The following links and/or pages are support for agenda item 10

OPIOID EPIDEMIC
IN NEVADA'S COUNTIES

LETTER FROM THE SURGEON GENERAL

August 2016

Dear Colleag

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. Please take the pledge. Together, we will build a national movement of clinicians to do three things:

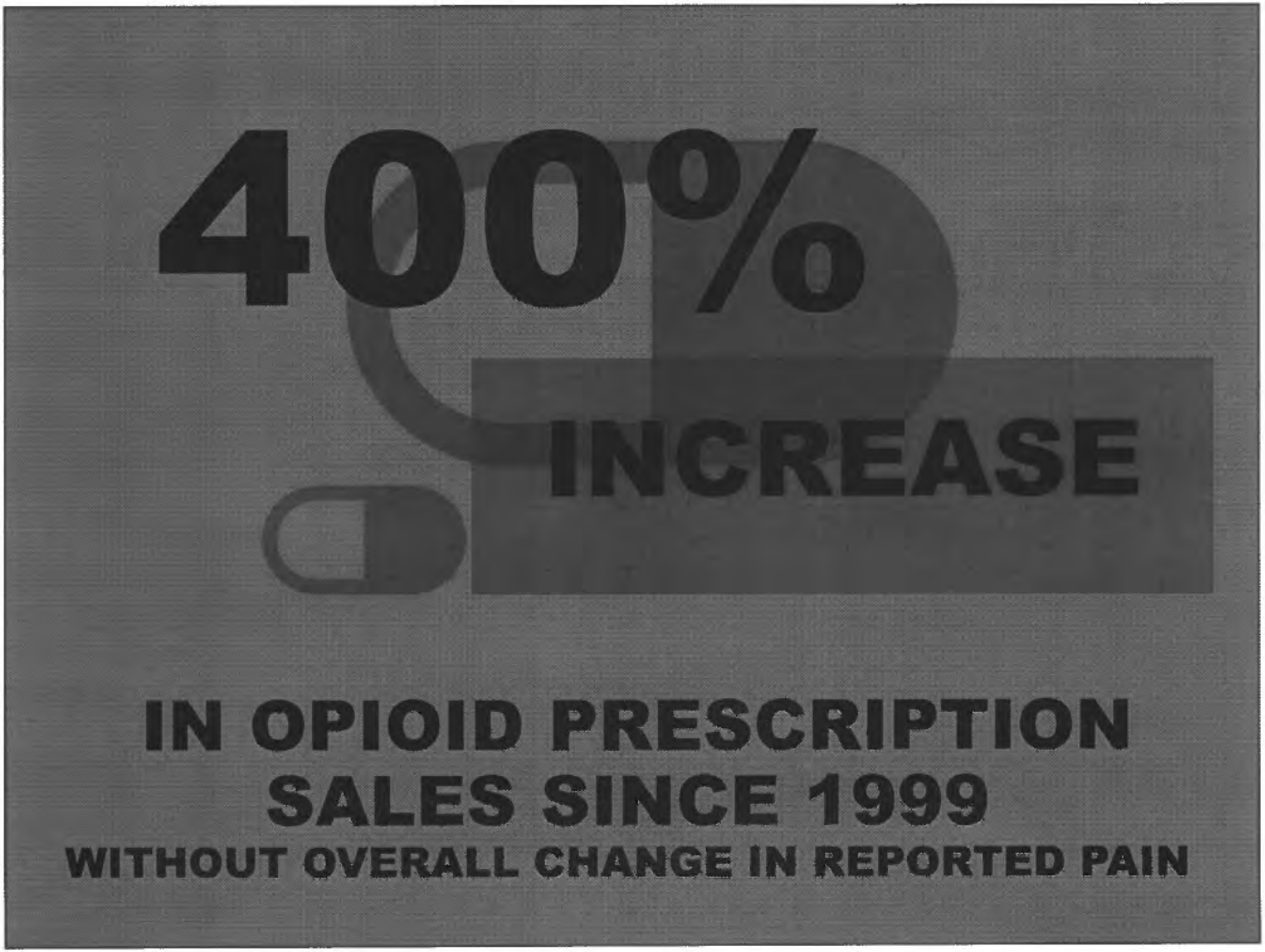
First, we will educate ourselves to treat pain safely and effectively. A good place to start is the TurnTheTideRx pocket guide with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we ca
than an occupation to us. It is a calling rooted in empathy, science
unite us. They remain our greatest strength.

Thank you for your leadership.

Vivek H. Murthy, M.D., M.B.A.
19th U.S. Surgeon General

MORE OPIOID PRESCRIPTIONS THAN THE NUMBER OF ADULT AMERICANS.


400%
INCREASE
IN OPIOID PRESCRIPTION
SALES SINCE 1999
WITHOUT OVERALL CHANGE IN REPORTED PAIN

LETTER FROM THE SURGEON GENERAL

August 2016

Dear Colleag

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid

Now, nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

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National Institute on Drug Abuse

National Institute on Drug Abuse

Advancing Addiction Science

Prescription opioid use is a risk factor for

Prescription opioid use is a risk factor for heroin use

Pooling data from 2002 to 2012, the incidence of heroin initiation was 19 times higher among those

in 2008 and 2009 found that 86 percent had used opioid pain relievers nonmedically prior to using heroin, and their initiation into nonmedical use was characterized by three main sources of opioids: family, friends, or personal prescriptions

national-level general population heroin data (including those in and not in treatment), nearly 80 percent of heroin users reported using prescription opioids prior to heroin (Jones, 2013; Muhuri et al., 2013)

- **Nearly 80% of new heroin users took prescription opioids before starting heroin.**

- **In 2015, there were 12,990 heroin overdose deaths in the U.S.**

FACT SHEET >>>

OPIOID EPIDEMIC
IN SOUTHERN NEVADA

SCOPE OF THE OPIOID PROBLEM IN SOUTHERN NEVADA

Since 2008, more Clark County residents have died each year from opioid overdoses than firearms or motor vehicle traffic accidents. In 2012-2014, the mortality rate from opioid overdoses in Clark County was almost 70% higher than the national rate.

"Our nation is struggling with a prescription drug epidemic and we must take advantage of every tool at our disposal to address this public health and safety crisis."

R. Gil Kerlikowske – Director, White House Office of National Drug Control Policy

Opioids are a class of narcotics prescribed to treat moderate to severe pain.
Common examples include; codeine, morphine, Lortab (hydrocodone), OxyContin (oxymorphone). More potent preparations include Dilaudid (hydromorphone) and fentanyl, used for severe pain or for anesthesia. Heroin is an illicit opioid that is procured on the streets. It may be used to supplement or replace prescribed opioids.

RISK FACTORS

Opioid pain relievers, even when legally prescribed, are highly addictive substances putting consumers at risk for addiction. According to the CDC, there are four major risk factors that make someone particularly vulnerable to prescription opioid abuse and overdose, including

FACT

People addicted to prescription opioids are 40 times more likely to become addicted to heroin.

Although partial agonists (drugs that only have partial efficacy relative to full agonists, such as buprenorphine) may carry a lower risk of dependence, prescription opioids that are full opioid-receptor agonists (nearly all the products on the market) are no less addictive than heroin.

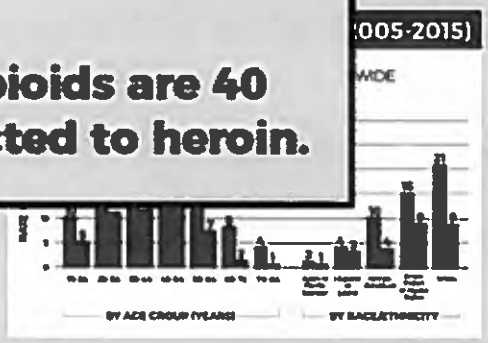
COST

The opioid epidemic creates substantial burden on health care utilization and expenditures. In Clark County, opioid use and misuse were implicated in over 1,700 emergency visits and 1,700 inpatient hospitalizations annually 2013-2015.

$13 MILLION EMERGENCY DEPT. DISCHARGE CHARGES (SOUTHERN NEVADA, 2013) + **$94 MILLION** INPATIENT DISCHARGE CHARGES (SOUTHERN NEVADA, 2013)

IS EQUIVALENT TO

COST OF PROVIDING MORE THAN **4,200** PEOPLE WITH INPATIENT TREATMENT AT AN AVERAGE-PRICED 28-DAY DRUG AND ALCOHOL REHAB FACILITY



Nevada Substance Abuse Working Group
2017 Report

94 painkiller prescriptions for every 100 Nevada residents, 1 in 5 high school students self-reported that they had used a prescription drug that was not specifically written for them.

January 15, 2017

Adam Paul Laxalt
Attorney General
Chairman

ppartment of
in 2014 there
r increase
t was reported
Nevada
had used a
cription drug that was not specifically written for them. Ms. Peek testified that ada received a large grant from the Center for Disease and Control (CDC) to aid revention efforts. One million dollars will be received through 2019 to help ter drug related abuse data.

ber 5, 2016 Meeting

High Intensity Drug Trafficking Area Report (HIDTA) (Colorado)

l was 74% higher than the national average. The number of highway patrol rdiction seizures of Colorado Marijuana increased 37% since the recreational of marijuana was approved. In terms of budget data, medical and recreational revenue only accounted for 0.5% of the budget. In all, there are 424 retail ijuana stores in Colorado compared to 202 McDonald's and 322 Starbucks es. DA Jackson testified that it is likely Nevada will see similar increases in h marijuana and driving fatalities if recreational marijuana is approved by the rs.

Report on Recreational Marijuana and its Impact on the State

The Honorable Pat Hickey with Nevadans for Responsible Drug Policy, ified about the numerous unforeseeable consequences the passage of Initiative tion Two would have on the state. First, he reported that pursuant to the tion, schools are third in line to receive funding which will mean they will ive a very small portion of the tax revenue. Second, the language of the petition s nothing to curb the sale, advertisement or use of edible marijuana for youth in ada. In Colorado, 45% of marijuana is in edible form. Third, the petition fails ake into account issues in the work force related to testing. Mr. Hickey reported

National Governors Association Policy Academy on
Prescription Drug Abuse Prevention

Nevada ranks:

- 2nd highest for hydrocodone (Vicodin and Lortab);
- 2nd highest for oxycodone (Percodan and Percocet);
- 4th highest for methadone;
- 7th highest for codeine.

Nevada has the 4th highest drug overdose mortality rate in the United States

Furthermore, Nevada consistently has some of the highest rates of drug

Heroin-Related Deaths in Nevada, 2009 - 2013

h are

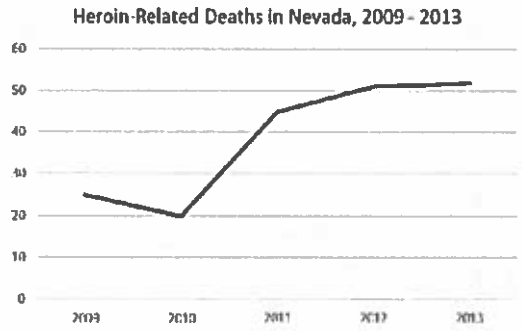
the rate

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.

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 systematic and 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 core team to create a plan that would improve community health by reducing prescription drug abuse by 18% by 2018. To achieve this, the core team's plan would change attitudes and behaviors of Nevadans through better coordinate efforts and statewide leadership. In order to accomplish this, the team will hold two stakeholder meetings in 2015 to solicit feedback from all disciplines to identify current efforts, determine ways to prevent duplication of efforts, and establish an effective statewide leadership role focused on four key areas: education,

Furthermore, Nevada consistently has some of the highest rates of drug overdose mortality in the country. 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



The number of drug overdose deaths - a majority of which are from prescription drugs - in Nevada increased by 80 percent since 1999

those years.

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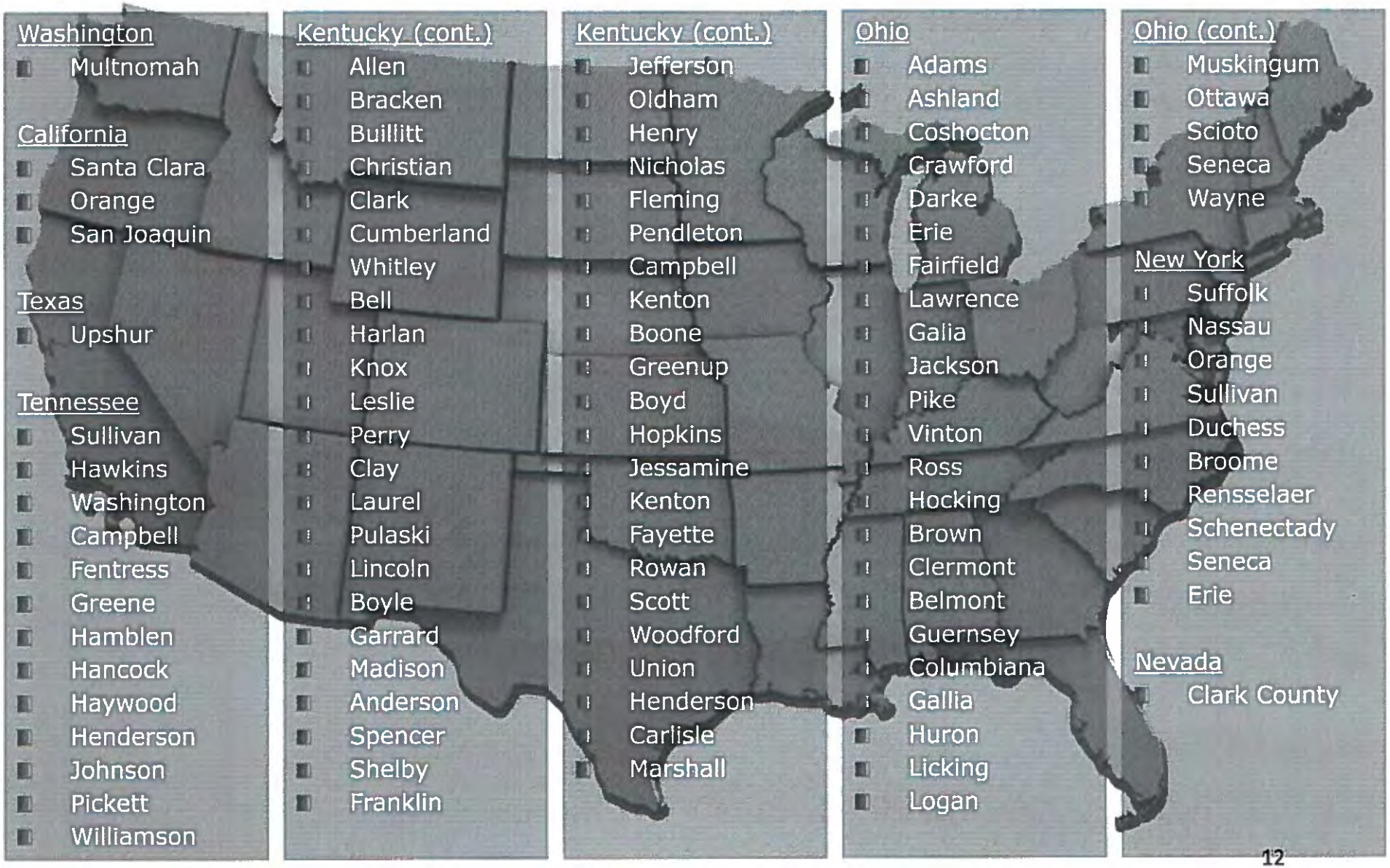
COUNTIES THAT HAVE ALREADY FILED CIVIL LAWSUITS



Washington
- Multnomah

California
- Santa Clara
- Orange
- San Joaquin

Texas
- Upshur

Tennessee
- Sullivan
- Hawkins
- Washington
- Campbell
- Fentress
- Greene
- Hamblen
- Hancock
- Haywood
- Henderson
- Johnson
- Pickett
- Williamson

Kentucky (cont.)
- Allen
- Bracken
- Buillitt
- Christian
- Clark
- Cumberland
- Whitley
- Bell
- Harlan
- Knox
- Leslie
- Perry
- Clay
- Laurel
- Pulaski
- Lincoln
- Boyle
- Garrard
- Madison
- Anderson
- Spencer
- Shelby
- Franklin

Kentucky (cont.)
- Jefferson
- Oldham
- Henry
- Nicholas
- Fleming
- Pendleton
- Campbell
- Kenton
- Boone
- Greenup
- Boyd
- Hopkins
- Jessamine
- Kenton
- Fayette
- Rowan
- Scott
- Woodford
- Union
- Henderson
- Carlisle
- Marshall

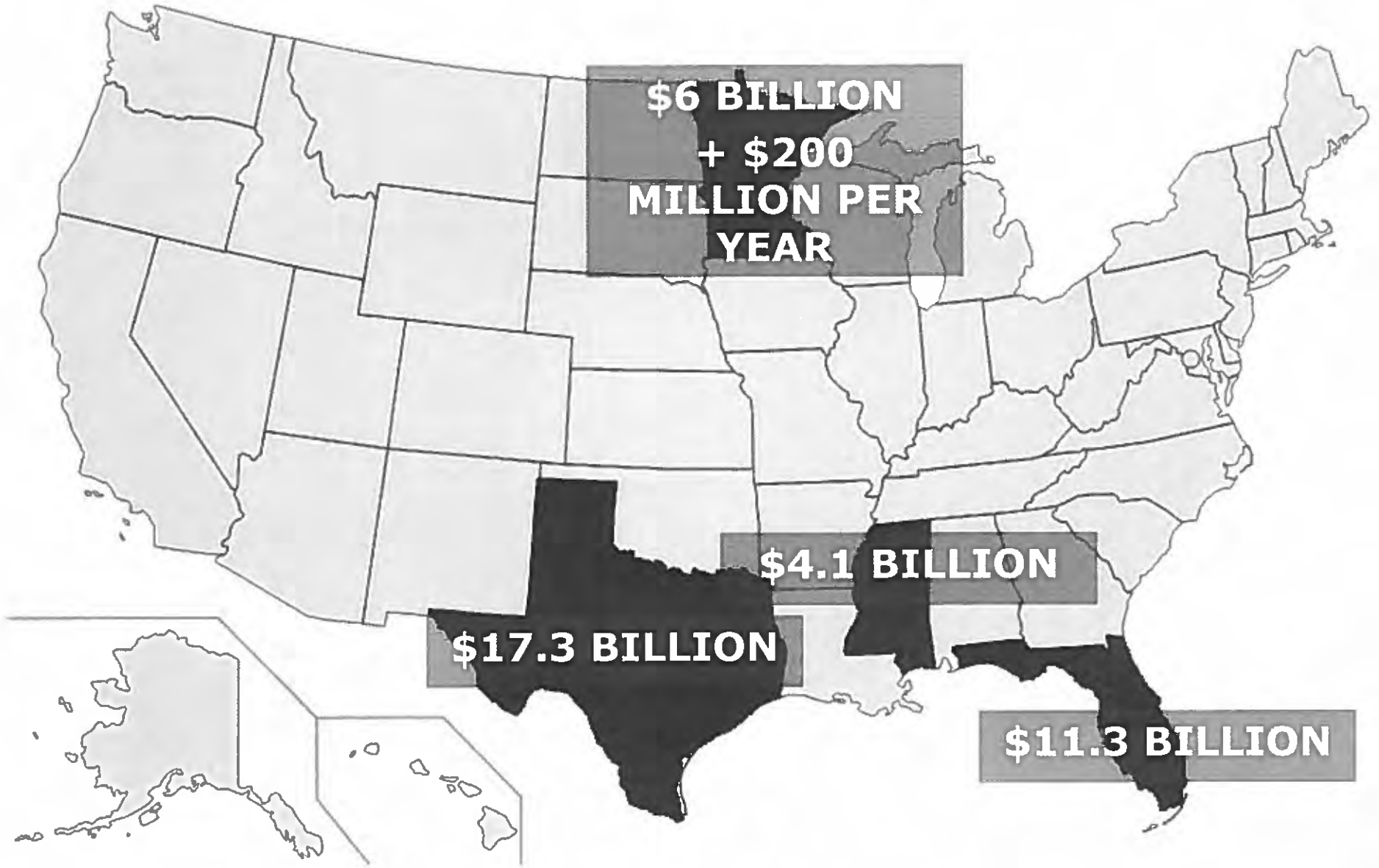
Ohio
- Adams
- Ashland
- Coshocton
- Crawford
- Darke
- Erie
- Fairfield
- Lawrence
- Galia
- Jackson
- Pike
- Vinton
- Ross
- Hocking
- Brown
- Clermont
- Belmont
- Guernsey
- Columbiana
- Gallia
- Huron
- Licking
- Logan

Ohio (cont.)
- Muskingum
- Ottawa
- Scioto
- Seneca
- Wayne

New York
- Suffolk
- Nassau
- Orange
- Sullivan
- Duchess
- Broome
- Rensselaer
- Schenectady
- Seneca
- Erie

Nevada
- Clark County


NEVADA RECEIVED LESS IN THE TOBACCO LITIGATION
$4.1 BILLION
$17.3 BILLION


$6 BILLION
+ $200
MILLION PER
YEAR
$4.1 BILLION
$17.3 BILLION
$11.3 BILLION

PUBLIC HEALTH INTERVENTIONS AND BEST PRACTICES

In 2015, the Nevada legislature passed the Good Samaritan Drug Overdose Act that requires all prescribers to register and query the state prescription drug monitoring program (PMP), grants protection for those distributing and administering naloxone (e.g., Narcan) to reverse the life-threatening effects of an opioid overdose, and provides immunity for people who witness an overdose and call emergency services.

AN OPIOID ANTAGONIST

Naloxone, also commonly known by the trade name Narcan® or EVZIO® is an opioid antagonist that rapidly reverses the effects, including respiratory depression, of opioid drugs by competitively occupying the opioid receptor site. Naloxone has been used in healthcare facilities for decades, and it is increasingly being used in community settings as an antidote to opioid overdoses.

CDC GUIDELINES

A comprehensive, evidence-based guideline exists from the Centers for Disease Control and Prevention (http://www.cdc.gov/drugoverdose/prescribing/guideline.html) and includes many of the following recommendations covering responsible practices for dealing with the opioid epidemic.

Recommendation: Enhance public protection through active evaluation of prescribing behavior.

- Currently, licensing boards lack authority to initiate investigations based on prescribing data alone.
- There is an average of 94 painkiller prescriptions per 100 people in Nevada.
- A higher opioid prescribing rate is linked to an increase

Recommendation: Establish and consider reimbursement for non-opioid treatments for pain.

- Non-pharmacologic therapies can reduce chronic pain while posing substantially less risk to patients. In some instances, other therapies result in better outcomes than opioids.
- Evidence-based therapies may include: exercise therapy, weight loss, acupuncture, cognitive behavioral therapy, interventions to improve sleep, and other procedures.

Recommendation: Reduce the price of naloxone for public insurance (e.g., Medicare, Medicaid) in Nevada.

- Good Samaritan Drug Overdose Act covers the use of

Price of naloxone (2016): Naloxone varied from $150-$4,000 per dose.

and 63% fewer visits after 1 year compared with patients who did not receive naloxone.

- The American Medical Association (AMA) recommends co-prescribing. It is already in practice by many health systems, including the Veteran's Administration.

implemented this registry to develop a comprehensive approach to opioid overdose prevention targeted toward areas in the state with the highest numbers of fatal and non-fatal overdoses.

FACT

A recent *Health Affairs* article found there is no evidence to support the claim that policies to curb opioid prescribing are leading to heroin overdoses. These policies may in fact reduce the number of people initiating heroin use in the longer term by reducing the number of people exposed to opioids both for use as prescribed and for nonmedical use.

Rev 1/2017

Correspondence for data and citations can be submitted to Jessica Johnson at Johnsonjes@snhdmail.org

This opioid fact sheet is supported by the Southern Nevada Community Health Improvement Plan, a group of over 500 community agencies. Special thanks to the following agency champions:

PACT SNHD

United Way of Southern Nevada


THANK YOU

The following links and/or pages are support for agenda item 11

COUNTY HUMAN SERVICES 101

Nevada Association of County Human Service Administrators

NACHSA

Presentation

NACO Board of Directors

January 19, 2018

County Human Service / Social Service Departments

- 17 Different Models
- Foundations rooted in Nevada Revised Statutes (NRS)
- Services designed to meet the needs of respective communities
- Additional NRS requirements
- Other grant funded / preventative services

NEVADA REVISED STATUTES

Chapter 428

- Indigent Persons

Chapter 439B

- Healthcare

Other Chapters

- Inmate Medical (NRS 211)
- Board of Health (NRS 439)
- Public Guardianship (NRS 253 and 159)
- County Hospitals (Clark County)
- Other

ADDITIONAL ASSESSMENTS

2011 LEGISLATURE

- Medicaid Match and Waiver (422.272)
- Consumer Health Protection (439.4905)
- Tuberculosis and Sexually Transmitted Diseases (439.4905)
- Developmental Services for Children (435.010)
- Child Protective Services (432B.326)
- Other Assessments/Eliminated Funding (Clark/Washoe)

- Several Juvenile Justice Costs Transferred to Counties (62B.150 and 62B.165)

Mandated Tax Levies & Other Revenue

- Mandated - Pass Through to State
  - 1.5 C – Indigent Accident Fund (428.185)
  - 1 C – Supplemental Fund (428.285)
  - Combined – Hospital Assessment Fund
    - Note: 2013 SB452 Combined both levies to the Hospital Assessment Account in the Fund for Hospital Care to Indigent Persons
- Other Mandated Levies
  - 6 – 10 C - Indigent Services (428.285)
  - County Hospitals (450.250 – Clark County)
- Other Funding
  - General Fund Revenue
  - Additional Tax Levies
  - Grant Funding

NEVADA REVISED STATUTE CHAPTER 428

INDIGENT PERSONS

Miscellaneous (Financial) Provisions
Levy of Tax Ad Valorem
Hospital Care for Indigent Persons
Other Medical Care
Institutional Care

NRS 428 – Indigent Persons

DUTY OF COUNTY
To provide aid and relief to indigents

(medical and financial assistance)

… every county shall provide care, support, and relief to the poor, indigent, incompetent and those incapacitated by age, disease, accident or motor vehicle crash …

NRS 428.010

Duty of County

… the board of county commissioners of the several counties shall …

- establish and approve standards
- prescribe a uniform standard of eligibility
- appropriate money for this purpose, and
- appoint agents who will develop regulations and administer these programs

Health Care

DUTY OF COUNTY
Care of Indigent Patients

439B.300 … every county shall use the definition of "indigent" to determine a person's eligibility for medical assistance pursuant to Chapter 428 of NRS …

Affordable Care Act

- *2010 – Signed into Law*
- *2014 - Individual Mandate Became Law*
  - *Significantly changed County responsibility for medical assistance*
  - *Counties began disassembling medical program infrastructure*

SAFETY NET SERVICES

- Payer of last resort
  - Federal, state, and community partnerships
- Service Model transition
  - Examples
- Respond to “super utilizers”
- Local Experience

Conveners of Conversation

- Public Health
- Mental Health
- Substance Abuse
- Transportation
- Homelessness
- Institutional Discharge Plans
  - Detention facilities, hospitals, treatment centers, etc.
- Multi-Disciplinary Teams
  - Children, individuals with disabilities, seniors
- Other Socio-Economic Issues
  - High School dropout rates, teen pregnancy, etc.

Programs and Services

- Community Needs
- Mandated Services
- Preventative Programs
- Balance county responsibilities to Nevada Revised Statutes with county responsibilities to tax payers

Conclusion

- Future agenda items
- NACHSA meeting schedule
- County contact list
- Questions

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