Conduct Mental Health First Aid trainings
- Investigate funding for MAT programs.

Education

- Establish evaluation criteria in order to identify whether campaign/training is affecting change in perception of harm.
- Address misconception that Rx drugs are not harmful and importance of locking them up.
- Address misconception that Rx drugs are not harmful.
- Need for consistent statewide messaging
- Target specific groups: Medical Providers, Judges, peer-to-peer, family-to-family
- Develop and provide referral sources for consumers at doctor offices
- Deliver comprehensive media campaign: Address misconception that Rx drugs are not harmful and normalization of Rx use.
- Target specific groups: peer-to-peer, family-to-family



Funding

Federal Funds

- Prevention for States- CDC
- Enhanced State Surveillance of Opioid Involved Morbidity and Mortality- CDC
- State Targeted Response to the Opioid Crisis (STR)- SAMHSA
- Strategic Framework Partnership for Success(PFS)- SAMHSA
- Substance Use Block Grant (SUBG)- SAMHSA
- Nevada Rural Opioid Overdose Reversal Program (NROOR)- HRSA
- Harold Roger Prescription Drug Monitoring (RPD)- BJA

Non - Federal Funds

- Volkswagen Settlement
- Nevada State General Funds



Data Collection and Sharing

- Gather existing data and identify outcome measures
- Identify how to track Naloxone/Suboxone
- Create centralized shared data system to gather statewide baseline data
- Work with SAPTA's SEW, OPHIE

Criminal Justice Interventions

- Drug Courts
- Best practices working with adjudicated offenders w/Rx problem
- Aligning criminal justice system with public health system to intervene with heavy users, co-occurring disorders.
- Increase engagement of judges in conversations about alternative TX strategies
- Drug Round-ups

Improved Policy

- SB459
- AB 474

Additional Resources

[HTTP://dpbh.nv.gov/Rsources/opioids/prescriber information](http://dpbh.nv.gov/Rsources/opioids/prescriber%20information)

www.Prescribe365.nv.gov

WWW.healthierNV.org

CONTACT OUR TEAM

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