

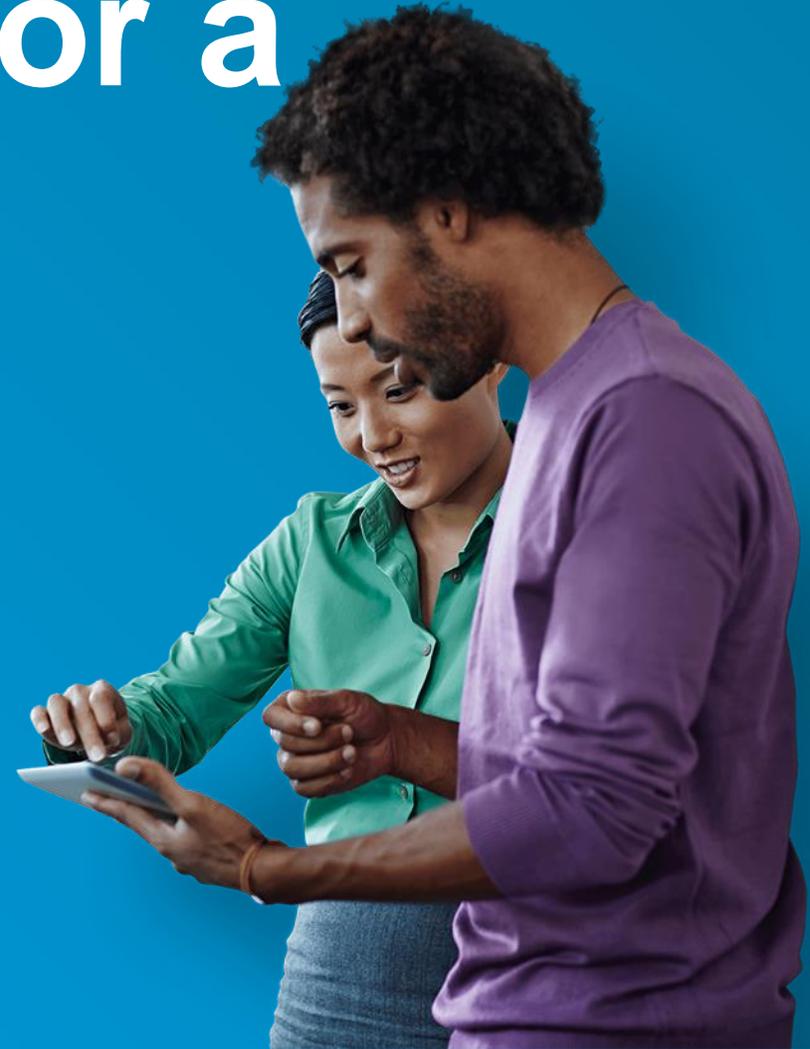
Advisory Council for a Resilient Nevada

Needs Assessment

Mercer Government
Ready for next. Together.

State of Nevada
January 13, 2022
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A business of Marsh McLennan



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Polysubstance, Co-Occurring Conditions, Suicide Impact

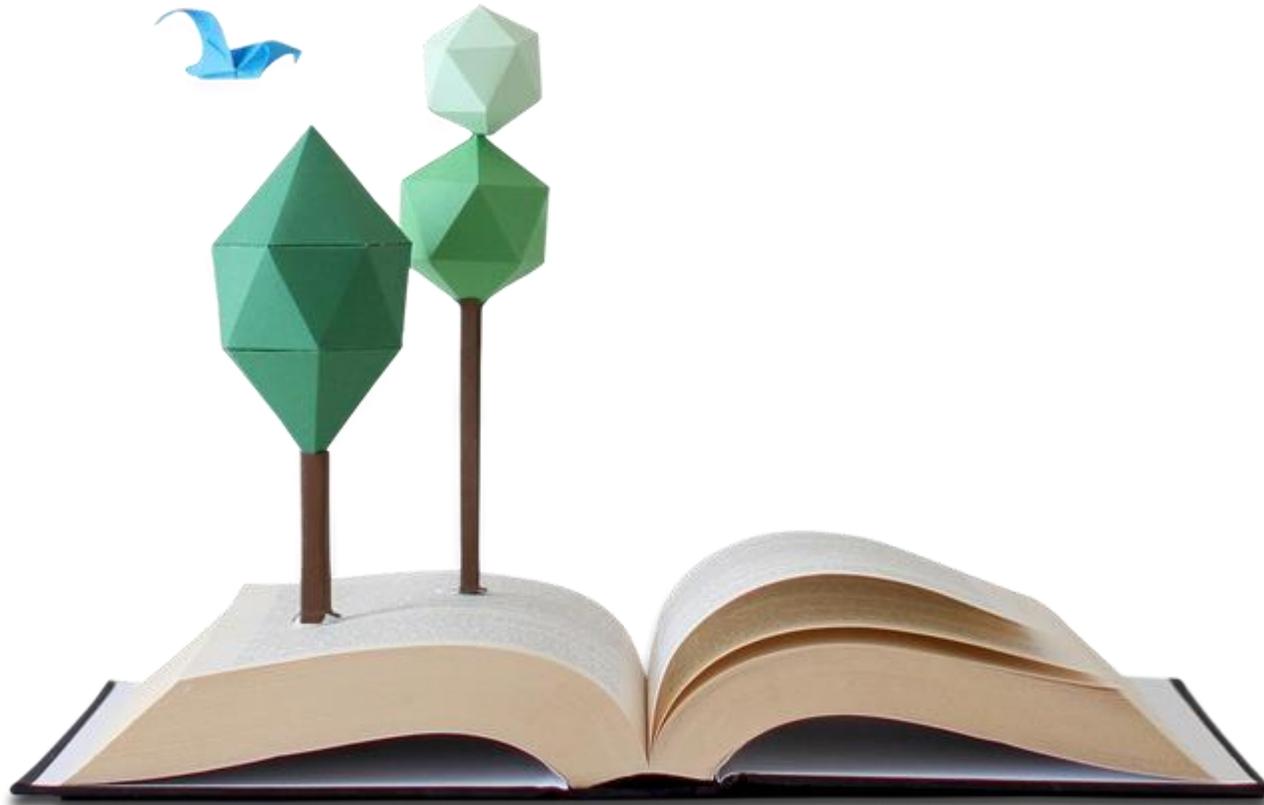
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Current and Potential Resources/Programs



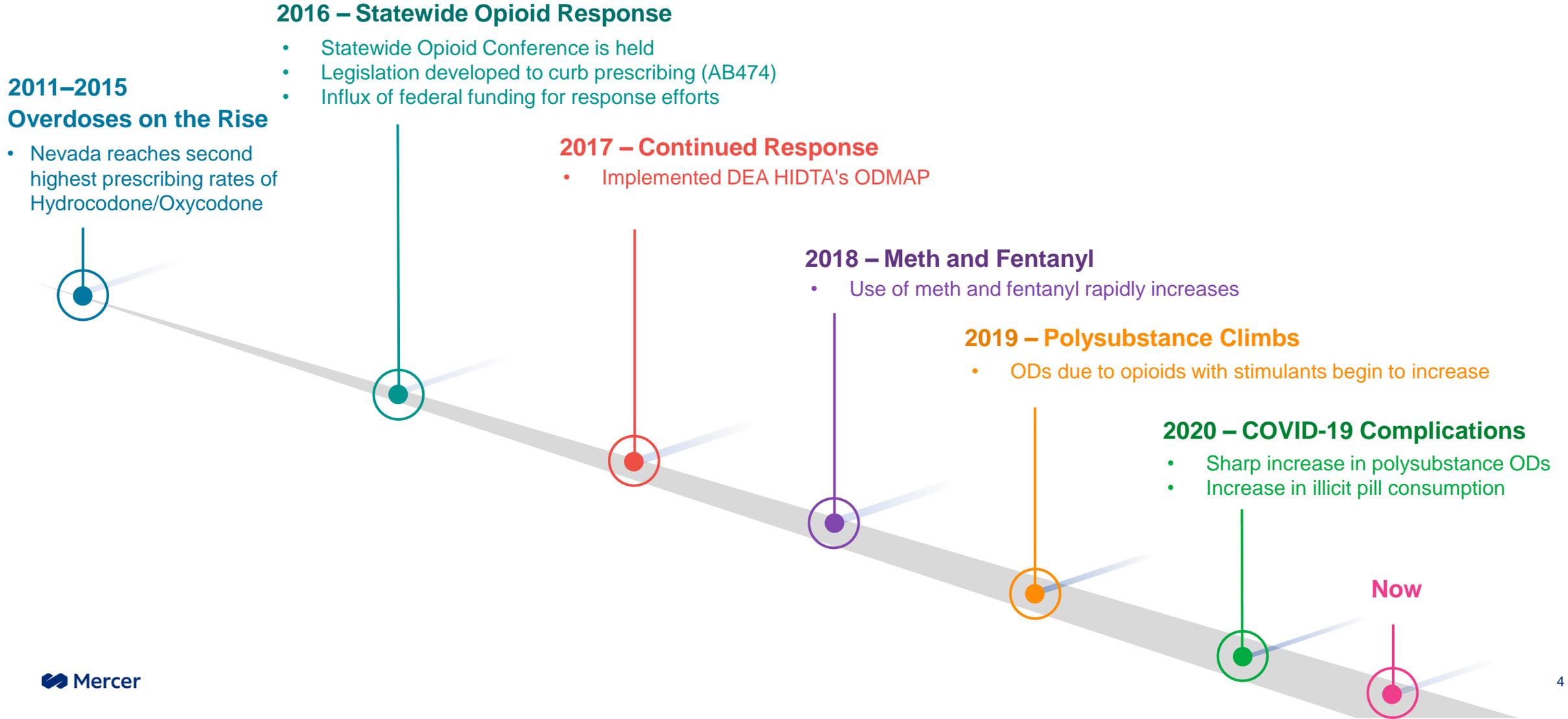
Agenda

Background and Methodology



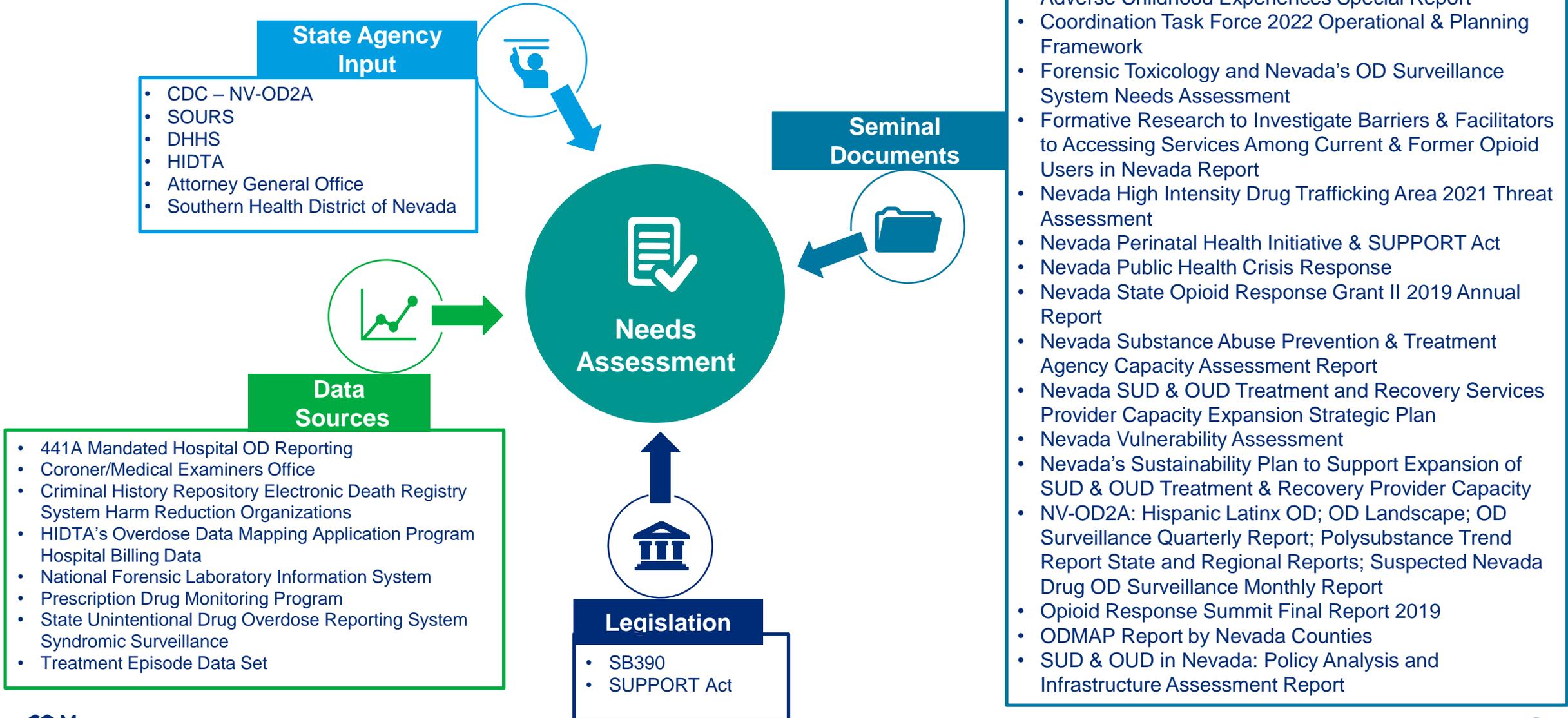
Nevada's Substance Abuse History

Significant Events and Efforts



Needs Assessment

Inputs



Opioid Impact



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Opioid Impact

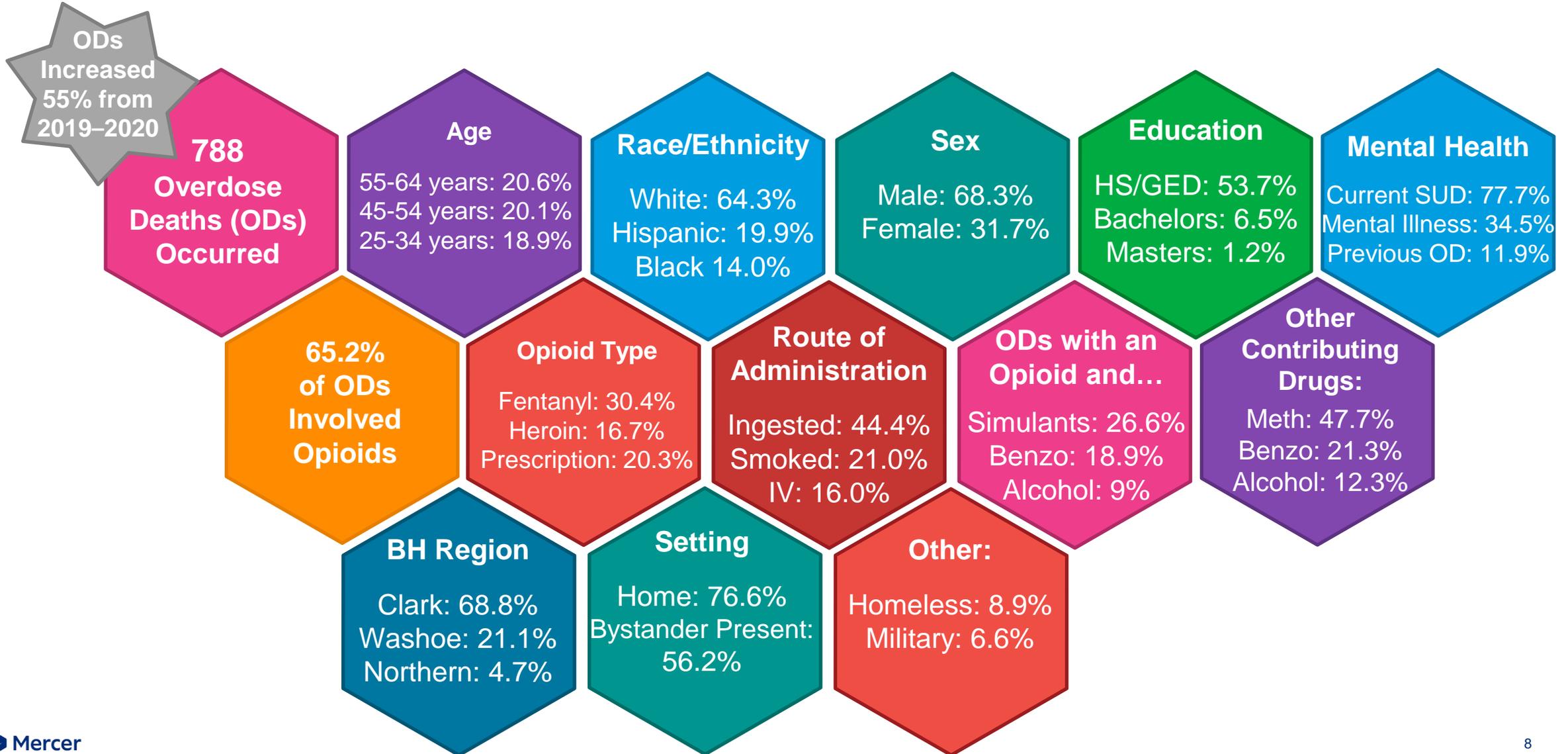
Statewide Statistics

- Nevada ranks nationwide:
 - Twenty-eighth in opioid overdose (OD) deaths (2019)
 - Twentieth in Opioid prescribing (2020)
- From 2019-2020:
 - Opioid-related OD deaths increased by 76%
 - Use of fentanyl increased by 227%
 - Opioid-related emergency department encounters increased by 26%
- Self-Reported use of heroin and other opioids among pregnant women has quadrupled since 2004
- Neonatal opioid exposure has more than doubled since 2010



Opioid Impact

Statewide Statistics – 2020 OD Deaths



Opioid Impact

Region and Counties

Regions

Northern Nevada (2019–2020)

- Accidental/undetermined intent drug overdoses reported **391**
- **61%** of overdose deaths had opioids listed in the cause of death
- **20%** overdose deaths had an opioid and stimulant present
- Overdose deaths due to fentanyl increased by **164%**

Southern Nevada (2019–2020)

- Accidental/undetermined intent drug overdoses reported **907**
— **68% increase**
- **66%** of overdose deaths had opioids listed in the cause of death
- Overdose deaths due to fentanyl increased by **257%**
- Overdose deaths due to benzodiazepines increased by **146%**

Counties

Top Five Counties with Highest number of suspected OD (2021)

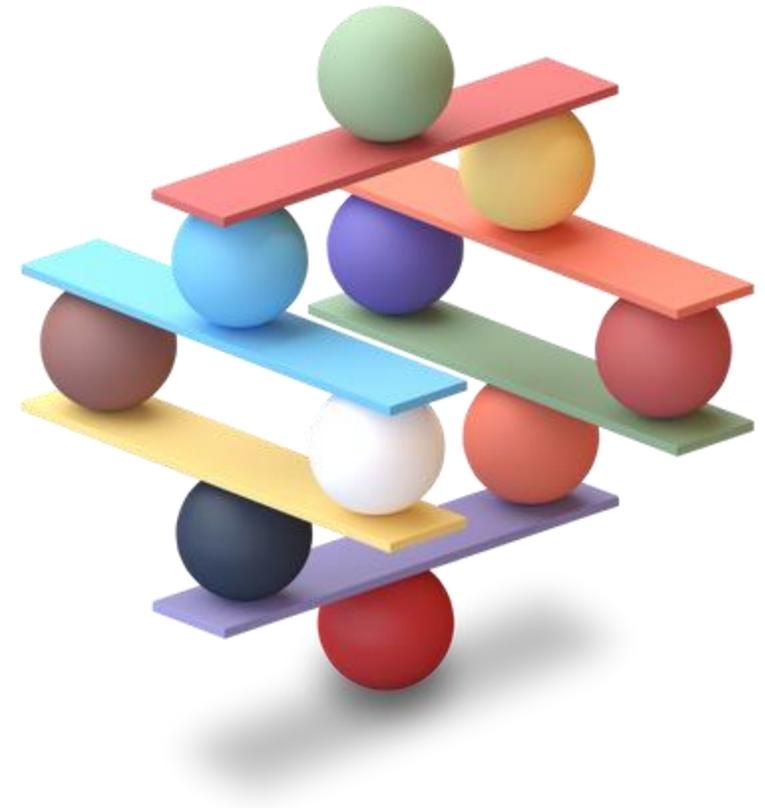
- | | |
|-----------|------------|
| 1. Clark | 4. Douglas |
| 2. Washoe | 5. Elko |
| 3. Nye | |

Top Five Counties with Highest rate of Opioid-related OD deaths

- | | |
|--------------|----------------|
| 1. Churchill | 4. Lincoln |
| 2. Lyon | 5. Carson City |
| 3. Humboldt | |

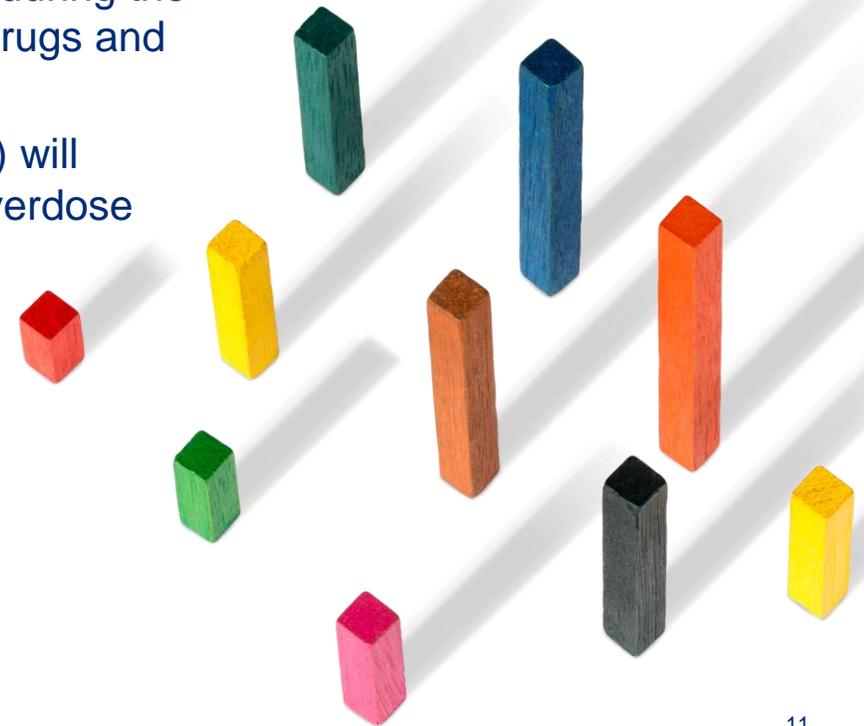
Health Equity

- **In Nevada**
 - Nearly 9% of the population under age 65 have disabilities
 - Over 12% live in poverty
 - 11% of residents are uninsured
 - 48% of the population is minority
 - Over 30% speak a language other than English at home
- Nevada has the largest percentage of uninsured unauthorized immigrants in the region
- Nevada has 27 federally-recognized tribes
 - 97% of Nevada's tribal nations are rural
 - 1.1% of the State's population is American Indian Alaskan Native (AIAN)
 - 30% of Nevada's AIAN lives in poverty
- Nevada has only 11 SUD providers per 1,000 adults with addictions compared to the national average of 32 per 1,000.
- Hispanics face higher rates of overdose deaths
 - Overdose deaths of Hispanics increased by 120% from 2019–2020

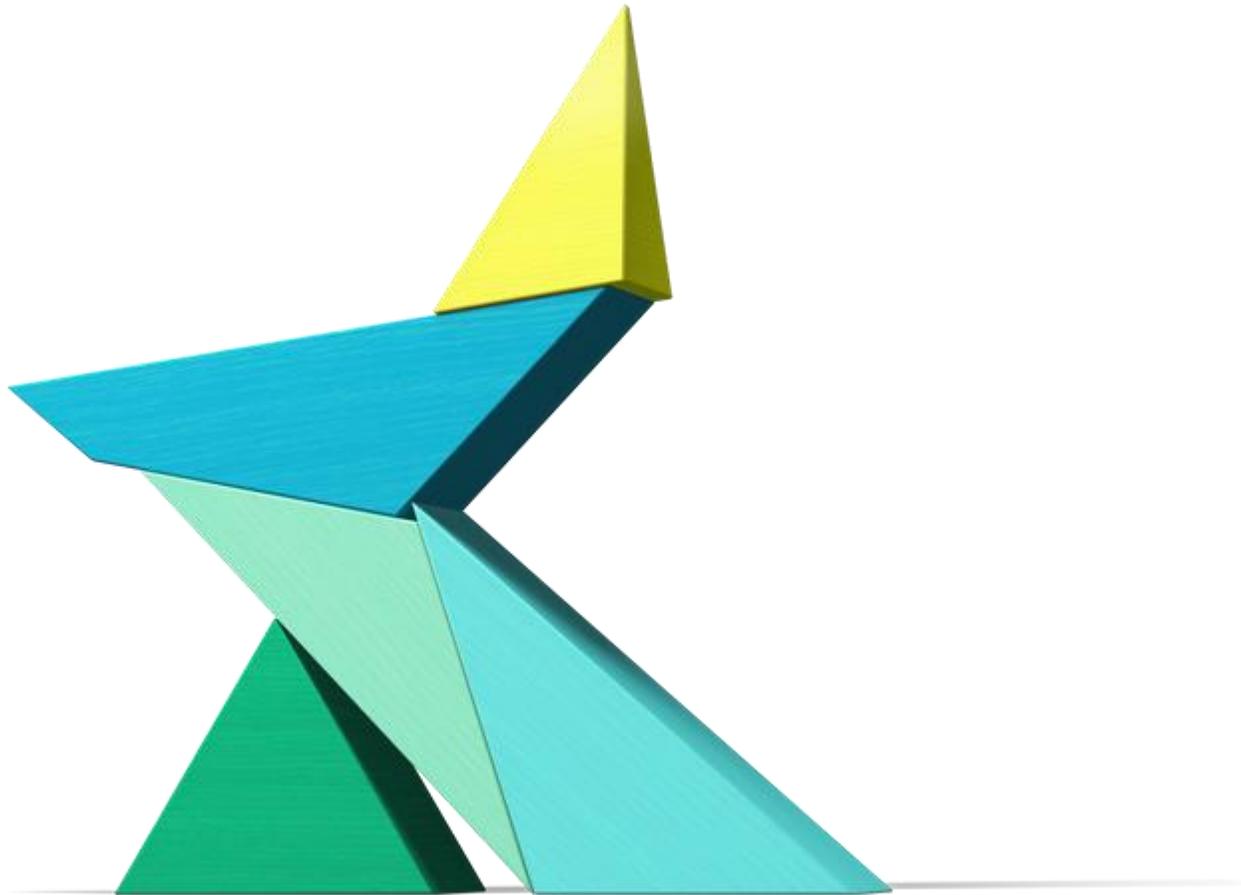


Opioid Availability

- Nevada is a target rich environment for drug trafficking and money laundering to include major transportation highways, shared borders with major drug trafficking areas like California and Arizona, tourism, gaming, manufacturing, etc.
- Initially, the pandemic slowed the pace of drug trafficking into the United States; however, the threat of illicit drugs — including the rates of overdoses — persisted as traffickers adapted and drug compositions like fentanyl became more potent. Additionally, during the lockdown, drug dealers were able to turn to the Dark Net to sell and purchase drugs and other illicit commodities.
- Nevada HIDTA assesses with high confidence that opiates (fentanyl and heroin) will continue to be a high drug threat to its AOR with a 196% increase in fentanyl overdose deaths between 2019 and 2020, surpassing heroin as a top drug threat.



Risk Factors

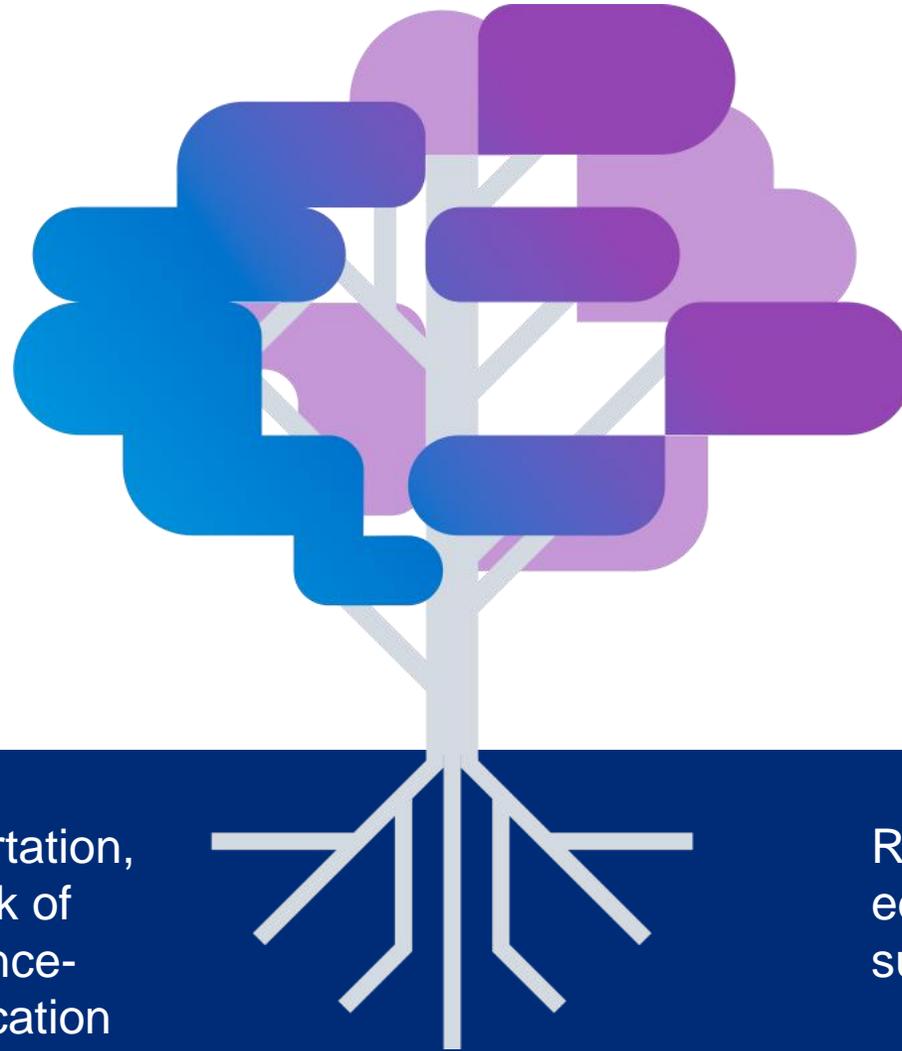


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System-Level Risk Factors

Prevention Programming
(lack of unified, statewide prevention programming with established outcomes measurement, drug education and school-based interventions)

Harm Reduction
(needle exchanges statewide)



Access to Treatment (transportation, housing, lack of providers, lack of referrals, lack of quality evidence-based treatment, stigma, education regarding treatment option, data to monitor quality, access and capacity)

Recovery Support (parent education, employment support, housing)

Individual-Level Risk Factors



- Behavioral health issues
- Low-income
- Minority populations
- Homelessness
- Veterans
- Individuals with I/DD
- Individuals with chronic diseases
- Youth
- Trauma/accidents
- Victims of domestic abuse/sex trafficking
- Lack of vocational opportunities
- Chronic pain
- Criminal justice involvement, especially release from prison or jail
- ACEs and child welfare
- Lack of educational opportunity
- Chronic pain disease
- Health care not well-coordinated

Nevada Vulnerability Assessment

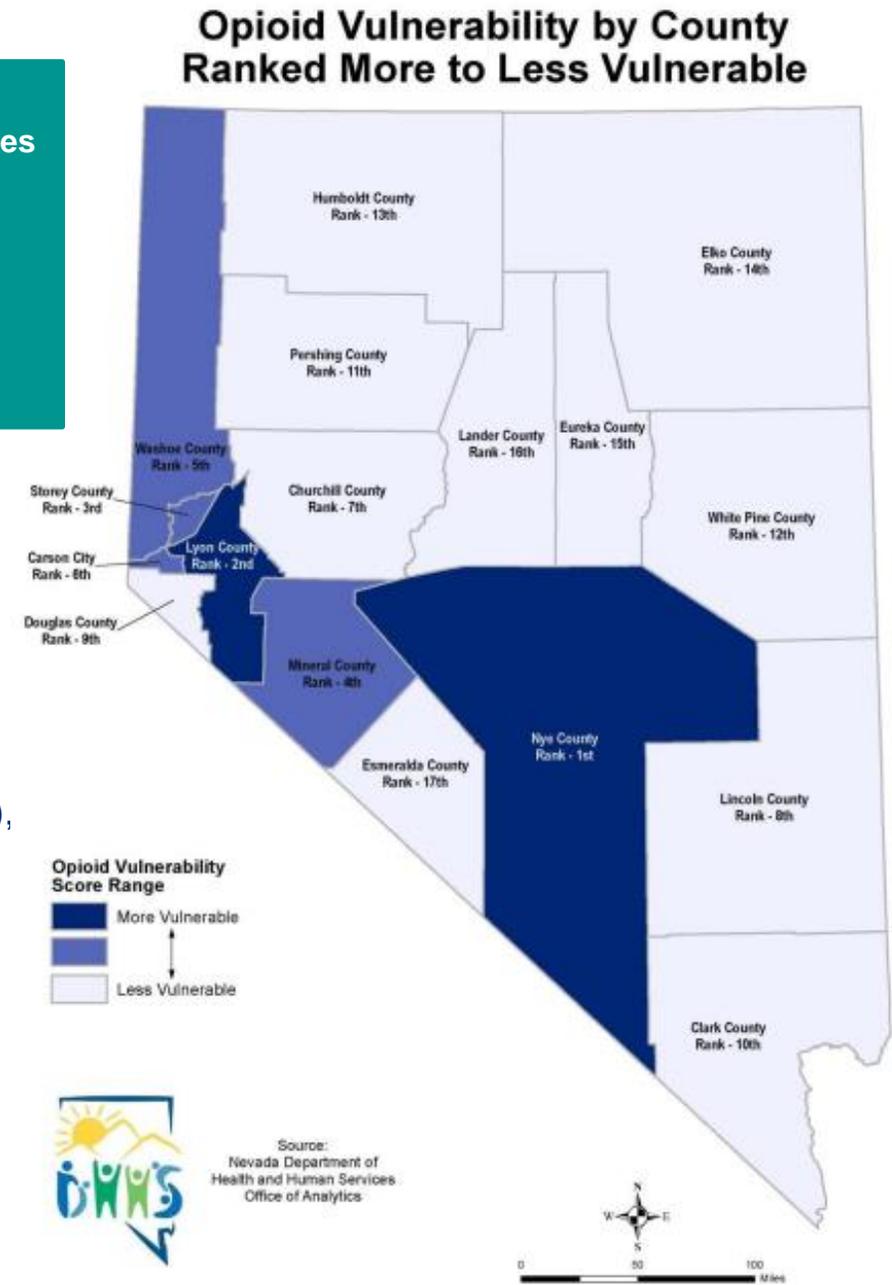
Assessment Criteria

- Socioeconomic Indicators
 - Per capita annual income
 - Percentage of:
 - Population who live below the poverty level
 - Noninstitutionalized population who are uninsured
 - Households with no access to a vehicle
 - Population who are ages 25 and greater without a high school diploma
 - Unemployment rate of persons ages 16 years and greater

- Infectious Disease Indicators
 - Count of new HIV cases, HIV incidence and prevalence rates
 - Rate of HIV incidence through IDU transmission, sexually transmitted infections (STI), acute hepatitis B, and hepatitis C virus

- Drug Use Indicators
 - ED visit rate: opioid, methadone, methamphetamine, and heroin-related visits
 - Inpatient admission rate: opioid, methadone, methamphetamine, and heroin-related admissions
 - Opioid prescription rate: prescriptions greater than 90 MME rate
 - Mortality rate: methamphetamine and heroin-related deaths

- Top 6 Most Vulnerable Counties**
1. Nye
 2. Lyon
 3. Storey
 4. Mineral
 5. Washoe
 6. Carson City



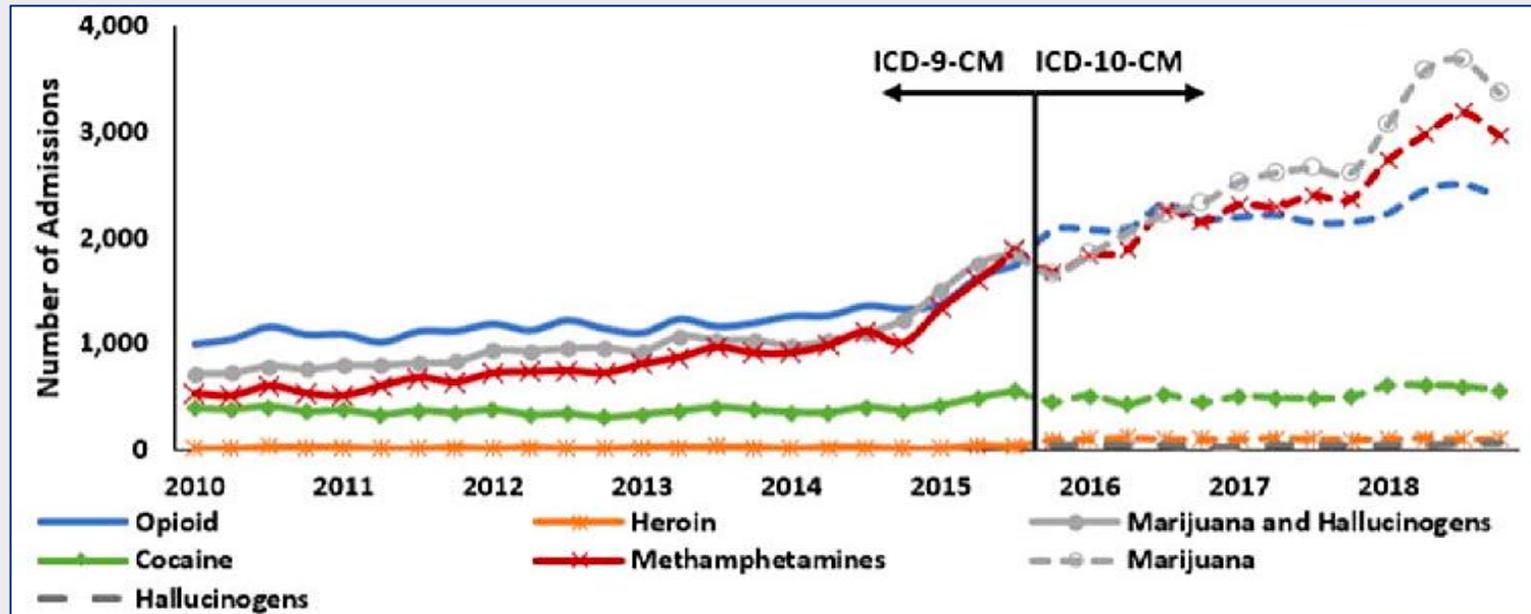
Polysubstance, Co-Occurring Disorders, Suicide Impact



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Polysubstance Use

- Approximately 400,000 need, but do not receive treatment for SUD. Nevada's most pressing need is to increase the number of treatment services available to residents across the State
- OD deaths for heroin and methamphetamine use increased in Clark (29%) and Washoe (89%) counties (2015–2018)
- In 2020, 26.6% of overdoses deaths were due to a combination of opioids and stimulants



Co-Occurring Conditions

Behavioral and Physical Health

Behavioral Health

- Mental Illness
 - 34.5% individuals had a fatal OD had a mental health problem prior to OD deaths in 2020
 - Approximately 75% of mentally ill criminal offenders had a co-occurring SUD in 2018
- Suicide
 - 9.9% of individuals had a fatal OD had a history of suicidal thoughts, plans, or attempts prior to ODs in 2020
 - Nevada ranked sixth on the CDC's list of suicide mortalities among United States in 2018
 - Nevada's teen suicide rate among 15–19 year olds is 13.5 per 100,000 states in 2018
 - Nevada's military veterans' rate of suicide is 47 for every 100,000 states in 2018

Physical Health

- Sexually transmitted infections (chlamydia, gonorrhea, syphilis)
- HIV/AIDS
- Hepatitis A, B, C
 - Reported in 2018: 77 acute new cases of hepatitis A and 85 acute new cases of hepatitis C
- Increased risk of developing COVID-19, bacterial, viral, and fungal infections

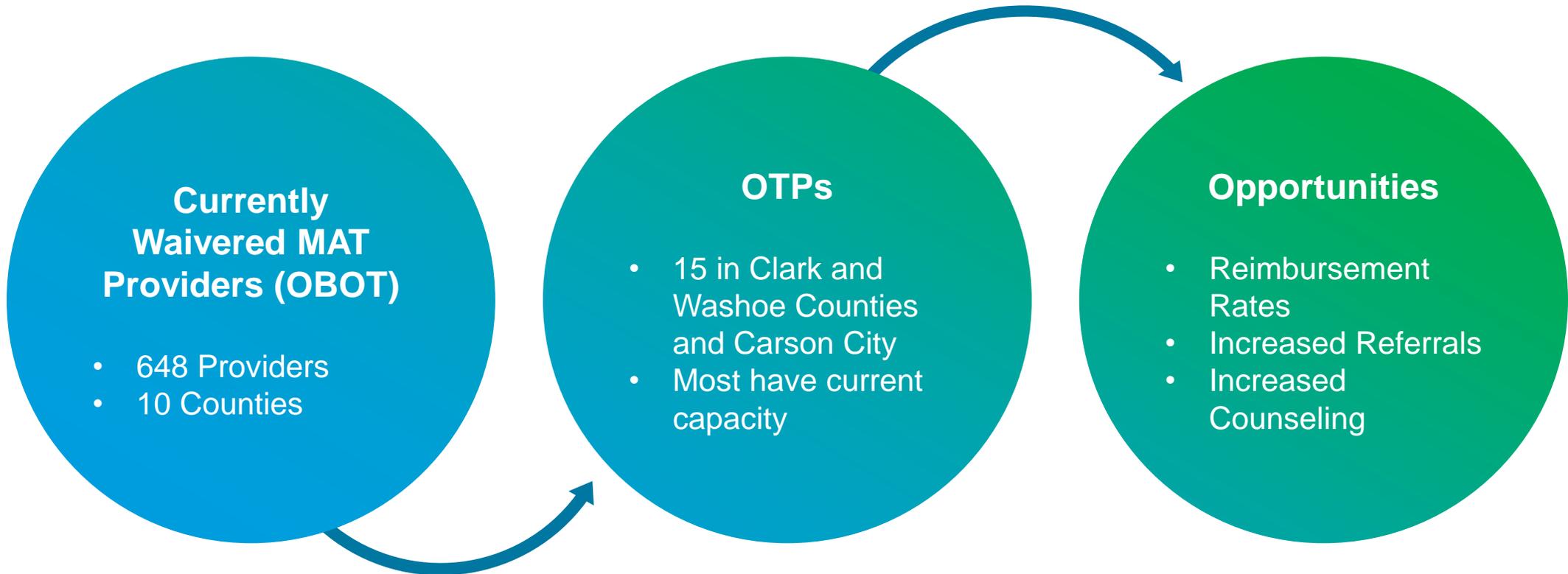
Current and Potential Resources/Programs



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Medication Assisted Treatment

OBOTs and OTPs



Housing and Employment

Housing and Employment		
Working with Oxford House and the National Alliance for Recovery Residences	SOR funding supporting 128 clients in housing and 44 in obtaining employment	Opportunities include developing recovery housing certification and in building more infrastructure

Criminal Justice

SOR Funds

Las Vegas 8th Judicial MAT Re-Entry Court enrolling individuals with a stimulant disorder as of March 2021



Misdemeanor Treatment Court using SOR funds to link individuals with OUD and/or stimulant use into treatment services, housing, and wraparound services

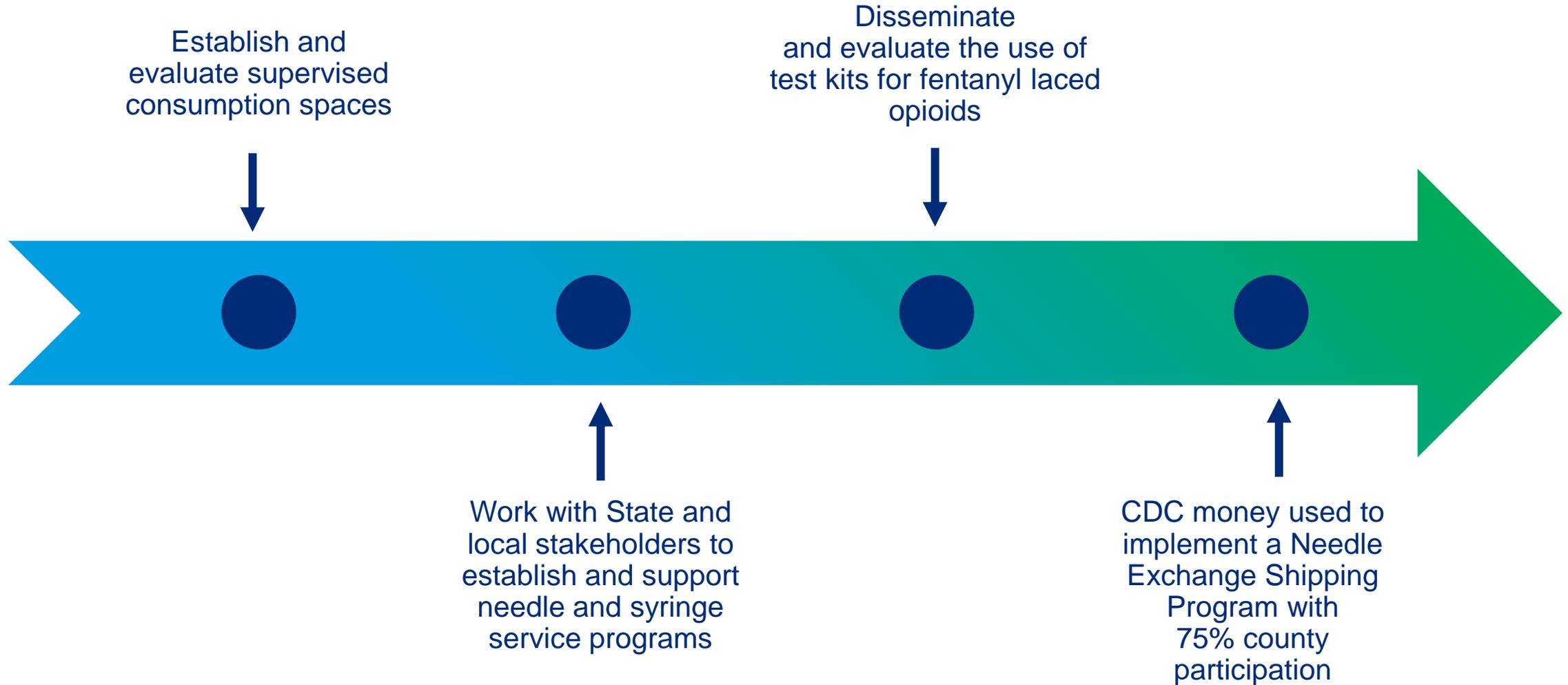
Naloxone

3300 Naloxone kits were distributed to 72 law enforcement agencies in 2018-2019

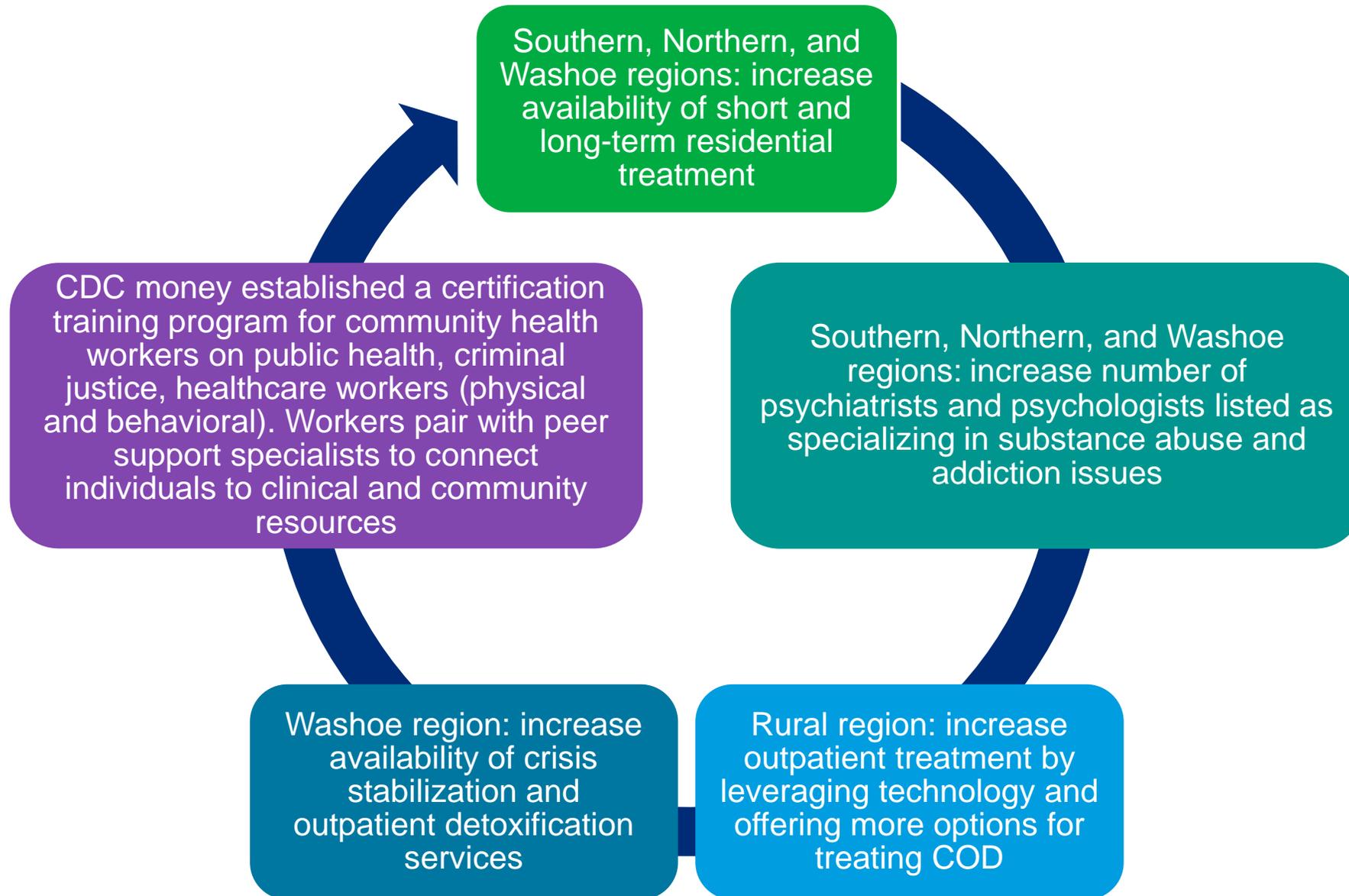


Naloxone distribution upon jail release in Washoe and Mineral counties

Harm Reduction



Workforce Shortages



Prevention and Recovery

Prevention

- Expand prescription drug disposal locations and initiate events in communities that do not have them
- Increase substance use and suicide prevention programming in schools
- Increase the number of affordable housing units available via housing vouchers
- Increase naloxone education and availability for minorities

Recovery

- Increase the availability of transportation vouchers and services for people seeking treatment
- Increase the amount of housing and tenancy supports available
- Reduce stigma by updating human resources and benefits language, include evidence about the effectiveness of treatment for opioid use disorders, avoid stigmatizing language and discuss effectiveness of treatment in public communications, educate health care providers about benefits of destigmatizing language

Local Interventions

Mobile Outreach Safety Trams (MOST)

- BH provider with a law enforcement officer to visit adults in the community at risk of incarceration or hospitalization due to BH or SUD issues to connect them with community interventions before a crisis

Forensic Assessment Services Triage Teams (FAST)

- Multidisciplinary teams and collaboration between clinicians and law enforcement to screen inmates for behavioral health concerns and develop a release plan



Parenting as a Path to Recovery

Neonatal Programming



John's Hopkins Bloomberg School of Public Health – 2017

- Optimizing the Prescription Drug Monitoring Program
- Standardizing Clinical Guidelines
- Engaging Pharmacy Benefit Managers and Pharmacies
- Implementing Innovative Engineering Strategies
- Engaging Patients and General Public
- Improving Surveillance
- Treating Opioid-Use Disorders
- Improving Naloxone Access and use
- Expanding Harm Reduction Strategies
- Combating Stigma



Next Steps/Future Directions



Continued Data Collection and Review

Additional Data Sources

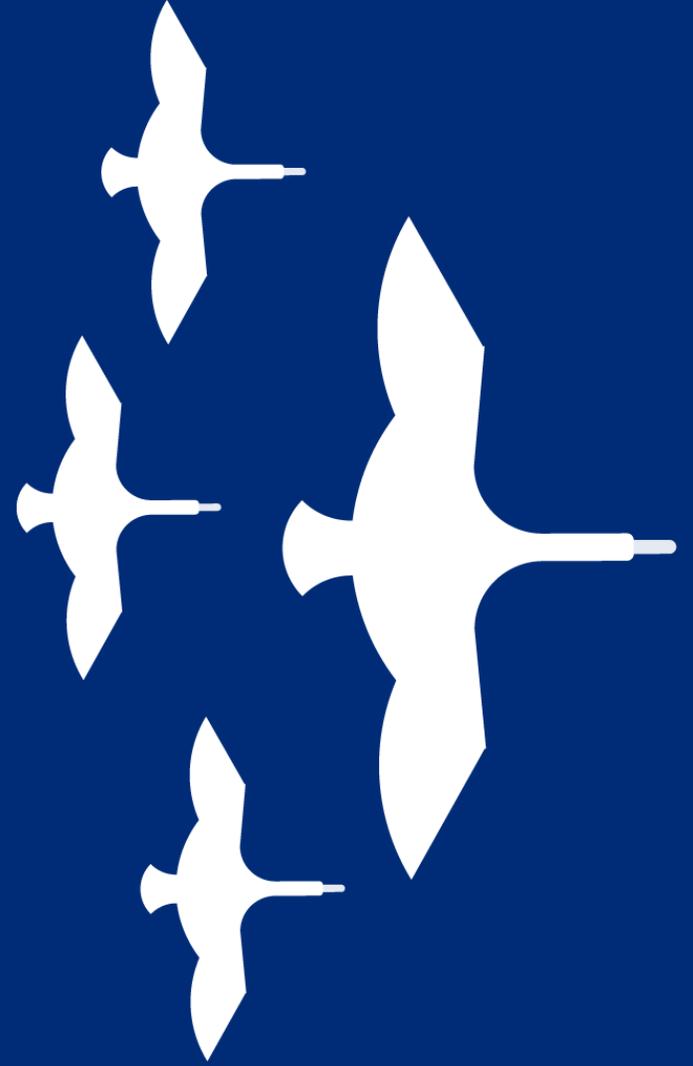
- Medicaid Programming and Outcomes
- Tribal Population Needs
- Additional Minority Population(s)
- UNLV Disparities Data

Additional Review

- Potential solutions regardless of funding sources
- Other Nevada specific pilots and any data on outcomes available
- Possible rural and frontier interventions
- Qualitative input from existing stakeholder surveys



Questions





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