

Findings from the Nevada Partnerships for Success Initiative

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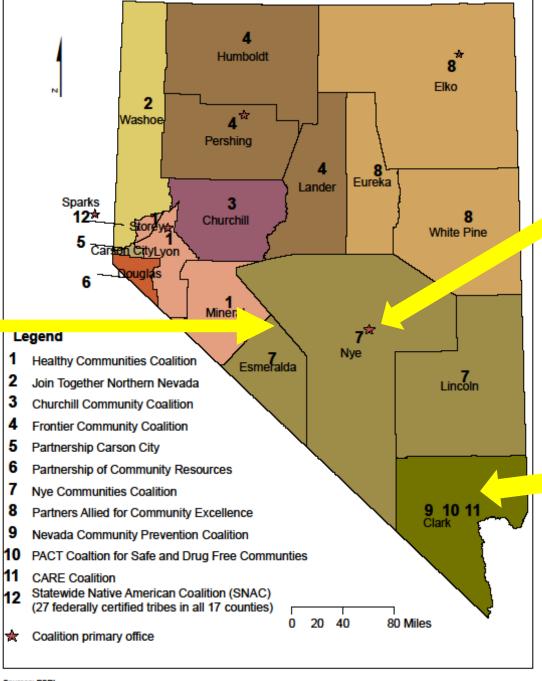
Nevada PFS Grant

- Five-year grant from SAMHSA
- Administered by NV Division of Public and Behavioral Health
- Primary aim to prevent and reduce the nonmedical use of prescription drugs among persons 12 and older
- DPBH funded 13 coalitions representing all 17 counties in NV

State of Nevada

Population 2,997,096 Mean = 176,300 Median = 16,826

Esmeralda County: Population of 790



Nye County: 3rd

largest county (sq

miles) in country,

population of

Clark County:

Population of

2,155,664

42,423

Key Evaluation Questions

- How was the PFS implemented throughout the state of Nevada?
- To what extent did state- and community-level Rx drug abuse prevention capacity increase?
- To what extent did Rx drug abuse and related factors change in the desired direction?

Evaluation Methods and Data Sources

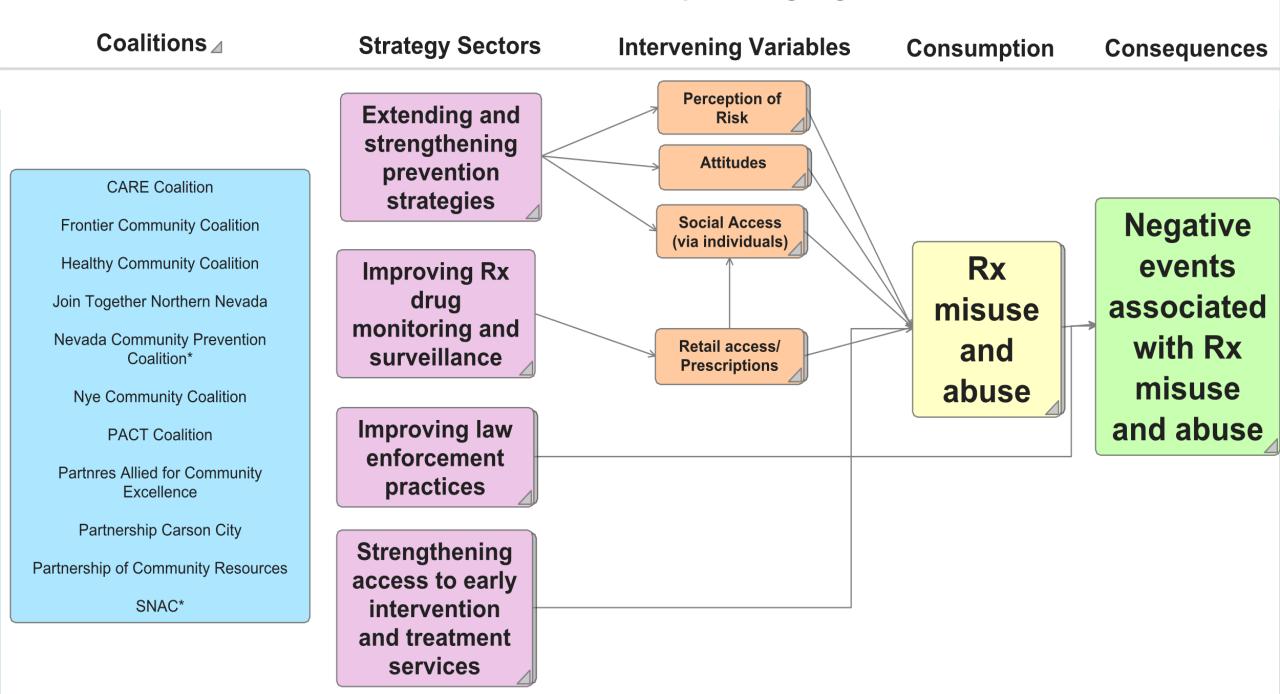
- 1. Key informant interviews and site visits
- 2. Collection of output data through the Community Level Instrument Revised (SAMHSA)
- 3. Use of data from the NV YRBS, administered by UNR
- 4. Community surveys (developed by PIRE and coalitions)
- 5. Statewide community adult survey (PIRE)
- 6. Emergency Department (ED) visits and death data (Nevada state agencies)

Evaluation Challenges

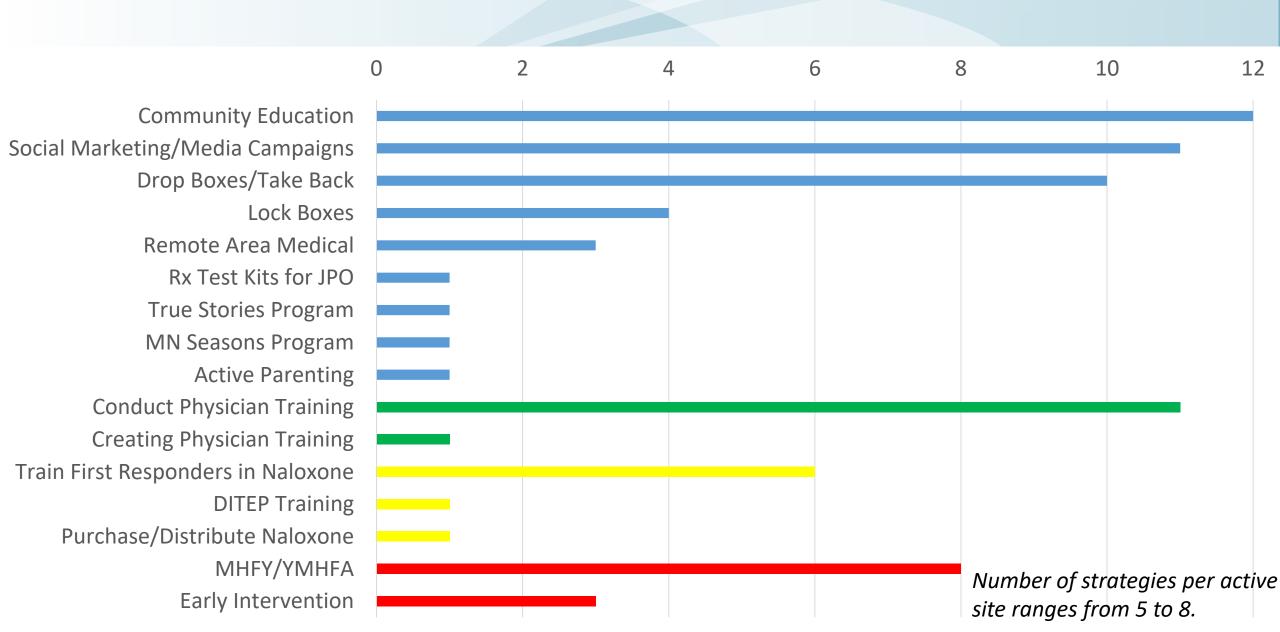
- Entire state has been exposed to the initiative, so no in-state comparison communities
- Lots of new Rx drug initiatives in NV, so 'contamination' with other efforts
- Updates in YRBS Rx drug items, so limited comparability across years
- Lag time in data availability

As a result, our ability to draw causal conclusions is limited...our focus is on documenting PFS implementation and monitoring outcomes.

Nevada State PFS Prescription Drug Logic Model



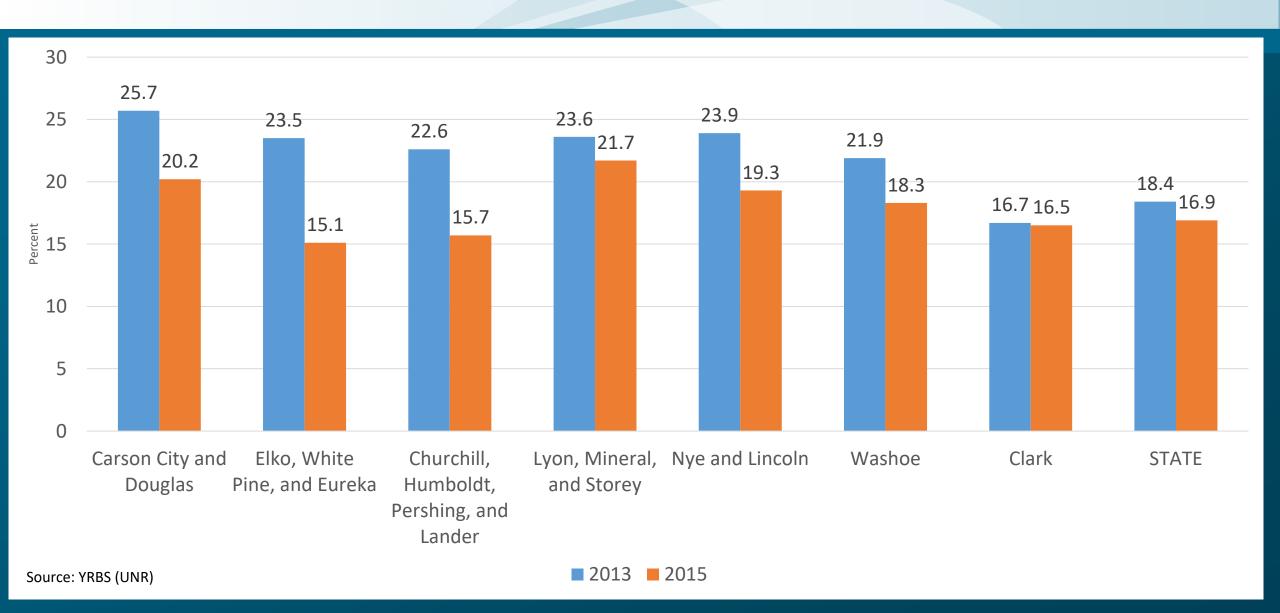
Statewide Activities



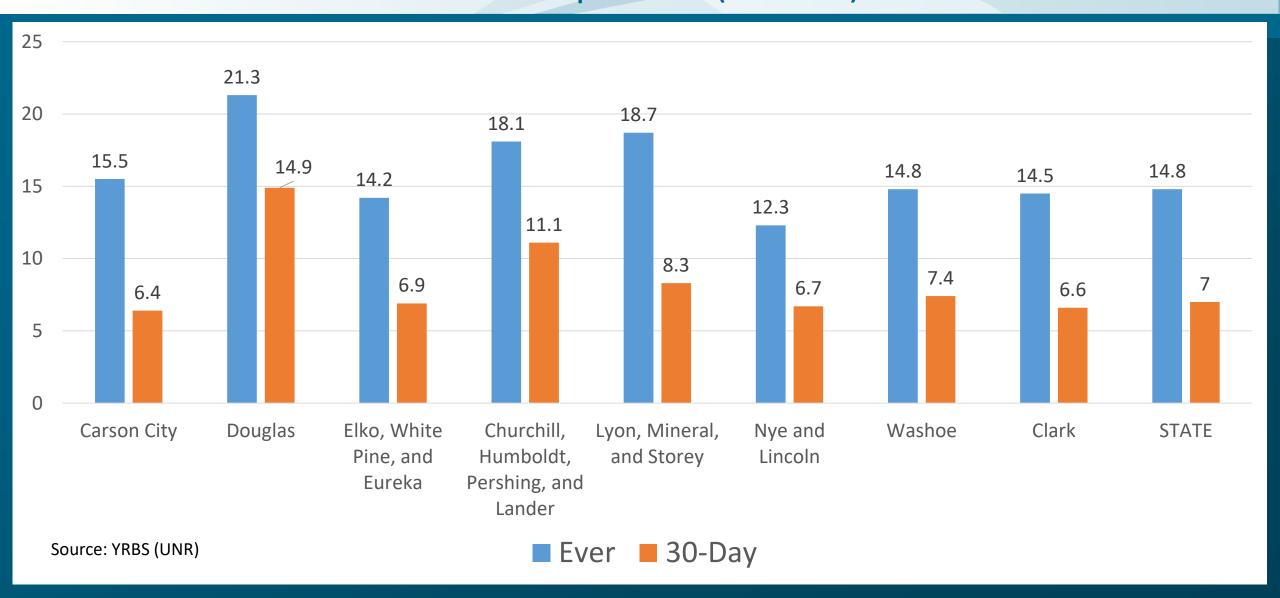
Consumption and Consequences

- Self-reported use of prescription drugs without a prescription by county/region (YRBS)
- Self-reported heroin use by county/region (YRBS)
- Perceptions of how easy it is to obtain prescription drugs by county/region (PIRE survey)
- Opioid-related ED visits by county
- Opioid-related deaths by county

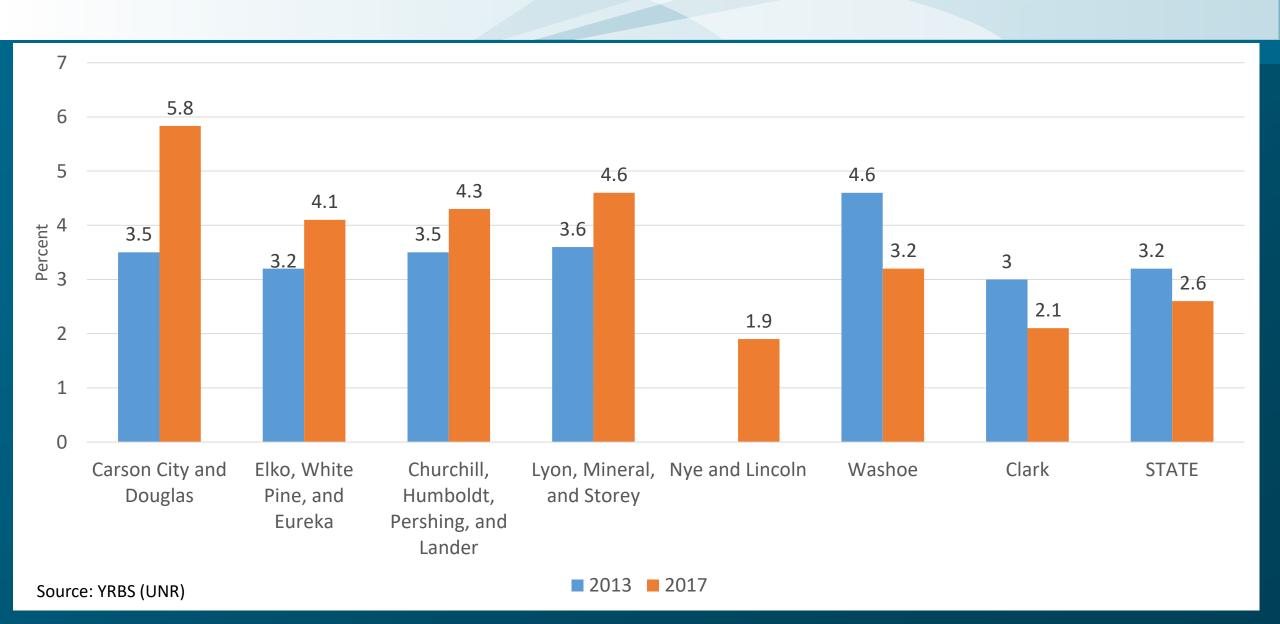
Ever Took a Rx Drug without a Doctor's Prescription



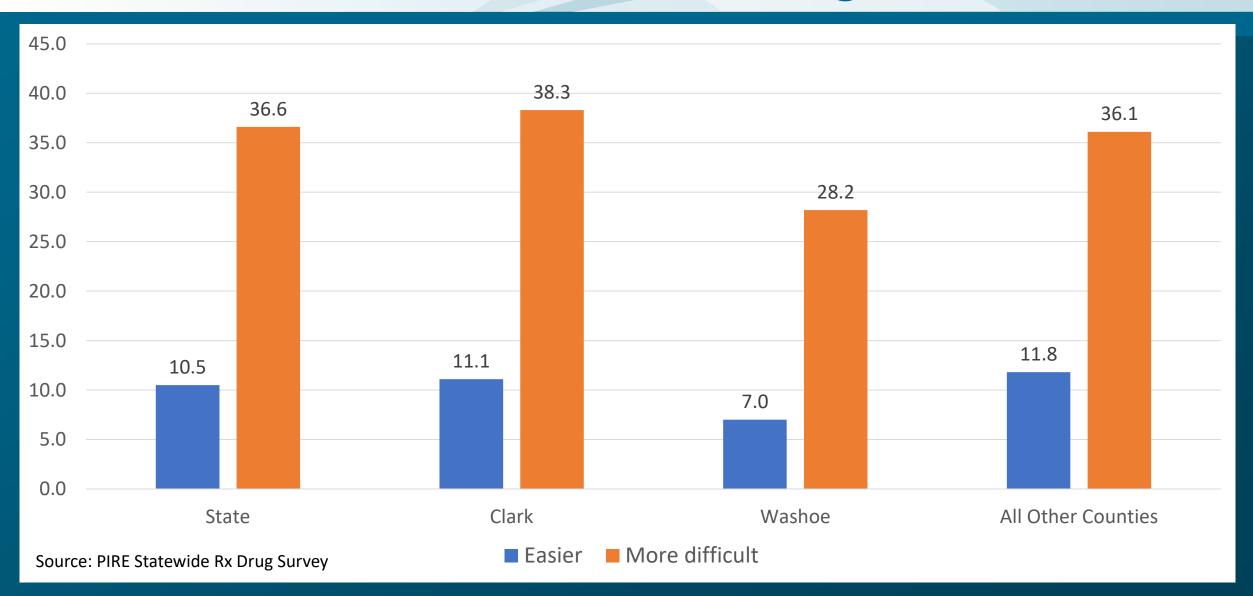
Use of Rx Pain Relievers without a Doctor's Prescription (2017)



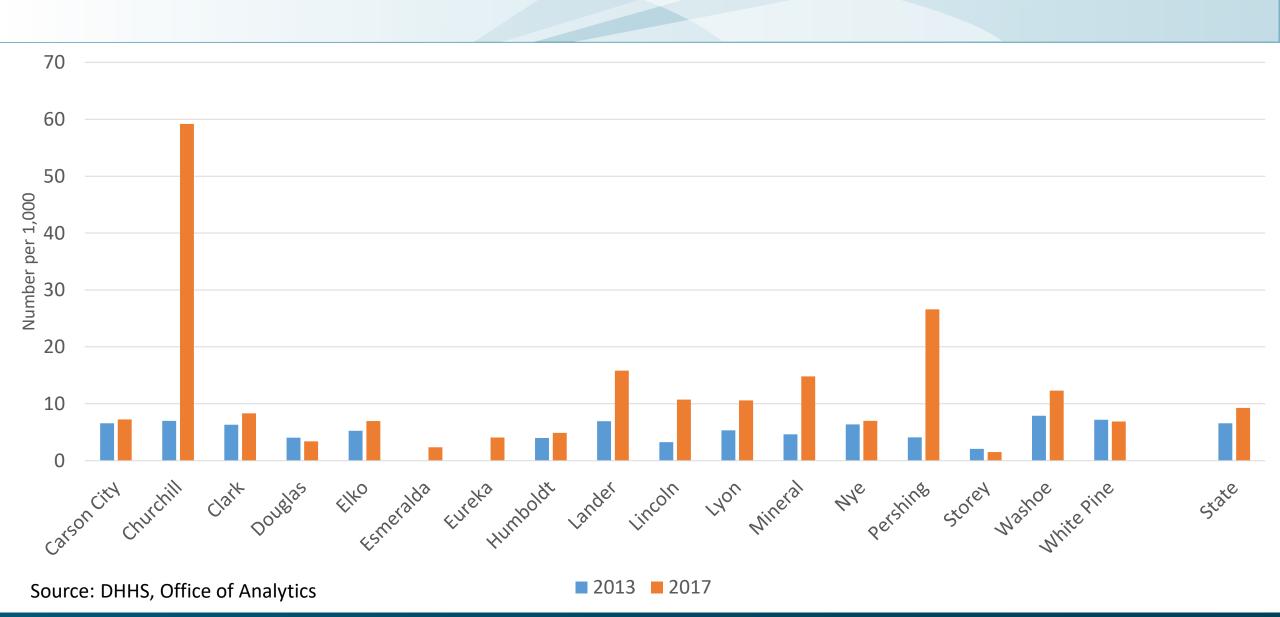
Ever Used Heroin



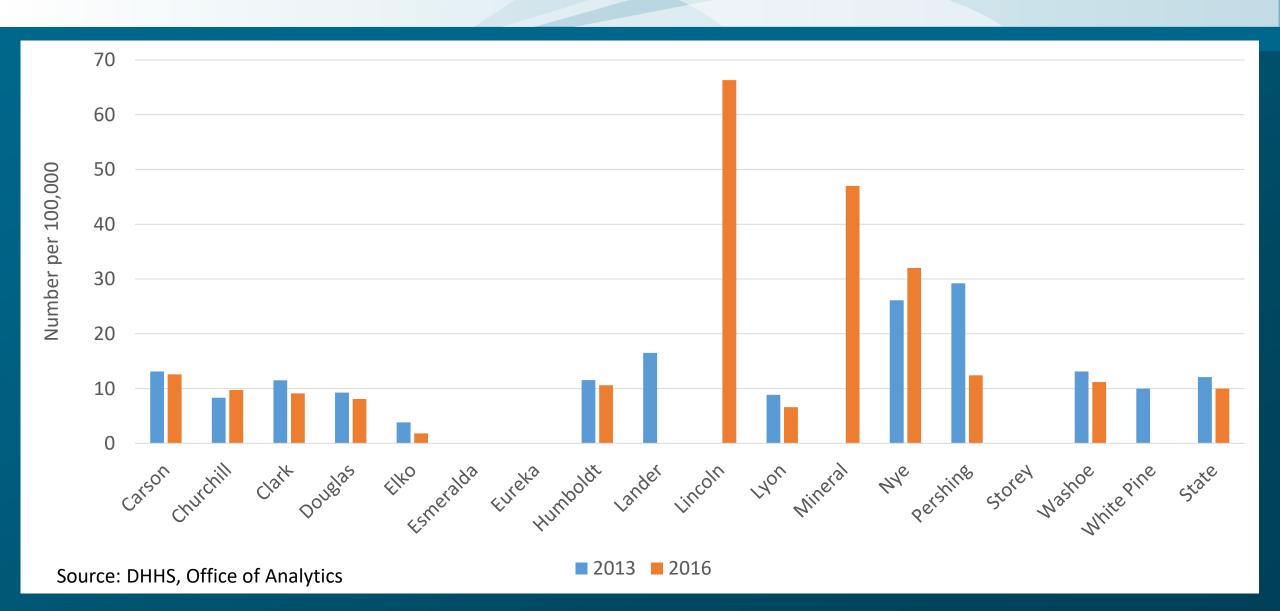
Perception of Ease of Obtaining Rx Drugs without a Rx vs. Two Years Ago



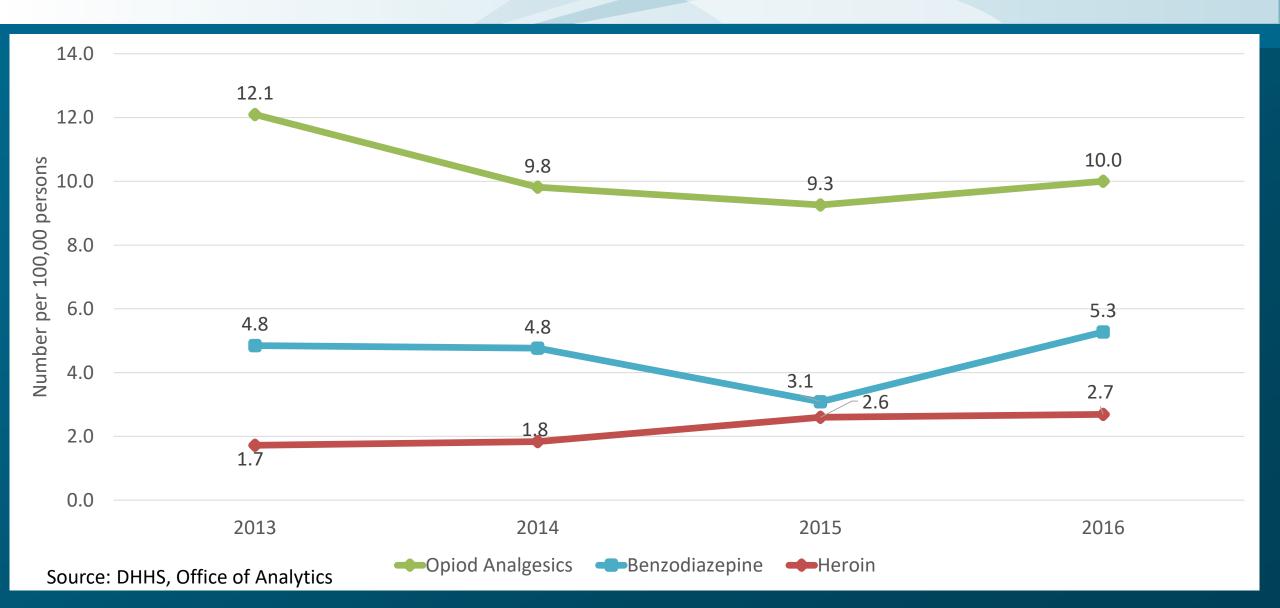
Prescription Drug-related ED Visits



Opioid Analgesic Deaths



Select Drug-related Deaths, 2013 - 2016

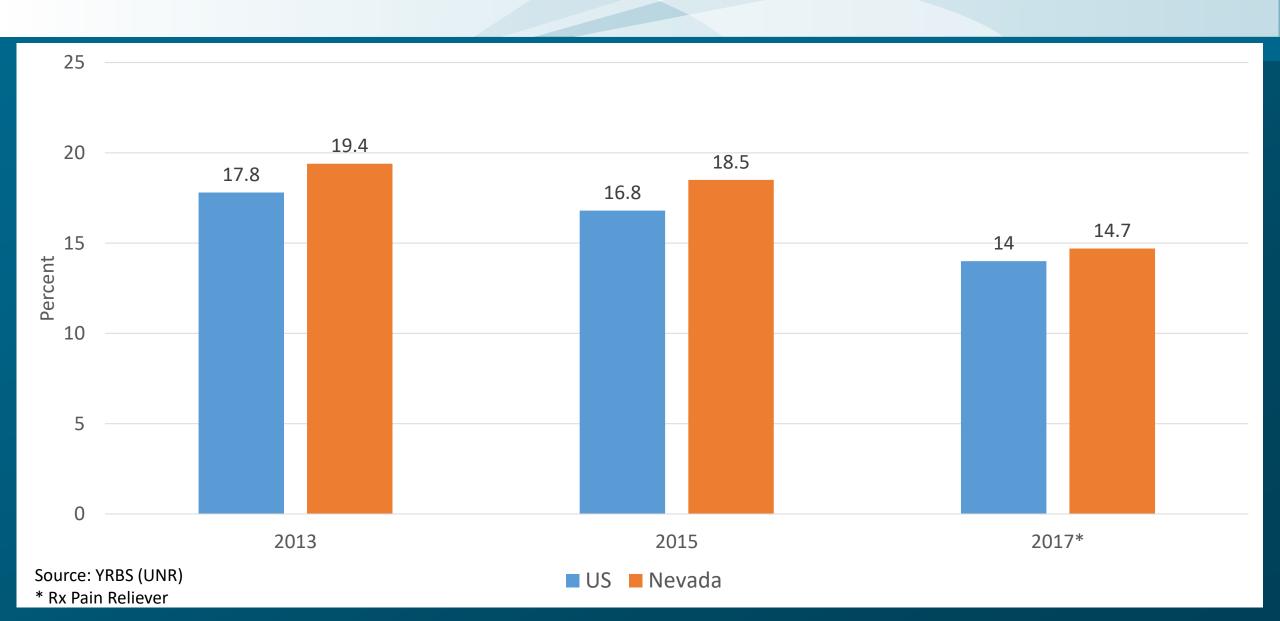


				Opioid		
			Rx-Related ED	Analgesic	Benzodiazepine	
	Rx Use (HS)	Heroin Use (HS)	Visits	Deaths	Deaths	Heroin Deaths
	2013 vs. 2015	2013 vs. 2017	2013 vs. 2017	2013 vs. 2016	2013 vs. 2016	2013 vs. 2016
Carson City						
Churchill						
Clark						
Douglas						
Elko						
Esmeralda	n/a	n/a				
Eureka						
Humboldt						
Lander						
Lincoln						
Lyon						
Mineral						
Nye						
Pershing						
Storey						
Washoe						
White Pine						
State						

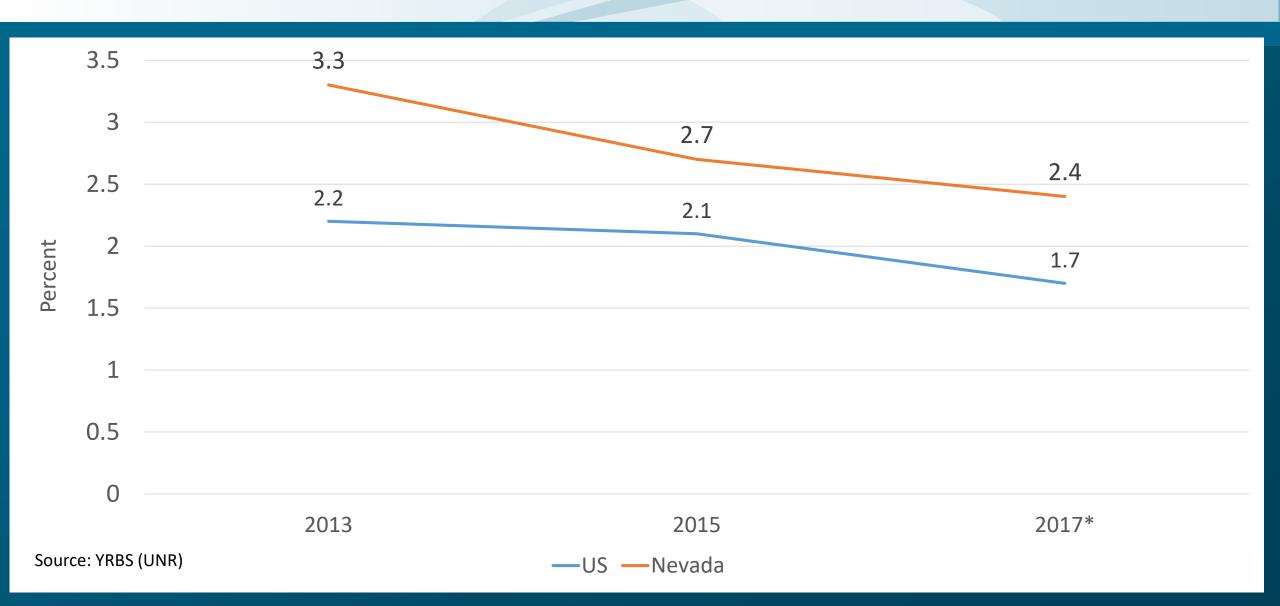
Nevada and US Comparisons

- Self-reported use of prescription drugs without a prescription (YRBS)
- Self-reported heroin use (YRBS)
- Opioid-related deaths

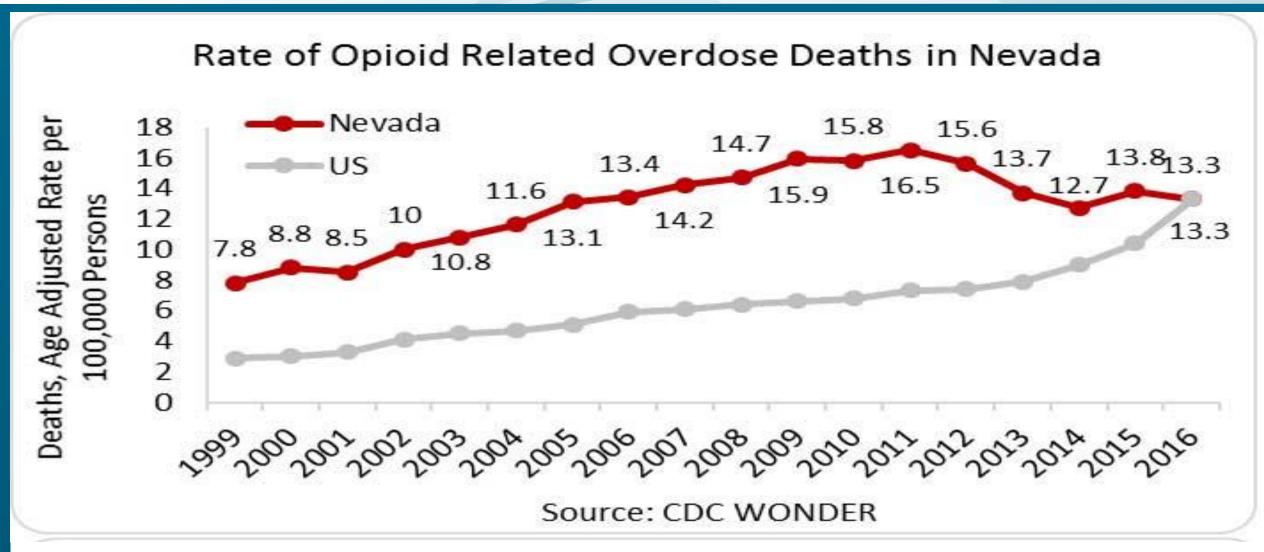
Rx Drug without a Doctor's Prescription



Heroin Use



Rate of Opioid Related Deaths in Nevada and US, 1999 - 2016



https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/nevada-opioid-summary

Outcome Summary: Consumption

- Overall and in most counties, youth Rx drug use decreased (but comparable data for 2017 not available).
- The gap between NV and the US in youth Rx drug use may be decreasing.
- Overall, youth heroin use decreased, but increased in most regions.
- The gap between NV and the US in youth heroin use is decreasing.

Outcome Summary: Consequences

- Rx ED visits increased in nearly all counties.
- Opioid analgesic deaths decreased overall and in the urban areas centers.
- Benzodiazepine deaths increased rose overall and in half the counties.
- Heroin deaths increased overall and in six counties.
- Overall, opioid-related deaths have generally decreased in Nevada since 2011, whereas US rates have continued to rise.

Key Informant Interviews

Who

PFS staff

When

Spring 2018

Changes: in Nevada Law

Change in NV law: BIG!

- Limiting prescriptions
- Education requirement for prescribers
- Risk assessment & consent form for patients
- Use of PDMP
- Good Samaritan law
- Availability of naloxone

Changes in: Professional Education

Prescribers educated on:

- law changes
- CDC prescribing guidelines
- Alternatives for pain management

Pharmacists educated on right to deny

Training/curriculums for medical & pharmacy at universities

Training/curriculums for medical professionals by universities & coalitions

EMTs, police, fire personnel trained on naloxone

Changes in: Access

Drop boxes at:

- police stations
- Hospitals/clinics

Med collections at:

- Senior centers
- Pharmacies

Take back events: used to educate on storage & disposal Lock boxes & destruction bags distributed

Changes in: Public awareness

Prescribers & pharmacies educating patients: storage, disposal & addiction

Social marketing & media across state – mostly very rural

- risk of harm: connections with other drugs
- Safe storage & disposal
- Don't share!
- Recognize signs of addiction & provision of resources

Used community health workers for less accessible populations

Changes in: Public Attitudes

Understanding link between:

- Rx pain meds and heroin
- Substance abuse and mental health/suicide

More stigma Rx drug use, less with getting help

Just because prescribed by doctor, may not be safe

Medical community recognizing responsibility

Conversation about opioids out in public

Other Successes

Better tracking of ODs and deaths
Incinerator for northern Nevada
MOUs with schools

- Athletic policy and education requirements
- Addition of mindfulness & stress management

Mines doing drug testing

Less access to Rx drugs

Challenges

- Very rural : lack of services
- And very urban
 - No treatment beds for youth in southern NV. Few elsewhere
- Entertainment and 24/7 culture!
- Hard to track ODs and deaths
- Funding limitations to address mental health
- Drugs collected, limited destruction options
- Police fear liability naloxone

Challenges – drug shift

Shift from Rx drugs to:

- heroin + fentanyl or fentanyl alone
- Heroin: no longer seen as dirty drug
- benzos up less pill monitoring
- meth
- Cocaine and cocaine + fentanyl
- Recreational marijuana legalized

Challenges – Due to prescribing laws

Prescribing laws

- Reluctance to prescribe pain meds: cutting off, no step down
- Prescribers required to do screening, includes MH, and consent form
 - Some docs trained all staff to do screenings
- Medical board seen as reluctant to sanction peers
- Burning Man

Sustainability

- Integrating work with other agencies: LE, health district
- Funding: Block grants, AG's office, law enforcement, Health district, hospitals and other agencies
- AmeriCorps volunteers
- Linking mental health & Substance Abuse dollars
 - FASTT jails; MOST community
- Governor's task force on opioids & Clark county
- Governor's Human Services & Regional Behavioral Health task force
- Policies: Schools, workplace, hospital and doctors' offices

Unique

- Links with Safe Schools Healthy Students grant and PFS
- NV Statewide Partnership Coalition funding distribution
 - Marketing done by JTNN person had marketing experience
 - Youth leadership PCR
- Super Recycle pill takeback, public services, shredding, electronic recycling, etc.
 - Took in more than regular takeback