

Comprehensive
Community
Substance
Misuse
Prevention
Plan

2021
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About PACT Coalition for Safe and Drug Free Communities

Mission

PACT seeks to empower Southern Nevada with the resources to prevent substance abuse for all ages and promote recovery through culturally competent advocacy, education, stigma reduction, support, and outreach. A diverse cross-section of community leadership is represented by the PACT Coalition that will work together to ensure a sustainable future and a healthier community.”

Vision

The PACT Coalition envisions a community in which every layer of society is involved in the prevention of harm and the advocacy of education.

PACT Coalition was formed in 2010 when a group of Las Vegas community members identified the need for a coalition in Southern Nevada to address substance misuse. Since our start, PACT has grown to have over 450 community partners to help us address substance misuse in Clark County. In 2019, we completed the National Coalition Academy and are a certified prevention coalition through CADCA- Community Anti-Drug Coalitions of America. PACT utilizes evidence-based models and practices to ensure a strategic and effective approach. PACT has three primary areas of focus:

1. Pass-Through Entity – PACT sub-grants and contracts with direct service providers to implement prevention programming within their agencies.
2. Neutral Convening Table – PACT engages the twelve community sectors and facilitates experts to join together, harnessing the power of partnerships to make a collective impact and reduce or prevent substance misuse and abuse.
3. Policy, System and Environment Change – PACT works to build a healthy community that targets root causes, Clark County’s local conditions, promotes protective factors and reduces risk factors of substance misuse through sustained, long-term change.

Building Community Capacity

PACT Coalition serves as the community expert when it comes to the prevention of substance misuse. As this backbone agency, PACT bring forward the collective impact model through a community-building and coalition activities to improve prevention outcomes in Clark County.

PACT develops diverse partnerships that support CADCA’s 12 community sectors. Nurturing these relationships, PACT can layer prevention throughout the community; ultimately expanding the prevention infrastructure. Cross-sector collaboration, coordination of services and leveraging dollars and resources occur through the collective impact of the coalition partners.

PACT train, mentors and provides guidance. The Comprehensive Community Prevention Plan acts as a roadmap, establishing a data-driven process and establishes priorities to allow for a

strategic and cost-effective strategies. PACT advocates for proven models and frameworks to guide the work. Through evaluation, PACT can stay informed about what works in our community and continue to support these efforts.

PACT participates in a variety of local, regional, and statewide groups to bring additional support to prevention. It is through capacity building efforts that prevention can move forward and be sustained.

Task Forces, Workgroups, and Committees

1. Southern Nevada Harm Reduction Alliance (SNHRA)
2. Clark Board Regional Behavioral Health Policy Board
3. Clark County Adult Mental Health Coalition
4. SAPTA Advisory Board
5. Multidisciplinary Prevention Advisory Committee (SNOAC)
6. Nevada Certification Board
7. Suicide Fatality Review Committee
8. Nevada Certification Board-Prevention Subcommittee
9. My Brother's Keeper
10. Nevada Suicide Prevention Coalition (NSPC)
11. Nevada Office of Minority and Health Equity (NOMHE)
12. Comagine Pathway Hub
13. My Brother's Keeper (MBK)
14. Clark County Children's Mental Health Consortium (CCCMHC)
15. Nevada Certification Board-Continuing Education subcommittee

Models of Prevention and Public Health

Adhering to public health models allows providers to address community health concerns. Research and experience demonstrate how a model builds the framework necessary to strategically address these complex public health issues at the community-level. These foundational models guide PACT and the prevention strategies. When considering substance misuse and all the factors influencing a community the issue becomes complex. Public health models help to assess community readiness, capacity, prioritize health promotion and positive outcomes to build a healthy community.

Community Readiness Model

Community readiness refers to the level of preparedness for the community to take on a certain issue and can vary across different segments of the population. For example, the knowledge around the issue may depend on whether a person is directly impacted by it. Community climate such as attitudes, beliefs, and norms play an important role. The laws and policy that exist influence a community's readiness. The resources, partnership and leadership also form readiness. The community readiness is dynamic and fluid. Taking the time to assess

the community readiness about the issue at-hand allows for a strategy to be employed that aligns with the state of readiness.

Strategic Prevention Framework (SPF) Model

The Strategic Prevention Framework was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to offer a comprehensive, data-driven, and accountability process to address substance misuse and related behavioral health problems in communities. This model is designed to be a long-term process that evolves to create a high-level approach. Using this 5-step model will help lead to quantifiable, sustained outcomes.



The 5-Step Approach:

1. **Assessment:** Pinpointing local needs based on data.
What is the problem?
2. **Capacity:** Building local resources and readiness to address prevention needs.
What is there to work with?
3. **Planning:** Finding out what works to address prevention needs and how to do it well.
What and how should you do it?
4. **Implementation:** Deliver evidence-based programs and practices as intended.
How can you put your plan into action?
5. **Evaluation:** Examine the process and outcomes of programs and practices.
Is your plan succeeding?

These steps are non-linear and can be revisited at any point in the process. The SPF model also follows two guiding principles that should be integrated across these steps:

1. **Cultural competence:** Being aware, accepting, and interacting effectively with individuals with diverse cultures or beliefs systems different from individuals or organizations.
2. **Sustainability:** The ability to create and maintain effective solutions or systems that effectively address goals and long-term results.

7 Strategies for Community Change

Employing all these 7 – strategies to address the defined problem will have a better outcome.

1. Provide Information – public announcements, brochures, billboards, meetings, etc.
2. Enhance Skills – training, technical assistance, workshops to teach specific skills, etc.
3. Provide Support – mentorship, alternative activities, clubs, etc.
4. Enhance Access and Reduce Barriers – improve processes to increase or decrease access

5. Change Consequences – citations, loss of privilege, recognition programs, etc.
6. Physical Design – change physical landscape to reduce or enhance behavior
7. Modify Policy – public policy, system change, workplace initiatives, etc.

Public Health Model

The core focus of public health is maintaining the health, safety, and well-being of communities. This epidemiological model focuses on prevention, reducing and/or treating a risk to safeguard the community's well-being. There are four aspects to the model.

Define the problem - Answers to the questions, “Who? What? Where? And when?” tell how big the problem.

Identify risk and protective factors – Expands understand to influencing factors around the issue and can help inform prevention strategies.

Develop and test prevention strategies – Proven evidence-based strategies are known to bring effective outcomes and address the problem.

Assure widespread adoption of the prevention principles and strategies – Communities that find the strategy a good fit fare encouraged to utilize the strategy and continuously assess its effectiveness.



Risk Factors: to prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risk (Hawkins and Catalano).

Protective Factors: Identify the factors that buffer individuals from the risk factors present in their environments and then find ways to increase the protection (Hawkins and Catalano).

Risk Factors for Substance Misuse

Individual	Family	Community
<ul style="list-style-type: none"> • Difficult temperament • Poor impulse control • Lack of behavioral self-control • Aggressiveness • Anxiety • Depression • Attention deficit/hyperactivity disorder • Antisocial behavior • Behavioral disengagement coping (giving up) • Favorable attitudes toward drugs • Rebelliousness • Early substance use • Lack of commitment to conventional adult roles 	<ul style="list-style-type: none"> • Permissive parenting • Parent-child conflict • Low parental warmth • Parental hostility • Harsh discipline • Child abuse/maltreatment • Parents/siblings model drug use • Parents have favorable attitude towards alcohol and/or drugs • Inadequate supervision • Low parental aspirations for child • Inconsistent discipline • Lack of adult supervision • Poor attachment to parents • Leaving home 	<ul style="list-style-type: none"> • School failure • Low commitment to school • Peer rejection • Deviant peer group • Peer attitudes toward drugs • Alienation from peers • Laws and norms favorable toward alcohol and drug use • Availability of and access to alcohol • Extreme poverty for antisocial children • Aggression toward peers

Source: National Research Council and Institute of Medicine via SAPST

Protective Factors for Substance Misuse

Individual	Family	Community
<ul style="list-style-type: none"> • Attention regulation • Appropriate emotional inhibitions and expression • Early proficiency and intrinsic motivation • Executive functioning, planning, and problem solving • Secure attachment • School attendance and appropriate conduct • Initiating interactions and appropriate conduct • Understanding of self and other emotions • Attending and behaving appropriately at school • Following rules for behaviors at home, at school and in public • Making friends with peers • Empathy and acceptance of other children's emotional expressiveness • Preference for pro-social solutions to interpersonal problems • Realistic control attributions • Self-efficacy • Future orientation • Achievement motivation 	<ul style="list-style-type: none"> • Reliable support and discipline from caregivers • Responsiveness • Affections • Opportunities to resolve conflict • Support for development of new skills • Experience of being respected • Stability and consistency in caregiver relationships • Adequate income • Ability to provide adequate nutrition, childcare, safe housing, health care • Cognitive stimulation in the home • Language-based, rather than physically based, discipline • Parental resources, including positive personal efficacy, adaptive coping, self-views high on potency and life satisfaction • Supportive relationships with family members • Positive social norms (expectations, values) 	<ul style="list-style-type: none"> • Support for early learning • Access to supplemental services, such as feeding, and screen for vision and hearing • Stable, secure attachment to child-care provider • Low ratio of caregivers to children • Regulatory systems that support high quality of care • Positive teacher expectations • Perceived teacher support • Culturally relevant pedagogy • High academic standards, strong leadership, concrete strategies to promote achievement • Supportive relationships • Positive social norms (expectations, values) • Integration of family, school, and community efforts • Opportunities for exploration in work and school • Connectedness to adults outside of family

Source: National Research Council and Institute of Medicine via SAPST

Social Determinants of Health

According to the World Health Organization, social determinants of health are “those circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.” There are five main domains:

1. Economic stability
2. Healthcare access and quality
3. Education access and quality
4. Neighborhood and built environment
5. Social and community context

Each domain can contribute and impact health disparities and inequities across people groups. It is essential to realize that all these domains center around a geographical term, zip codes, which have an enormous impact on your health. We know that there are many disparities that impact a person; health, but evidence suggests that the impact is more severe when geography is considered. Simply put, neighborhoods are the places in which we find medical facilities that tend to our health, schools that teach us, factories and businesses that provide jobs, and parks in which to play and socialize (Rossi, n.d.).

Snapshot of Clark County

As a community, the effects of the Las Vegas culture on the local environment are apparent. Here in Clark County, there are unique cultural barriers around substance use/misuse. Infamously known for our Sin City, tourists arrive in droves to “blow off steam” because “what happens in Vegas, stays in Vegas.” This life of glitz and glam is advertised for all to see. It comes as no surprise that Clark County generally has rates of substance misuse that are higher than national averages.

Over two-thirds of Nevada’s population resides in Clark County. Clark County is home to over three million residents (U.S. Census Bureau, 2021). Clark County is the ultimate melting pot-as the country's racial composition is majority-minorities. Hispanics, Blacks, and Asians combined make up the largest segment of the population. The U.S. Census Bureau states that Clark County has one of the fastest growing Native American populations in the country, currently making up 2% of the population (Associated Press, n.d.). Not only does Clark County have a racially diverse population, but it also has great diversity in sexual orientation and gender identity within the community. According to the UCLA Williams Institute, Nevada ranks third in the nation for the percent of the population identifying as lesbian, gay, bisexual, and transgender (LGBT), at 5.5% (Nevada Department of Health and Human Services, 2019).

Currently there are two federally recognized tribes in Clark County, the Las Vegas Paiute Tribe, and the Moapa Band of Paiutes. Research suggests that Native Americans are moving to Clark County because of its economy, employment opportunities and proximity to reservations in Arizona, Utah, and Southern California (Nevada Indian Commission, 2019). The most common industries for employment in Clark County include retail trade, hospital and manufacturing and continue to grow as Clark County expands (Coleman, 2020).

Clark County, and Nevada, experience low academic performance, reporting some of the lowest graduation rates in the nation. The percentage of adults who have successfully pursued higher education in Southern Nevada is lower than the peer Mountain West metropolitan areas and the national average (Gerstenberger, 2021). Overall, Nevada's student achievement performance is near or at the bottom when students are compared on norm-referenced tests with students in other states. As the fifth largest district in the United States, Clark County School District (CCSD) serves more than 320,000 students in a variety of urban and rural settings (CCSD Newsroom, n.d.). More than 154 languages are spoken in CCSD classrooms, and our educators, staff, students, and families come from across the world to this crossroads of global culture where the city of Las Vegas meets the stunning red rocks of the southwest (CCSD Newsroom, n.d.). Clark County School District opens a new elementary school approximately every 38 days (CCSD Newsroom, n.d.). It has the largest new school construction program in the country.

Data-Driven Needs Assessment

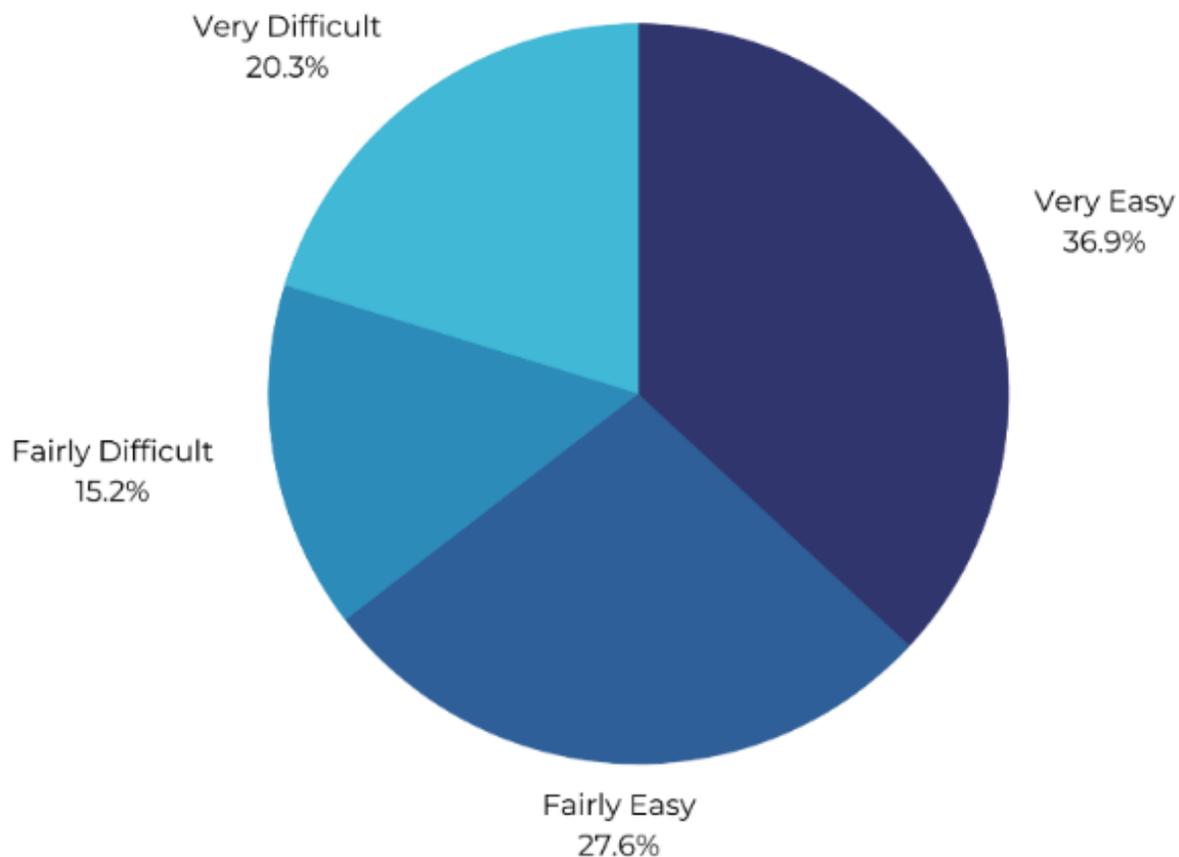
This Comprehensive Community Prevention Plan (CCPP) serves as a needs assessment and a strategic planning document. This document acts as a roadmap for PACT and its coalition partners. This CCPP captures historical trend data as well as emerging problems. There are limited resources, and this report will direct allocation of resources as it relates to behavioral health and substance misuse. Robust data was analyzed through this process. A mixed methods approach and diverse data gathering was used.

Recently, the COVID-19 pandemic has had a significant impact on Clark County, and the world at-large. While the full extent of the pandemic's impact is not yet known, this document will require updates as data are published (McIntierney, n.d.).

Alcohol

The community attitude, norms, and laws impact alcohol use in Clark County. Being a tourist destination, the culture in Las Vegas lends itself to the normalization of alcohol consumption. Alcohol prevention for adults works to promote moderation and safe behavior, particularly around driving. According to the 2021 County Health Ranking, 17% Clark County adult residents report binge or excessive drinking. Alcohol reduces function of the brain, causing impaired thinking, reasoning, and coordination. In 2021, there were 295 incidents of alcohol impaired driving deaths. National data indicates that young drivers between the ages of 21 and 24 are responsible for 27% of alcohol impaired driving deaths across the nation (County Health Rankings & Roadmaps, 2021). In the 5-year data (2015-19), 28% of fatal vehicle accidents in Clark County involved alcohol, 2% higher than the national average (County Health Rankings and Roadmaps, n.d).

Percentage of Clark County High School students who thought it would be difficult or easy to get alcohol if they wanted some, YRBS, 2019



Furthermore, according to the Youth Risk Behavior Survey (YRBS) 13.7 percent of high school students said they had recently ridden in a vehicle with someone who had been drinking, with ninth grade students reporting the highest rate at 17 percent (Diedrick, 2019). Typically, ninth graders are not able to drive yet; this data needs to be explored further to see who the driver is in these situations (Diedrick, 2019). The YRBS demonstrated only 2.1 percent of high school students drink and drive. In looking at race data, both riding in a car or driving under the influence was highest for the Native Hawaiian/Pacific Islander students (Diedrick, 2019).

Nevada has liberal liquor laws which allows for very little restriction on alcohol advertising and access. As of 2015, Nevada does not have an Alcoholic Beverage Control Law (or ABC Law) that governs the labeling, advertising, or retail outlets of liquor or liquor establishments. This leaves

regulation up to local counties and cities, which can be beneficial since the conditions and needs in every community are different. In Clark County, there is a restriction against alcohol advertising in windows and a ban against advertising directly to minors. However, Clark County youth learn to drive on freeways where it is not uncommon to see billboards showcasing phrases such as “Alcohol: It’s Cheaper Than Therapy.” From pool parties to night clubs, Las Vegas is the city that never sleeps. This includes 24- hour access to alcohol. 53.5 percent of high school students reported it would be Fairly to Very Easy to get alcohol. One in Five (22.7 percent) of high school student reported that they currently drink alcohol with 10 percent recognizing they partake in binge drinking (Apollo, 2021).

Alcohol outlet density is defined as “a high concentration of retail alcohol outlets in a small area” (Apollo, 2021). According to the Centers for Disease Control and Prevention (CDC), high alcohol outlet density is associated with increases of consumption, alcohol-impaired driving crashes, violence, unintentional injuries, property damage and quality of life issue (CDC, n.d.). In Clark County, the highest concentration of alcohol outlets is on the strip, downtown Las Vegas and Nellis. When exploring who is most at risk, the Hispanic, Latino, Black and two or more races who are most likely to reside in these areas. These same neighborhoods are low-income census tracts, food deserts, and areas with higher unemployment rates.

The COVID-19 pandemic in 2020, introduced unique challenges around alcohol prevention. Landmark Recovery, a recovery center located in Clark County reported a 42% increase in individuals with a primary diagnosis of alcohol use disorder (Scala, 2022). This could be attributed to the priority alcohol is given in Clark County. When Governor Sisolak announced a statewide shutdown of non-essential businesses alcohol retailers remained open. Further, alcohol access was made convenient by offering curbside pickup and home delivery options. According to a surveillance report published by the National Institute of Alcohol Abuse and Alcoholism, we know alcohol sales for spirits, beer and wine increased during the pandemic (U.S. Department of Health and Human Services, n.d.). However, with bars closed this may not accurately reflect an increase of alcohol consumption. Data does demonstrate that the SAMHSA helpline did receive a 27 percent increase in 2020 when compared to 2019. (SAMHSA, n.d.).

PACT’s Alcohol Prevention Strategies:

1. Evidence-based prevention programming to youth
2. Buzzed and Drunk Driving Campaigns
3. Youth alternative activities, like Sober Graduation Night

PACT Priorities:

- Implement prevention strategies that address community laws, norms and attitudes that are pro-favorable to alcohol consumption
- Increase moderate consumption messaging and safe driving strategies for residents of Clark County

- Prevent youth from misusing and abusing alcohol through evidence-based strategies and programming

Tobacco

Public health stakeholder has accomplished huge strides forward when it comes to the prevention of tobacco and cigarettes. In general, people are aware of the adverse health implications that are associated with tobacco use and proven policies and practices have reduced access. Examples included, smoke-free indoor air act, increases to product taxes, the limitation of designated smoking areas, to name a few. In 2014, the United States Surgeon General's Office provided a public statement that tobacco use, and exposure, is the leading preventable cause of death and disease in the county. Over the last decade, tobacco rates have decreased nationally (U.S Department of Health and Human Services, 2014). Today, 22 percent of Clark County adults still smoke cigarettes, 5 percent higher than the national average.

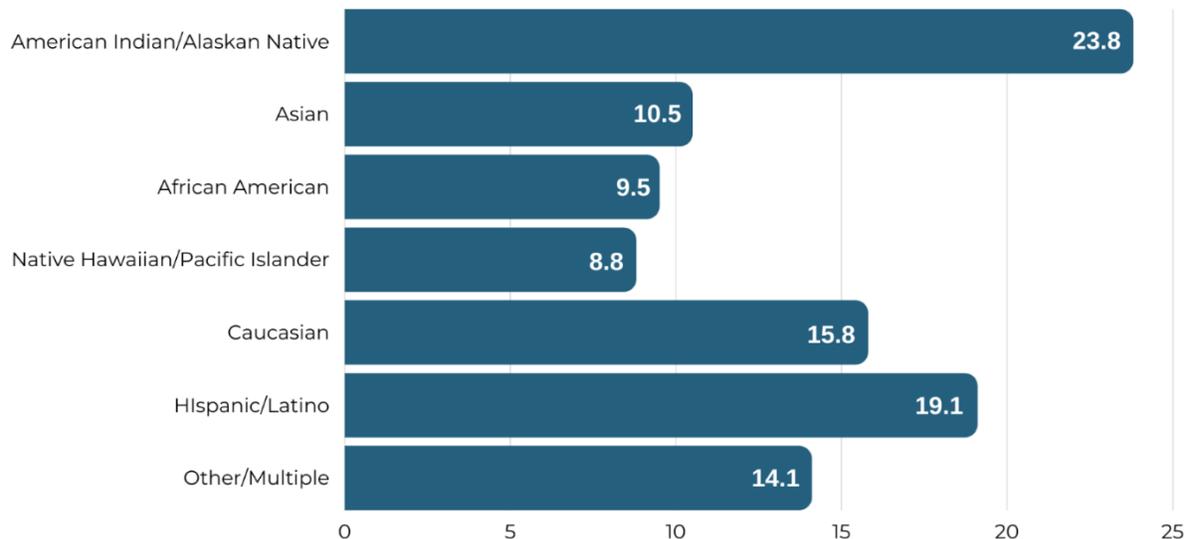
Despite the successes seen these past few decades, tobacco is once again rearing its ugly head as the mode of consumption changes. In addition, the traditional cigarettes, chewing tobacco, snuff, dip, etc. there are new products in the market that disproportionately impact youth. Electronic smoking devices, like e-cigarettes, vapes, vape pens, e-cigars, and hookah pens, were introduced into the U.S. market in 2007, creating a new challenge for every health and tobacco control agency. Currently electronic vapor products are the leading modality for tobacco consumption for youth. The 2019 YRBS shows 43.5 percent of Clark County high school students report using electronic vape at least one in their life. Additionally, 22.5 percent of students report current use (Diedrick, 2019). In comparison, 4.9 percent of adults use these vapor products, making the rate of high school aged youth 4-times more likely to use electronic vape devices (Kelley, 2019). The middle school data shows one in five students trying electronic vape at least once in their life, with one in ten reporting current use (Diedrick, 2019). The 2019 Tobacco Control Plan for Nevada recognized that youth didn't consider brand name products to be electronic smoking devices. The implication of this being that rates of use may be under reported due to terminology differences.

According to the Nevada Adult Tobacco Survey, electronic cigarettes were "promoted as a "healthier" alternative to traditional cigarettes and as a tool to aid in smoking cessation" (Kelley, 2019). Emerging research does not support these claims, but the misrepresentation remains as a belief by many. In fact, according to the 2019 Nevada Adult Tobacco Survey, 22.9 percent of adults in Clark County believe e-cigarettes products are safer than cigarettes (Kelley, 2019). As misleading information continues to spread, community attitudes become favorable towards these newer products. Many people going as far as to use e-cigarettes in public places where smoke-free protection and policies exist. According to one published study, people who smoke e-cigarettes are 6.8 times more likely to start smoking cigarettes in the following 18-month period. (Soneji et. al., 2017).

Considering the high density of casinos and gaming establishments in Clark County, secondhand smoke is also a primary concern for residents. People exposed to secondhand smoke at work are 25-30% more likely to develop heart disease. To mitigate these effects, The MGM built the first and only smoke-free casino named Park MGM on the Las Vegas strip. Further, the University of Nevada Las Vegas (UNLV) became one of over 2,000 universities and colleges in the United States to demonstrate their commitment to providing a healthy environment for faculty and students by implemented a *Smoke-Free & Tobacco-Free Campus Policy* in July 2021. This policy prohibits any smoking or use of electronic smoking devices on any UNLV campus.

Tobacco is a fitting example of how policy level public health interventions are effective and can change the trajectory of substance use in a community. While tobacco use through vape is still a significant concern, cigarette use, and other modalities have decreased. In May 2021, Nevada Governor Steve Sisolak signed Assembly Bill 59 which aligned Nevada with federal law prohibiting the sale of tobacco products to those under twenty-one. AB59, also known as the “Tobacco 21” bill, required stricter inspection of location that sell tobacco products, requiring an assessment once every 3 years. This bill is particularly impactful as about 95% of smokers start before the age of twenty-one. These high-level policy changes have resulted in a change in attitudes and behaviors. While tobacco is still a priority for PACT, Clark County has made dramatic progress in decreasing use in recent history.

Percentage of High School students who ever smoked cigarettes by race/ethnicity, YRBS, 2019



PACT's Tobacco Prevention Strategies:

1. Evidence based prevention programming
2. Vape detectors at schools
3. Prevention campaign

Southern Nevada Health District is the leading prevention task force for tobacco control and programs

PACT Priorities:

- Provide prevention strategies that work to reduce youth use of tobacco, including electronic vape products.

Marijuana

In 2016, Nevadans legalized retail marijuana and this law went into effect July 1, 2017. In response to the legalization, the culture around marijuana consumption has turned more sensual and “medical,” with hyper-targeting occurring to young adults and adults. Beyond the public dispensaries are social lounges, “tasting rooms,” delivery and drive-thru services, and dispensaries in Clark County. Unfortunately, these advertising tactics, legalization, and cultural beliefs have caused an increase in marijuana consumption, both among adults and youth.

According to the 2019 YRBS, 7.7 percent of middle school students in Clark County reported having used marijuana recently (Diedrick, 2019). This is a jump from the 2.8 percent in 2017, and a statistic that has been steadily rising since 2015. Among the high school students, 33.4 percent reported trying marijuana in their life, and 18.4 percent currently use marijuana (Diedrick, 2019). Furthermore, 7.9 percent of high school students disclosed they had tried marijuana prior to the age of thirteen. The modality of use can vary from smoke, vape, oral consumption (edible, tinctures etc.), dab etc. While smoking remained the most common way to consume marijuana, 16.9 percent of high school students reported vaping marijuana, a 15.1% increase since 2017 (Diedrick, 2019).

Regarding adults, the percentage has more than doubled since 2011, with 13.9% currently using marijuana or hashish in 2018, compared to 5.6% in 2011(Nevada Department of Health and Humans Services Office of Analytics, 2018).

Furthermore, we must take into consideration the health outcomes that are associated with marijuana as it has shown to contain many of the same toxins, irritants, and carcinogens as tobacco smoke (Nevada Tobacco Control). Secondhand marijuana smoke contains the same if not more toxins and carcinogens found in directly inhaled marijuana smoke (Nevada Tobacco Control). For teens, marijuana is damaging because the chemical makeup affects white matter in the brain.

While certain factors have caused an increase in usage, to safeguard constituents, Clark County established a 5-member compliance board focused on implementing licensing, new policies, and regulations during the 2019 legislative session.

PACT's Marijuana Prevention Strategies:

1. Evidence-based prevention programming to youth
2. Campaign messaging related to danger of driving under the influence
3. Youth alternative activities
4. Vape detectors at schools

PACT Priorities:

- Implement prevention strategies that address community laws, norms and attitudes that are pro-favorable to marijuana consumption
- Increase moderate consumption messaging and safe driving strategies for residents of Clark County
- Prevent youth from misusing and abusing marijuana through evidence-based strategies and programming

Opioids – Prescription, Heroin and Fentanyl

The CDC has coined three waves to describe the epidemic.

Wave 1: Started in the 1990's, due to an influx of opioid prescriptions. Overdose deaths involved prescription opioids.

Wave 2: Beginning in 2010, as public health professionals worked to limit access to opioid prescriptions. As opioid addiction was prevalent, heroin became the cheaper, more accessible drug of use. Across the Country, Americans began to see overdose deaths from heroin.

Wave 3: In 2013, we entered will be the deadliest wave of the epidemic. Overdose deaths spike as synthetic opioids, particularly the potent fentanyl laced with other drugs.

This wave moved from east to west and Nevada has more recently entered the third wave.

Since 2008, more Clark County residents have died from an opioid-related overdose than firearm or motor vehicle traffic accidents (AMA, 2022). In 2018, 13.3 per 100,000 Emergency Department visits were attributed to opioid overdoses in Clark County and 10.2 per 100,000 being from zip code 89128 (CDC Wonder). In 2017, Health & Human Service (HHS) officially declared a public health emergency on opioids¹; this further spurred other federal agencies to investigate and examine which key risk factors and timeline influenced this mortality surge. The HHS was also able to identify relevant factors that influenced and increased opioid usage

- Individuals on Medicaid are more likely to be prescribed opioids, receive higher doses and for an extended period,
- Living in low-income regions,

- Less access to addiction treatment centers and
- Individuals who have experienced psychological stress.

Eleven percent of Nevadans are uninsured and roughly 19% of the population has a form of Medicaid coverage. (DHCFP, 2019). These Nevadans are more likely to experience higher rates of opioid prescriptions. In 2018, Nevada’s rate for opioid prescriptions were 55.5 per one hundred people, slightly higher than the national average at 51.4 per one hundred people (DPBH, 2018).

According to High Intensity Drug Trafficking Area (HIDTA) there has been seven youth (0-17) who have overdosed between September 1, 2020 – December 14, 2020. The median age for fentanyl overdoses in 2020 is 29 years of age, skewing younger than ever before (compared to 49 years for non-fentanyl deaths) (Ahmad, 2022). In Fall 2020, Nevada was placed in “red alert” for increased risk of death from overdose by the National Drug Helpline. Southern Nevada Health District’s (SNHD) press release in July 2020, showed Clark with a 125% increase of fentanyl involved deaths in 2020 when compared to the same time in 2019. Overdoses across the United States are on the rise during the pandemic – Feb. 2020-February 2021 shows a 30.4 percent increase for drug overdose deaths while Nevada shows 38.3% percent increase during the 1-year period (Ahmad, 2022).

According to the Electronic Death Registry System and US Census Bureau, the neighborhoods in the urban core show the highest rates of drug overdoses in 2019, which overlap with communities of color. Further, 2.4% of Clark County high school students reported that they have used heroin before, a rate higher than the national rate, 1.8%. Clark County high school students that identify as Black report the second-highest rate of heroin use in 2017 and 2019, which was more than double the third highest. In the 2021-2022 school year, PACT has responded to several deadly overdoses at schools in Clark County (Diedrick, 2019).

PACT’s Opioid Prevention Strategies:

1. NARCAN and opioid-related campaigns
2. NARCAN training and distribution
3. Distribution of drug disposal bags and safe medication storage tools
4. Participate in DEA Pill Take Back Days
5. Targeted education in the schools
6. Support harm reduction partners and initiatives
7. Participate in workgroups, task forces and committees focused on this issue
8. Co-chair Southern Nevada Opioid Advisory Committee to bring trainings and system, policy, and environmental change

PACT Priorities:

- Promote evidence-based strategies that reduce access, including proper storage, monitoring, and disposal
- Through collective impact, join together stakeholders to bring about system level change that improves community outcomes for opioid trends
- Remain responsive to emergent needs around fentanyl prevention, including education and training
- Address disparities in opioid use, including overdoses, through equity building and prevention strategies

Stimulants – Prescriptions, Cocaine and Methamphetamines

When looking at prescription drugs it can be difficult to ascertain misuse rates specific to stimulants. The United States is challenged with a prescription drug epidemic, including both opioids and stimulants. Much of the data available does not seem to be stimulant specific but prescription misuse in general. One example of a data collection gap is the YRBS questions tend to be related to prescriptions specific to pain management (opioids); however, there are a few general prescription drug questions that seem to include both opioids and stimulants. 8.8 percent of Clark County high school students report recently using prescription medications without a doctor's prescription or differently than prescribed. This is higher than the national average of 7.2 percent. (Diedrick, 2019). According to SAMHSA and national statistics, misuse of prescription stimulants is highest for 18- to 25-year-old young adults at 5.8 percent of this segment of the population.

According to Treatment Episode Date Set (TEDS) data, primary methamphetamine/amphetamine admissions rose 30% in Nevada between 2014-2017. (Gold, 2018). In a 2018 article published by CASAT, Nevada is recognized as one of the most affected states from the increase of stimulant use. The reason for this statement is further explained as Nevada leads the Country in death rate from stimulants, with meth being the most prevalent drug encountered in these overdose deaths (Seth, 2018).

In some ways, opioids and stimulants go together. Clark County is facing unprecedented rates of overdose deaths. This is due to fentanyl being laced in products like counterfeit stimulant pills, cocaine, and meth. This CCPP will be updated as data is released.

PACT's Stimulant Prevention Strategies:

1. Education in the schools
2. Distribution of drug disposal bags and safe medication storage tools
3. Participate in DEA Pill Take Back Day
4. Participates in workgroups, task forces and committees focused on this issue

PACT Priorities:

- Promote evidence-based strategies that reduce access, including proper storage, monitoring, and disposal
- Through collective impact, join together stakeholders to bring about system level change that improves community outcomes for stimulant trends
- Remain responsive to emergent needs around fentanyl prevention, including education and training

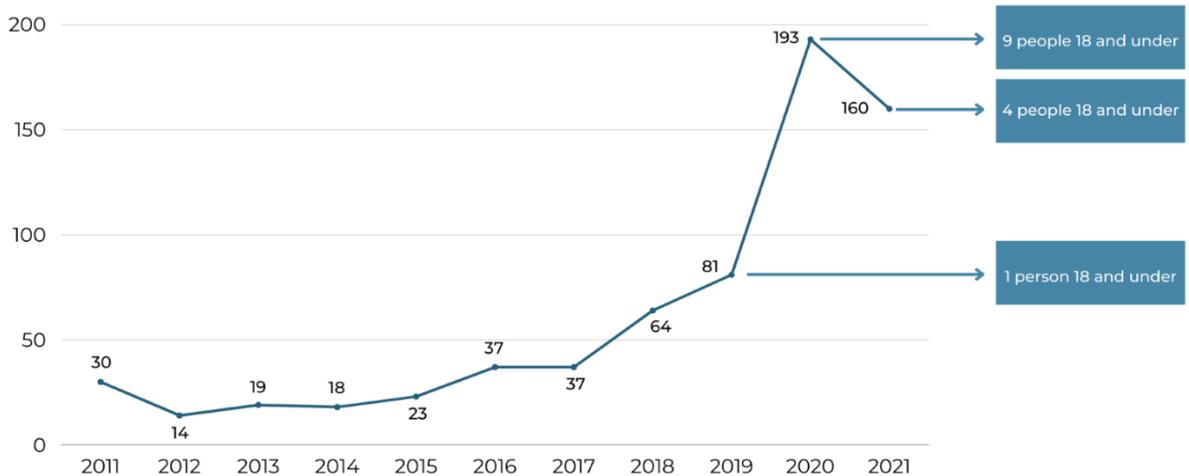
Poly-substance

Polysubstance use involves taking multiple drugs together or in a short period of time, either intentionally or unintentionally (CDC, n.d.). This mixing of drugs has the potential for greater risks as different combinations can react differently within the body. Overdose is a risk with any substance, but the risk is greater when multiple substances are involved.

Polysubstance use does not always need to be the use of illicit substances. For example, a person can be taken prescription medicine, like a pain management medication, and a beer at night. While these may not seem harmful, a person's risk for overdose does increase due to the combination. Another example, a college aged student taking ADHD medication and consuming alcohol can react and show symptoms from the combination differently than use of one of these substances. Right now, Clark County is struggling with a huge public health crisis that involves both the opioid epidemic and polysubstance use. At the face of this crisis is fentanyl. Being laced with counterfeit pills, people can think they are taking any array of prescription medication and suddenly overdose from fentanyl. Fentanyl is being cut into products like cocaine, meth, and heroin. These deadly combinations are killing many in Clark County. In 2020, 193 people (Table 1) in Clark County died from fentanyl, including nine youth under 18-years. One of those people being Giovanni "Gio" who was only 17 years old. Gio took a pill he thought was for pain without knowing that it was laced with fentanyl. (SNHD, 2020). In another tragic incident, 17-year-old, Mia died from fentanyl, ecstasy, and alcohol. (SNHD, 2020). Southern Nevada Health District's (SNHD) press release in July 2020, showed Clark County with a 125% increase of fentanyl involved deaths in 2020 compared to the same time in 2019.

According to the Southern Nevada Health District's presentation to the Southern Nevada Opioid Advisory Council using State Unintentional Drug Overdose Reporting System (SUDORS) data, 73% of overdoses in 2017 had more than one substance, polysubstance use, as the cause of death (Thomas, 2020). In a SUDORS statewide report, data demonstrates that from 2019 to 2020 (pandemic year), across Nevada there was a 16 percent increase of overdose related deaths involved multiple substances. In looking at the type of drug combinations there was a 4 percent increase for opioid as the primary substance and a 17 percent increase for a stimulant as a primary substance (Thomas, 2020). Regional SUDORS data indicates a 155% increase in the overdose death rate involving opioids AND stimulants (Thomas, 2020).

Fentanyl deaths among Clark County residents



Data sources: 2011-2019 data: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 1999-2019 on CDC WONDER Online Database released in 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <https://wonder.cdc.gov/mcd-icd10.html> on Nov 2, 2021 5:37:27 PM 2020-2021 data: SHHD Death Certificate Data. 2021 data are current through August 2021. *subject to change

PACT's Polysubstance Use Prevention Strategies:

1. Campaign messaging, including teen targeted messaging around the dangers of mixing alcohol and stimulants
2. Distribution of drug disposal bags and safe medication storage tools
3. Participate in DEA Pill Take Back Day
4. Supporting initiatives of harm reduction partners
5. Participates in workgroups, task forces and committees focused on this issue

PACT Priorities:

- Promote evidence-based strategies that reduce access, including proper storage, monitoring, and disposal
- Through collective impact, join stakeholders to bring about system level change that improves community outcomes for stimulant trends
- Remain responsive to emergent needs around fentanyl prevention, including education and training.

Harm Reduction and Overdose Prevention

Harm reduction, or sometimes known as overdose prevention, is a principle that focuses on reducing an individual's risk of negative consequences associated with a behavior that they currently engage in. People practice these strategies every day. For example, buckling up in the car is a harm reduction strategy which reduce one's risk of injury or death in the event of a motor vehicle accident while driving a car. Another example of harm reduction in everyday life would be the installation of gates around a swimming pool to prevent drowning. Harm

reduction strategies can also be used our substance use and limit the risks and harms associated with unsafe drug misuse, which can be linked to serious health consequences, like HIV, Hep C, overdose, and death. These prevention strategies are to support individuals who are unable or unwilling to stop.

According to Harm Reduction International, the core principles of harm reduction are that it respects the rights of people who use drugs and treats these individuals with compassion and dignity. There is a commitment to evidence-based practices and policies. Overdose prevention is rooted in social justice and includes meaningful involvement from people who use drugs. Lastly, harm reduction is committed to meeting people “where they are at” without judgement and with the intentional avoidance of stigma and stigmatizing language. Harm reduction is not judging, coercing, or discriminating against people who use substances and not requiring them to stop their use of substances.

As a comprehensive prevention strategy, harm reduction and overdose prevention are a part of the continuum of care (SAMSHA, n.d.). This does not mean that “anything goes” and does not condone substance use. Harm reduction can be used with other risk reduction techniques such as treatment or counseling. Harm reduction does not exclude abstinence from substances as an option that someone can choose to reduce their risk of harm. Nicotine patches are a great harm reduction strategy for someone who wants to quit tobacco products. Harm reduction for people who use drugs (PWUD) can include syringe service programs and other harm reduction programs that provide PWUD with sterile syringes and a place to drop off used syringes and pick up new syringes in an effort to stop disease. Nevada Senate bill 410, which passed in 2013, allowed for the establishment of safe distribution and disposal of hypodermic devices programs. It provided for the effective operation of sterile hypodermic device programs that protect the human rights of people who use such programs. And guarantees that sterile hypodermic devices and other sterile injection supplies are not deemed illegal (Nevada Legislature, 2019).

PACT works with harm reduction partners to support the continuum of care and best serve all residents of Clark County.

PACT’s Harm Reduction Strategies:

1. Safe consumption messaging for adults around alcohol and marijuana
2. NARCAN campaign
3. NARCAN training and distribution

PACT’s Harm Reduction Strategies:

- Employ harm reduction strategies to reduce overdoses related to opioids, including fentanyl

Building up the Recovery Community

Building infrastructure to support sustainable alumni programs within recovery communities in Southern Nevada is one strategy that PACT utilizes to support individuals sustain recovery. Recovery communities are a fellowship of individuals who are involved in addiction recovery, usually a 12-step program. These communities aim to increase an individual's recovery capital, or their total resources available to an individual to support and sustain their recovery. SAMHSA lists *Community*, defined as “having relationships and social networks that provide support, friendship, love and hope” as one of the four major dimensions of recovery (SAMHSA. 2017). Recovery communities contribute to long-lasting recovery and prioritize relationships, resiliency, and support- which has been identified as a casual predictor of future substance use.

In 2020, PACT conducted an environmental scan to identify the needs and resources available to support those with substance use disorders in Clark County. The survey found that 78.3% of respondents identified Friends/Peers as a support structure in their community that helps people in recovery followed by recovery support groups (12-step) and family. Alumni programs are important as they allow individuals to create a social network that consists of individuals who are also in recovery and can help to support and encourage their sobriety. Alumni programs provide people in recovery with a safe drug-free space where they can enjoy their personal time and expand their social networks with people who will encourage and support their recovery. Often, individuals in recovery struggle finding appropriate support while navigating recovery as their previous social network was embedded within substance use (Stout, 2012).

PACT strategies to build recovery communities:

1. Training and education regarding evidence-based practices
2. Sober alternative activities to increase pro-social connections
3. Placement of Peer Recovery Support Specialist at drug courts
4. Building system and environmental change in Clark County through collective impact

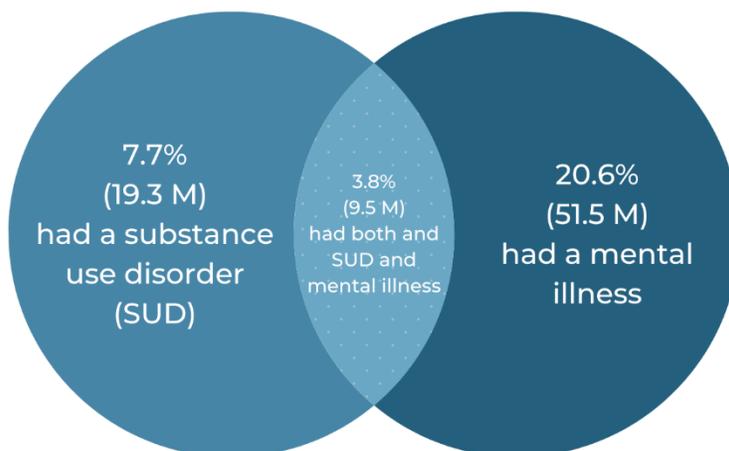
PACT Priorities:

- Support evidence-based practices to build additional supports around individuals in recovery for maintenance of sobriety

Mental Health

Mental health and the prevention of substances go together. According to SAMHSA, there is an overlap of individuals with a diagnosed substance use disorder (SUD) and other mental disorder. In fact, nearly half of people with SUD have another mental health concern. In fact, 3.8 percent (9.5 million) of Americans have both SUD and other mental health disorder. (SAMHDA, 2019).

Mental Illness and Substance Misuse in America



In 2019, 61.2 M Americans (18 years or older) had a mental illness and/or substance use disorder—an increase of 5.9% over 2018 composed entirely of increases in mental illness.

Source: Past Year 2019 NSDUH, 18+

*M indicates Million

Mental Health America ranks Nevada last (51 out of 51) in terms of high prevalence of mental health issues in conjunction with limited access to care (Mental Health America, n.d.). Half of all mental illnesses begin by the age of fourteen and three-quarters by the mid-20s (World Health Organization, n.d.). High school is a challenging time for many adolescents. The 2019 YRBS reports, 41.2 percent of Clark County high school students feeling sad or hopeless almost every day for two or more consecutive weeks during the prior year (Diedrick, 2019). This is 4.5 percent higher than the national average. These feelings can be a risk factor for substance misuse. The YRBS also reported 17.8 percent of high school students seriously considered suicide, while 15.4 percent of students self-reported that they had attempted suicide in the past year (Diedrick, 2019). Suicide is the leading cause of death for Nevadans ages 12-19 (American Association of Suicidology, 2018). From 2017- 2018, Clark County experienced a 90% increase of youth deaths from suicide (Nevada Electronic Death Registry System, 2019).

There is a lack of access to behavioral health services; in fact, Nevada is ranked forty-seven out of fifty-one for accessibility to mental health services (Mental Health America, n.d.). It is known that people often self-medicate using substances. It is important to prevention practitioners to work alongside mental health providers to support the youth in Clark County. Right now, there are waitlists for youth services. Normalizing mental health and removing the stigma is critical to improve outcomes. 52.3 percent of Clark County high school students reported Never/Rarely talking to their parents or other adults in the home about their problems (Diedrick, 2019). While these statistics are staggering, signs and symptoms of mental illness are often present in adolescence, and recognition of these indicators can lead to early diagnosis and treatment.

Adults

The 2019 CDC Behavioral Risk Factor Surveillance System (BRFSS) reported 15% of adults in Clark County have a mental health concern. In Clark County, about 14,000 suffer from anxiety which is the leading mental-health diagnosis (Nevada Department of Health and Human Services Office of Analytics, n.d.). 16.6 percent of adults in Clark County are diagnosed by doctors with depression and anxiety (Nevada Department of Health and Human Services Office of Analytics, n.d.). The BFRSS states, 24.7 percent of adults cannot receive treatment due to not have insurance coverage. The 2014 Affordable Care Act gave Clark County residents access to non-state-funded facilities through Medicaid. In 2019, 48.2 percent of Clark County residents accessed Nevada Division of Public and Behavioral Health's services. (Nevada Department of Health and Human Services Office of Analytics, n.d.). In Clark County, there is a rate of 7.44 percent of adults who misuse substances also while suffering from mental health. (Nevada Department of Health and Human Services Office of Analytics, n.d.).

PACT's Mental Health Strategies:

1. Promote and deliver mental health trainings
2. Participates in workgroups, task forces and committees focused on this issue
3. Works to address risk factors through evidence-based strategies

PACT Priorities:

- Reduce the risk factors associated with SUD and mental health and promote protective factors

Sustainability

Sustainability in this context refers to the capacity to maintain operations and programs of PACT Coalition. It is important to start building sustainable considerations into programming from the onset. Of course, diversifying funding and revenue sources is one aspect of sustainability; however, there are many more factors to consider.

Organizational Capacity

In our hiring process, PACT works to ensure staff are appropriately equipped with the skills and are trained for the position. Non-profits tend to struggle with attracting top talent and PACT leadership works hard to create an environment that attracts these talented workers. Through the work environment, PACT works to create a place of work where commitment and belief in mission spur forward hard-work and progress. A key consideration for organizational capacity is a succession plan. To offset this potential gap, PACT cross-trains staff to ensure that the knowledge of the position is spread across multiple staff. When possible, we utilize legacy binders to help onboard new staff and familiarize them with programs. Additionally, during the

onboarding process, the new staff completes an orientation with every person at the office. This is to help to transition the new staff as smoothly as possible, open communication pathways and breed familiarity to support their development.

System-Level Sustainability

As PACT sets up internal systems these are incorporated into service standards. These systems help to build organizational infrastructure as well as checks and balances necessary for a healthy, well-functioning non-profit. The Comprehensive Community Prevention Plan is one example of a systemic review of community needs that drives forward PACT's priorities in a considered, science-based approach.

Infrastructure development, public policy and a supportive environment are integral to the long-term sustainability of programming. We know from public health and prevention frameworks, that as prevention strategies influence larger groups of people, our networks, change is more sustainable. When we can impact perceptions, beliefs and ultimately the culture of a community we can make long-term societal change. True to our coalition model, we engage with a wide range of diverse stakeholders to accomplish common goals. Through these collaborative partnerships, many voices join together to bring about policy, system and environmental transformation that would not be possible with one agency alone.

Expand Partnerships

We are a coalition and are driven by our membership. We rely on this membership, including our Board of Directors, to guide us forward to ensure programming aligns with community needs and is relevant to current trends. Our volunteer and membership base are a crucial component of PACT's core operations and in order to work effectively within Clark County must remain robust. PACT has integrated community-building and mentorship activities to build capacity around coalition prevention efforts at the local-level. Through these partnerships, PACT can leverage shared interests, common risk/protective factors, time, and efforts as well as resources towards prevention strategies. Capacity is built and infrastructure developed. Through engagement of the 12-community sectors, PACT engages a wide cross-section of support that works to accomplish a high-level strategic approach.

Strategic Planning by Leadership

PACT leadership is mindful to align the coalition's direction forward that follows parameters set forth by PACT's mission. It is important to keep in mind the larger landscape of prevention and substance misuse and prioritize and develop long-term goals for the coalition. PACT must be considerate when applying for different funding opportunities to ensure these set priorities are being achieved. It is important to secure resources, both financial and in-kind, that are diverse and woven together so that if a source is lost efforts can be sustained. Setting realistic expectations and performance measurements that are supported and cultivated in the workplace is paramount to PACT's health.

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