

**PACT** COALITION

PREVENTION, ADVOCACY, CHOICES, TEAMWORK

# Comprehensive Community Prevention Plan

2024-2026



# Acknowledgments

This assessment was completed with assistance from the following individuals:

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## **Community Stakeholders & Community Participants**

All participants who took part in a focus group  
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# Executive Summary

2024-2026

A coalition refers to the collaboration between groups, organizations, or individuals who come together for a common purpose or goal. PACT Coalition for Safe and Drug-Free Communities (PACT) 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. PACT strives to bring the community together to identify, plan, incorporate, and measure strategies to address substance misuse problems in Clark County. PACT engages in three key activities to achieve this collaborative effort:

- 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 12 community sectors and facilitates experts to join together, harnessing the power of partnerships to make a collective impact and reduce or prevent substance misuse.
- 3 Policy, System and Environment Change** PACT works to build a healthy community that targets root causes of substance use, Clark County's local conditions, promotes protective factors and reduces risk factors of substance misuse through sustained, long-term change.

PACT is governed by a volunteer Board of Directors and community partners. The foundation of PACT is anchored in the Strategic Prevention Framework (SPF) process including the community assessment and development of this document, the Comprehensive Community Prevention Plan (CCPP). The Comprehensive Community Prevention Plan serves as a strategic roadmap, establishing data-driven processes and priorities for effective and cost-efficient strategies. PACT prioritizes the adoption of proven models and frameworks, advocating for evidence-based approaches that inform its work through rigorous evaluation of community needs and successful interventions.

PACT cultivates diverse partnerships that align with CADCA's 12 community sectors (youth, parents, business, media, schools, youth-serving organizations, law enforcement, religious/fraternal organizations, civic/volunteer groups, healthcare professionals, state/local/tribal government, and other local organizations involved in reducing substance use). By nurturing these relationships, PACT systematically integrates prevention strategies throughout the community, thereby bolstering the prevention infrastructure. This approach fosters cross-sector collaboration, service coordination, and efficient resource utilization, all contributing to the collective impact of the coalition partners.



## MISSION

The PACT Coalition seeks to empower Southern Nevada with the resources to prevent substance misuse 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.



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# Purpose

The Comprehensive Community Prevention Plan (CCPP) aims to identify and guide future priorities for preventing youth substance use in Clark County. This plan is updated every two years and serves as a roadmap for PACT Coalition in implementing strategies and addressing priorities.

# Priorities

As a result of the needs assessment, PACT has compiled recommendations for each section of the assessment and has chosen to focus efforts on the following priorities, in no particular order, over the next two years, based on the following criteria:

**Magnitude:** Describes the prevalence of a specific substance misuse problem or harmful behavior (e.g., Which problem/behavior is most widespread in your community?)

**Severity:** Describes how large an impact a specific substance misuse problem or harmful behavior has on the people or the community (e.g., Which problem/harmful behavior is most serious?)

**Trend:** Describes how substance misuse patterns are changing over time within a community (e.g., Which problem/harmful behavior is getting worse or better?)

**Changeability:** Describes how likely it is that a community will be able to modify the problem or behavior (e.g., Which problem/harmful behavior are you most likely to influence with your prevention efforts?)

**1** Increase protective factors for youth in Clark County to mitigate the effects of Adverse Childhood Experiences (ACEs) by implementing trauma-informed care, fostering youth connectivity, and promoting engagement in positive activities. [Page 39]

**2** Decrease the percentage of youth initiating alcohol use before age 13 and reduce the perception of no harm from Alcohol use by 1%. [Page 11]

**3** Increase youth prevention efforts focused on e-cigarette/vapor use and reduce the perception of no harm and ease of access by 5%. [Page 16]

**4** Decrease youth perception that there is no risk associated with opioid misuse by 2%. [Page 20]

**5** Increase knowledge of the harms associated with cannabis use and enhance efforts for youth prevention of legal marijuana consumption. [Page 24]

**6** Increase community education and awareness surrounding meth use, including the LGBTQ+ populations. [Page 29]

**7** Expand efforts in education and awareness related to the use of hallucinogenic substances, ensuring comprehensive information about the risks, effects, and prevention strategies for youth. [Page 32]

**8** Expand the distribution of harm reduction supplies in Clark County to ensure all areas have accessible and reliable access to these essential resources, leaving no community underserved. [Page 34]

**9** Decrease the amount of youth who never/rarely got the kind of help they need when they felt sad, empty, hopeless, angry, or anxious by 1%. [Page 50]

# Limitations, Challenges, and Technical Notes

This assessment was conducted in 2024. In many sectors, workforce shortages continue to be a significant issue, with organizations struggling to respond to increased demands. This assessment was impacted by many of these challenges.

Please note the following challenges:

## **1. Access to up-to-date secondary data:**

The reliability and accuracy of the evaluation were constrained by availability and timeliness of data from external sources. Many secondary data sets were outdated or incomplete, which may have impacted the overall findings and conclusions. This project sought to utilize data that has come out post COVID-19 in order to better understand challenges and impacts post-pandemic. Data was often not up to date or hard to access which prolonged the timeline for data analysis and creation of the questions for key informant interviews to bridge the gap of information. This limitation underscores the need for continuous improvement in data collection for Nevada and sharing practices to ensure that future assessments are based on the most current and comprehensive information available.

## **2. Extending timelines for data collection:**

Primary data collection for this assessment included key informant interviews and focus groups. The shortage of personnel (both staff and volunteers) meant that the process of scheduling, conducting, and transcribing key informant interviews took significantly longer than initially anticipated. Since this was the first iteration of the 100 Cups of Coffee project, which was used for our qualitative primary data, additional time spend planning and organizing was required. If replicated in the future, a more seamless process will be able to occur.

## **3. Ability to identify specific causes:**

Due to the timeline of this project being constrained to nine months, we could not investigate root causes of specific disparities in Clark County. This process includes analysis of the highest impacted demographics for each substance, the related consequences specific to demographics, and the systems and mental models that contribute to the continued impact on such disparities. With a refined process in the future, PACT hopes to work with an evaluator to produce these reports and be able to more narrowly target interventions for substance use prevention.

# Clark County, Nevada

The PACT Coalition for Safe and Drug Free Communities service area is Clark County, Nevada. This section provides an essential overview of Clark County aimed at understanding the county's current state. By exploring its geographic characteristics, demographic trends, historical context, and administrative jurisdictions, we seek to present a clear and detailed picture of Clark County's unique attributes and challenges. This foundational understanding will inform our broader analysis and recommendations for addressing the community's needs effectively.

Clark County, Nevada is located at the southern most portion of the state and is a total of 7,891.7 square miles or roughly the size of New Jersey. Clark County is home to the largest city in the state, Las Vegas, an urban center known for the slogan "What Happens Here Stays Here." There are five incorporated cities within the county: Las Vegas, North Las Vegas, Boulder City, Henderson, and Mesquite. Surrounding the city of Las Vegas are the suburban areas of Henderson, Summerlin, and North Las Vegas. There are also three rural areas, Mesquite, Boulder City, and Moapa Valley. Currently there are two federally recognized tribes in Clark County: the Las Vegas Paiute Tribe and the Moapa Band of Paiutes. Clark County accounts for approximately 69.7% of the state's resident population, while accounting for an estimated 12.3% of the state's rural population. With a total population of 2,265,461, an estimated 79,454 of residents, consisting of approximately 30,321 households, reside in the county's "rural areas". (Census, 2020; Nevada Rural Housing Studies, 2024).



(above) Image of Lake Mead, with reduced water line visibility.

The county is positioned around the Spring Mountains that form the desert valley. As a desert landscape, Clark County commonly gets up to 115 degrees in the summer. The Colorado River flows through Clark County and enters into Lake Mead, which was formed by the Hoover Dam. The Hoover Dam is the nation's largest water reservoir, capable of holding 28.9 million acre-feet of water.



(above) Image of Mount Charleston

Clark County gets all of its water from the Colorado River, which raises concerns as the river is experiencing the worst drought in recorded history. Settlers moved to Clark County in the 1850s, primarily consisting of Mormon (LDS) missionaries, and the LDS population in Clark County is still strong today. Officially founded in 1905, Las Vegas was started as a railroad stop between Salt Lake City, Utah and Los Angeles, California. Over time, the rest stop has developed into one of the most visited tourist destinations in the United States.

During the Prohibition era, which banned alcohol use in the 1920s, Las Vegas continued the sale of alcohol and had many speakeasies hidden around the city. Combined with casinos and widespread gambling, this led to the beginning of Las Vegas's association with sinful activities.

In 1941, The Strip began with the El Rancho Casino. Now recognized as the "Entertainment Capital of the World", Las Vegas annually attracts a massive 40 million tourists. With casinos across the entire county, residents have 24/7 access to gambling and substance use. Las Vegas, also sometimes referred to as Sin City, is known for its access and promotion of substances, partying and clubs, sports centers, venues for performances, and strip clubs. The city also hosts the Electronic Daisy Carnival (EDC) in May and the Life is Beautiful festival in September, which bring crowds of tourists to listen to music and partake in substance use.



(above) Image of The Strip in Las Vegas

With the tourist economy being the primary employment and financial contribution to the county and the state, there has been substantial efforts made towards diversifying the appeal of Vegas. The city is home to current professional sports teams (football, hockey and WNBA), 1 in progress (baseball), and initiatives to bring an NBA team. Las Vegas has also diversified its family appeal with countless shows, exhibits, and activities.

Alcohol is available at nearly every event and activity for adults to indulge in. As of 2020, there were over 3000 alcohol outlets in the county (Clark Board, 2020). There are no time restrictions for purchasing alcohol in the county; there is availability 24/7, whether at grocery stores, bars, or retail outlets. Las Vegas also has an open container law which allows for pedestrians to have an open container of alcohol on The Strip and in Downtown areas. There is an abundance of advertising around town for cannabis dispensaries, with an estimated 450 locations. In 2024, Nevada opened the first Cannabis Lounge. There are also smoke shops that sell tobacco, e-cigarette products, THC products, and some sell ketamine.



The primary health district in Clark County is the Southern Nevada Health District (SNHD). Established in 1962, SNHD is dedicated to assessing, protecting, and promoting the health, environment, and well-being of Southern Nevada communities, residents, and visitors. As one of the largest local public health organizations in the United States, it plays a crucial role in serving 73% of Nevada's total population and ensuring the public health of over 38 million visitors to Las Vegas each year. SNHD is also a key partner for PACT, with both actively collaborating to coordinate the annual Southern Nevada Misuse and Overdose Prevention Summit, which specifically addresses substance use.

The Clark County School District (CCSD) is the 5th largest school district in the United States, with youth making up almost 24.3% of Clark County's population (U.S. Census Bureau, 2022). The district is comprised of 240 preschools, 250 elementary schools, 82 middle schools, and 73 high schools (USNews, 2024). With over 315,000 students, CCSD serves the greater Las Vegas area and consistently ranks as one of the largest and lowest-performing school districts in the country. Nearly 1,000 of 18,000 licensed CCSD staff have left the school district since August 2021 and March 2022 and there are approximately 1,900 vacant job positions (Schnur, 2022). The surge in staffing shortages in recent years has directly influenced the stability and cohesion necessary to maintain a positive school environment where students get the individual attention they need to develop properly.

Las Vegas is home to the University of Nevada, Las Vegas (UNLV) Rebels. With its campus located just minutes away from the Las Vegas Strip, UNLV has been ranked in the top ten in U.S. & World Report's (2024) annual listing of the nation's most diverse universities for undergraduates since the rankings debuted more than a decade ago.



UNLV has achieved designation from the U.S. Department of Education as a Minority Serving Institution (MSI), Title III-Asian American and Native American, Pacific Islander-Serving Institution, as well as a Title V - Hispanic Serving Institution (HSI). The school is attended by over 31,000 students in the undergraduate and graduate program (UNLV, 2023). The university's Hospitality Program was voted the fourth best in the world according to the 2024 QS World University Rankings. The proximity to The Strip promotes local and out of state graduates to work for the hospitality industry.

Clark County has a population of over two million residents and represents more than two-thirds of Nevada’s total population (U.S. Census Bureau, 2021). The information below reflects the population of Clark County, and is best utilized in determining cultural competency and diverse needs in the community. The information reflects 2024 demographics provided by Healthier Southern Nevada.

# Adults

**Total Population: 1,855,144**

By Age		
18-24	212,341	8.97%
25-34	317,963	13.42%
35-44	333,420	14.08%
45-54	306,892	2.96%
55-64	287,929	12.16%
65+	396,599	16.75%

By Sex		
Male	911,877	49.2%
Female	943,267	50.8%

By Race/Ethnicity		
White	996,102	42.06%
Black/ African American	315,649	13.33%
American Indian/ Alaskan Native	25,570	1.08%
Asian	237,663	10.99%
Native Hawaiian/ Pacific Islander	22,017	0.93%
Some Other Race	381,236	16.10%
2+ Races	367,566	15.52%
Hispanic/Latino	769,715	32.50%

By Language Spoken		
Speak only English	1,505,746	67.31%
Speak Spanish	500,043	22.35%
Speak Asian/Pacific Islander Language	149,986	6.70%
Speak Indo- European Language	54,364	2.43%
Speak Other Language	27,051	1.21%

**Homeless**  
<1%

Approximately 124,600 individuals, or 5.5%, identify as lesbian, gay, bisexual, and transgender (LGBT)(Williams Institute, 2024). Among the LGBT population, age demographics skew towards youth, with 59% between the ages of 18-35 (Williams Institute, 2024). Nevada faces a higher poverty rate relative to the national average, and in 2023, 15.1% of Clark County residents and 8.84% of families were living at or below the poverty level, versus 11.6% for individuals nationally (U.S. Census, 2022). In prevention interventions, it is important to know the languages spoken, to signify the need for materials in other languages in order to reach all parts of the population.

# Youth

**Total population: 513,340 | Total CCSD Students: 299,186**

This information was collected from the Clark County School District SY 2023-2024 Ethnicity Report

By Race		
Asian	3.8%	11,369
Black/African American	7.8%	23,336
White	11.2%	33,508
Hispanic/Latino	25.3%	75,694
American Indian/Alaskan Native	0.2%	598
Two or more races	3.9%	11,668
Native Hawaiian or Pacific Islander	1.0%	2,991

**English Language Learner**  
7.1%

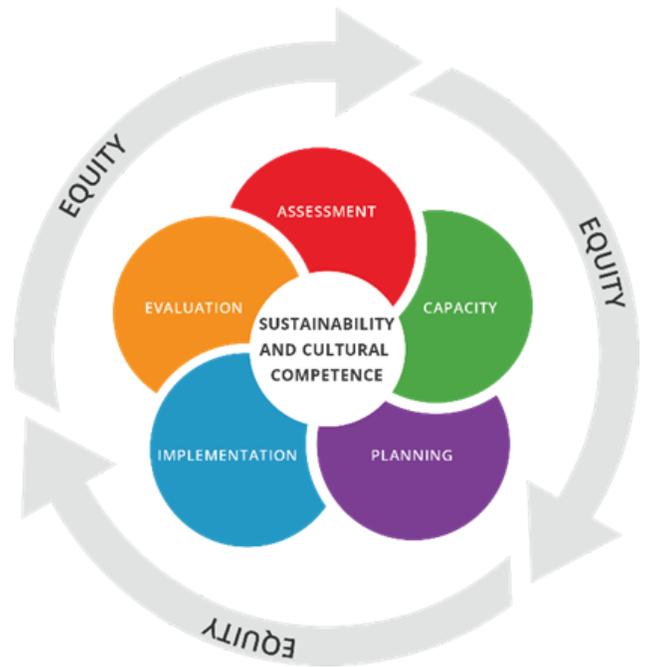
**Homeless**  
1.1%

According to the Youth Risk Behavior Survey (YRBS) Coalition Special Report of 2023, 27.1% of CCSD high school students identified as gay or lesbian (4.2%), bisexual (13.1%), or some other identity (4.6%) and 5.2% of high schoolers reported they were either transgender (2.8%) or unsure (2.4%). Among those identifying as gay, lesbian, bisexual, or not sure, 45.6% are female and 17.8% are male. Among those identifying as transgender or unsure, 8.2% are female and 4.4% are male (Brandon, 2021).

Understanding substance misuse and the needed interventions first comes from an assessment of Clark County’s history, demographics, and environment. Through this understanding, prevention interventions can be guided based on community readiness, capacity, and resources.

# Overview of the Strategic Prevention Framework

The Strategic Prevention Framework (SPF) 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, and sustained outcomes.



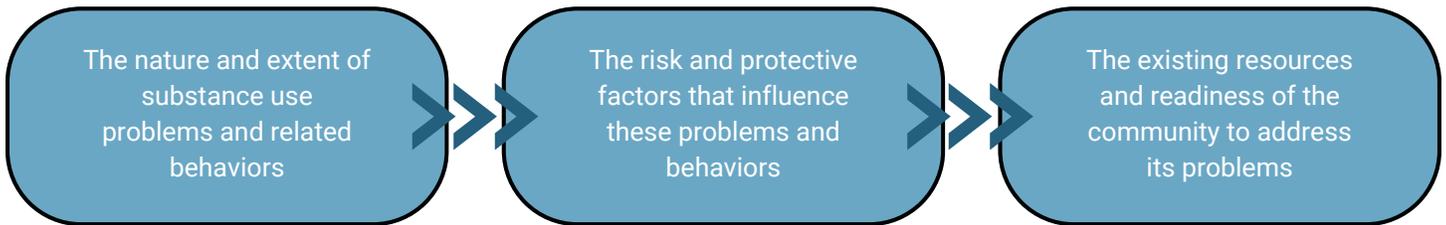
- 1 Assessment (pages 10-51)**  
Pinpointing local needs based on data.  
*What is the problem?*
- 2 Capacity (pages 52-53)**  
Building local resources and readiness to address prevention needs.  
*What is there to work with?*
- 3 Planning (pages 54-58)**  
Finding out what works to address prevention needs and how to do it well.  
*What and how should you do it?*
- 4 Implementation (page 59)**  
Deliver evidence-based programs and practices as intended.  
*How can you put your plan into action?*
- 5 Evaluation (page 59)**  
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 belief 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.

# Assessment

The assessment section of the community plan explores a comprehensive review of existing quantitative data and qualitative insights gathered from key informant interviews and focus groups. Through this thorough examination, the assessment section aims to provide a detailed understanding of the current state of substance misuse within Clark County, Nevada. This includes analyzing trends, identifying vulnerable populations, and assessing the impact of substance misuse on various community sectors. Moreover, the assessment section will offer recommendations and priorities based on the data analysis, guiding the subsequent planning and implementation phases of the prevention plan. Assessment involves:



## Quantitative Data

Shows how often an event or behavior occurs or to what degree it exists.

- Answers “**How many?**” and “**How often?**”
- Is typically described in “**numbers**”
- Can be used to draw general conclusions about a population, such as the level of youth alcohol use in a community



## Qualitative Data

Explains why people behave or feel the way they do.

- Answers the questions “**Why/Why not?**” or “**What does it mean?**”
- Is usually described in “**words**” (text). Refer to the same example you used for quantitative data, such as the latter, and discuss it in qualitative terms (e.g., it has a strong taste, aroma, and frothy appearance)
- Can be used to examine an issue or population in more depth to understand underlying issues, such as the way in which community norms contribute to the level of youth alcohol use
- Can be very useful when communities do not have quantitative data (numbers), particularly for **certain at-risk groups** (e.g., homeless, LGBTQ+, and some minority groups like tribes/tribal communities)

# Alcohol

**Street Names:** Booze, juice, sauce, brew (SAMHSA, 2020)

**Drug Schedule:**

Not scheduled / Illegal for purchase or use by those under age 21

## 2024-2026

### High-Risk Demographics

55.2% of Nevada or 1.1 million people use alcohol (estimates of Clark County) (CDC, 2022). In 2021, 10.9% of Clark were binge drinkers (Office of Analytics, 2022)

Average age of initiation is 16.1 (SAMHSA State Report, 2022)

Alcohol use skews more male (61.3%)

Slightly more multiracial Non Hispanic (59.9%);

Slightly higher among some post-high school educational attainment (61.7%) and college grad (57.4%);

Higher among age groups 25 -34 (72.5%) and 35 – 44 (59.1%);

Higher among highest income brackets (earning \$100,000 – \$200,000) (68.1%), Linear trend with use and increase of income.

*\*BRFS Nevada 2021 v 2022 (Based on past - 30 day consumption; broken down by race, income, gender, income, education): ( CDC, 2022)*



### Social/Cultural Influences

Societal norms, cultural practices, and peer pressure can greatly influence alcohol consumption. In many cultures, alcohol is deeply ingrained in social events and rituals, leading individuals to drink to fit in or conform to social expectations.

### Stress and Coping Mechanisms

People turn to alcohol to cope with stress, anxiety, or emotional pain. Alcohol can temporarily reduce negative feelings and provide a sense of relaxation or escape, making it a common coping mechanism for those dealing with life's challenges.

### Genetic/Biological Factors

Genetics plays a significant role in alcohol use disorders. Some individuals may have a genetic predisposition to alcoholism or may be more sensitive to the effects of alcohol, leading to increased consumption and dependency.

### Mental Health Issues

Alcohol use can be intertwined with mental health disorders such as depression, bipolar disorder, or post-traumatic stress disorder (PTSD). Individuals may use alcohol as a form of self-medication to alleviate symptoms or numb emotional pain, which can ultimately exacerbate mental health issues.

### Environmental Factors

Environmental factors such as availability, affordability, and advertising can influence alcohol consumption patterns. Easy access to alcohol, along with aggressive marketing strategies, can encourage excessive drinking behaviors, especially among vulnerable populations such as adolescents and young adults.

Alcohol use stems from a complex interplay of social, psychological, genetic, and environmental factors. Social and cultural norms normalize drinking behaviors, embedding alcohol consumption into various aspects of social life. Moreover, psychological factors such as stress, depression, or trauma can drive individuals to seek solace in alcohol's temporary relief, fostering dependence over time. Genetic predispositions also play a crucial role, as individuals with a family history of alcoholism are more vulnerable to developing problematic drinking patterns themselves. Environmental influences, including the availability and accessibility of alcohol, further shape consumption habits, while peer pressure during key developmental stages can strongly influence initiation and continuation of drinking. Understanding these root causes is essential for developing effective prevention and intervention strategies aimed at mitigating the harmful effects of alcohol use and promoting healthier behaviors.

ROOT CAUSES

# Alcohol-Related Harms

# 2024-2026

**DUI Records**  
In 2021  
**150 crashes**  
involved alcohol  
*(Impaired Driving Program Plan, 2023)*

**Hospital Intakes**  
**5,466**  
*(Clark Board, 2020)*

**ER Visits**  
**15,550**  
*(Clark Board, 2020)*

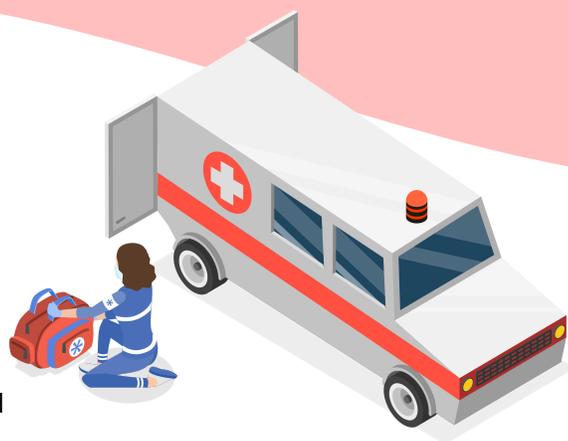
**Treatment Center Intakes**  
**1,785**  
Alcohol is the primary substance in 13% of total admissions.  
*(Office of Analytics, 2022)*

**Arrests**  
**14 arrests per day**  
*(KLAS, 2021)*

**Overdoses**  
**10%**  
Preliminary data shows from January -June 2022, 10% of overdose deaths reported involved alcohol. \*\*report includes all co-occurring substances found, death cannot be attributed solely to alcohol poisoning.  
*(Clark Board, 2020)*

**Deaths**  
**1,413**  
*(Clark Board, 2020)*

Hospital intakes and emergency room visits further highlight the repercussions of alcohol misuse, with thousands of individuals seeking medical attention due to alcohol-related issues. Additionally, the rate of arrests for alcohol-related offenses underscores the legal ramifications of irresponsible alcohol consumption. The gravity of the situation is further underscored by the statistics on alcohol-related deaths, which include fatalities from overdoses and other alcohol-related causes. Despite ongoing efforts to address alcohol misuse, these data points emphasize the continued need for comprehensive prevention and intervention strategies to mitigate the toll of alcohol on public health and safety in Nevada.



Clark County is uniquely positioned with a distinct culture and regulatory landscape surrounding alcohol consumption. Unlike many other regions, Clark County operates under an open container law that permits the public consumption of alcohol in certain areas, contributing to a vibrant, continuous atmosphere of celebration. Notably, the county does not enforce dram shop laws, which means there are no specific regulations holding establishments accountable for overserving individuals. This lack of regulation exists in a culture where drinking alcohol is common in all types of places – from breakfast, lunch, and dinner (BLD) at restaurants to the dynamic environments of casinos, pool areas, event centers, and shows. With a staggering 3,795 outlets, residents and visitors alike enjoy access to alcohol around the clock, further cementing Clark County’s reputation as a hub for unrestrained leisure and entertainment.

# Recommended Interventions

# 2024-2026

## At Home

- Leading by example - Adults demonstrate healthy coping mechanisms for managing stress or challenges
- Provide alternatives - Ensure other non-alcoholic beverages are available
- Alcohol-free activities - Family or friend activities that do not revolve around alcohol (i.e., Hobbies, outdoor activities, game nights)



## Education

- Parent education - Workshops or trainings that focus on effective parenting strategies
- Evidence-based programs (EBP) - Educating youth through a program or intervention that has been thoroughly tested and proven through research and evaluation. Based on scientific evidence and have shown positive outcomes in multiple studies
- Campaigns - Media and marketing efforts to change perceptions of the public; an action or effort aimed at achieving a specific goal or a set of goals (i.e., alcohol campaign to raise awareness about underage drinking)



## Services

- Compliance checks for legal drinking age (21) - Undercover operations to promote responsible sales practices and to reduce underage drinking
- Peer support groups - A supportive space for sharing experiences and learning coping strategies from others (i.e. SMART Recovery)
- SBIRT (Screening, Brief Intervention, and Referral to Treatment) - An evidence-based healthcare approach to identify individuals at risk of risky substance use behaviors early (i.e., alcohol use)
- Beverage server training - Educational programs for alcohol servers on responsible practices, legal requirements, and safe consumption strategies



## Policy

- Alcohol tax - An alcohol tax encourages moderate drinking and reduces related social and health issues
- Social host liability laws - In NV, social hosts are liable if they allow underage drinking on their property or in their vehicles.
- Legal drinking age - In Nevada, the legal drinking age is 21, and it's illegal to provide alcohol to or for anyone under this age
- Alcohol advertising and marketing restrictions - Limiting youth exposure
- Regulation of Alcohol Availability - How easy it is to obtain alcohol
- Underage consumption or internal possession - Currently no laws, only purchase
- Dram shop liability - Currently no laws that hold business liable for injuries or damages caused by their intoxicated or underage customers

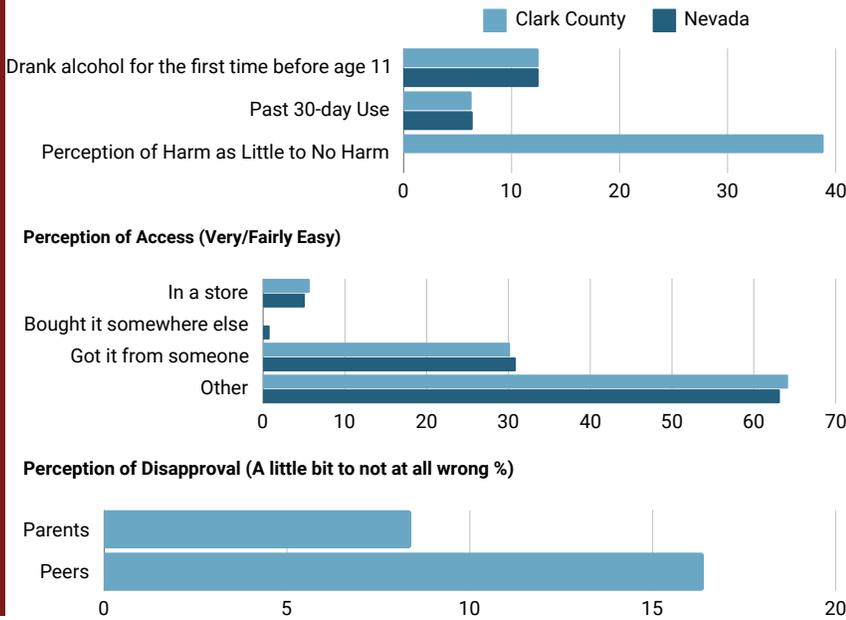


# Youth Statistics:

Provided by the 2023 Clark County Youth Risk Behavior Survey

# 2024-2026

MIDDLE SCHOOL



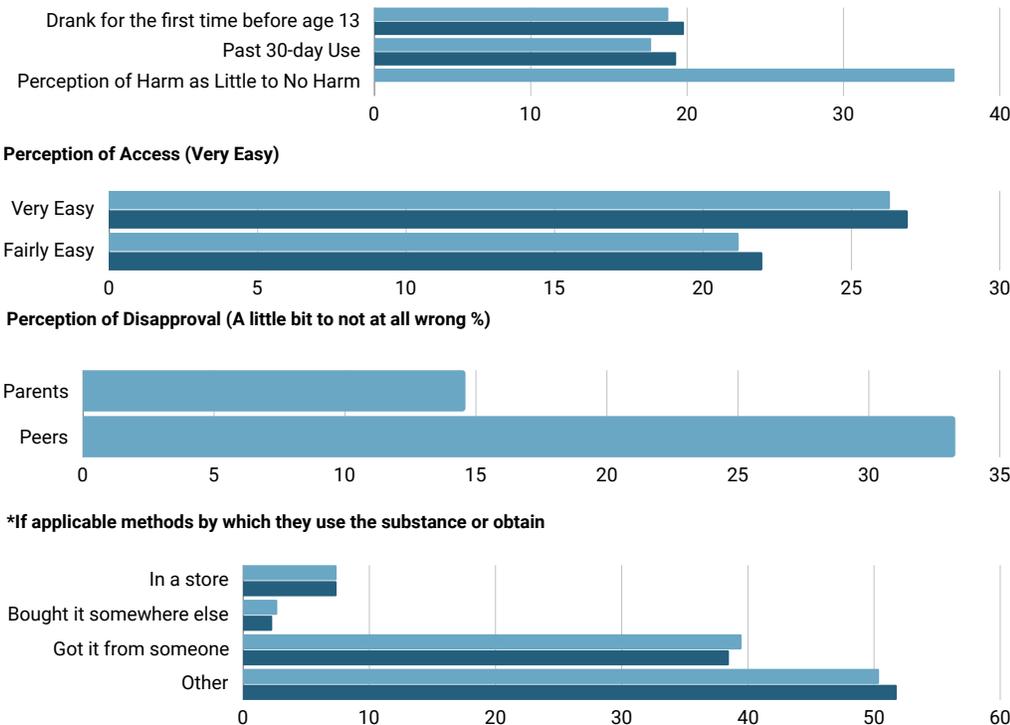
What factors contribute most to youth alcohol use in Clark County?

“Availability. It’s everywhere and it’s easy to get.”

- Interviewee from 100 Cups of Coffee Project

The statistics highlight differences in youth substance use between middle and high school students. 13% of middle school students began before age 11, increasing to 19% before age 13 which signifies interventions needed prior to high school. Both middle and high school students perceive substances as easily accessible and often underestimate the associated harm. Furthermore, there's a concerning lack of disapproval from peers regarding substance use. Interventions should focus on education, addressing environmental factors, and shifting social norms to effectively combat substance misuse among youth.

HIGH SCHOOL



Las Vegas is a popular city for alcohol use due to its vibrant nightlife and entertainment scene, which heavily revolves around the consumption of alcoholic beverages. However, this prevalence of alcohol-centric activities can unintentionally expose kids who live there to normalized drinking behaviors and attitudes from a young age, potentially influencing their perceptions of alcohol and contributing to underage drinking issues in the area.



## PRIORITY

Decrease the percentage of youth initiating alcohol use before age 13 and reduce the perception of no harm from alcohol use by 1%.

# Tobacco/Vaping

**Street Names:** Cigarettes, Cigars, Pipes, Snuff, Cancer stick, Cigs, Smokes, Darts, Chew, Spit, Snuff, Dip, Shisha, Hookah. (SAMHSA, 2020)

## Drug Schedule:

Not scheduled / Illegal for purchase or use by those under age 21

## Media Influences

Tobacco has long been popularized through advertising and its presence in movies and TV shows. This normalization has contributed significantly to the widespread acceptance of smoking as a common and socially acceptable behavior. Consequently, despite the well-documented health risks associated with tobacco use, the persistent visibility and allure of smoking in popular culture continues to undermine public health initiatives aimed at reducing its prevalence.

## Stress and Coping Mechanisms

The common misconception that nicotine relieves stress, anxiety, and depression may be rooted in the cycle of nicotine withdrawal. Irritability, anxiety, and feelings of depression are some of the symptoms of nicotine withdrawal, and using nicotine can relieve these symptoms temporarily. (Truth Initiative, 2023)

## Social Influences

This can be breaks in workplaces or at parties where smoking is seen as a social activity that facilitates conversation and bonding. The presence of designated smoking areas can further reinforce this behavior, creating environments where smoking becomes a routine part of social interactions. Additionally, in certain social circles, smoking may be perceived as a symbol of rebellion, sophistication, or maturity, further enticing individuals to partake in the habit.

## Weight Control

Weight control is a common motive for cigarette smoking because nicotine suppresses appetite and smoking is a behavioral alternative to eating. Electronic cigarettes (e-cigarettes) are also used for weight control in some individuals.

Understanding the root causes for why people begin smoking helps inform interventions that need to predicate use in order to deter people from starting. The use of tobacco/e-cigarettes for stress relief, weight loss, and social interactions demonstrate areas where products and services are needed to mitigate the perceived need of drug use for such things. While individuals may begin use for these reasons, nicotine often perpetuates the addiction cycle by increasing stress or interrupting weight loss help with susceptibility to diabetes (Bloom, 2018).

# 2024-2026

## High-Risk Demographics

### Tobacco

14.8% of Nevadans are current smokers. (CDC, 2022).

Less than high school educational attainment (24.4%)

Low Annual Income of <\$15,000 (23.2%)

Sexual Gender Minority\*\* (29%)

Age (being between 25-34 years old) (25.1%)

### E-Cigarettes

8.9% of Nevadans are e-cigarette users. (CDC, 2022).

Sexual Gender Minority (16.1%)

Annual Income of \$35,000 to \$49,999 (9.0%)

*\*BRFS Nevada 2022 (CDC, 2022) and NTCSC Tobacco Control Plan 2024-2029)*

*\*\*Sexual Gender Minority refers to someone who identifies as not Heterosexual*



# Tobacco & Vaping Related Harms

# 2024-2026

<p><b>ER Visits</b></p> <p><b>15,550</b></p> <p><i>(Clark Board, 2020)</i></p>	<p><b>Cancer Deaths</b></p> <p><b>28.8%</b></p> <p>The proportion of cancer deaths in Nevada attributable to smoking</p> <p><i>(Nevada Tobacco Control Plan, 2024)</i></p>	<p><b>Deaths</b></p> <p><b>4,100</b></p> <p>Deaths from smoking in Nevada</p> <p><i>(Nevada Tobacco Control Plan, 2024)</i></p>	<p><b>Secondhand Smoke</b></p> <p><b>20-30%</b></p> <p>Increased risk for developing lung cancer, heart disease, and stroke</p> <p><i>(NTCSC, 2024)</i></p>
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## The Nevada Clean Indoor Air Act

Originally passed in 2006, this act protects children and adults from secondhand cigarette smoke and secondhand aerosol from electronic cigarettes or vaping products in most indoor public places and indoor places of employment (SNHD, 2022).

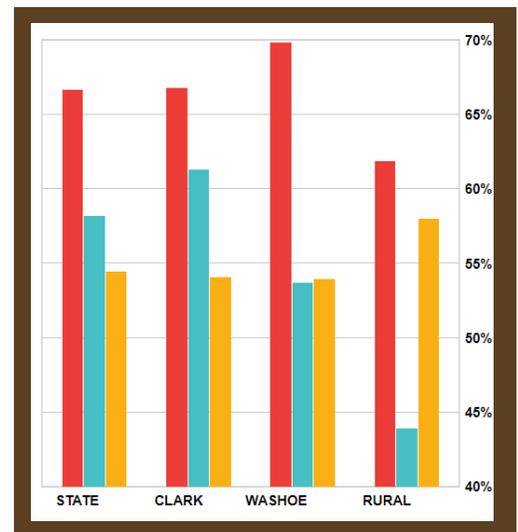
In recent years, there has been an effort to revise this act to protect all employees and visitors of indoor spaces, and institute a minimum distance from entry/exits. Currently, the use of tobacco products, electronic cigarettes, or vaping products is only allowed in the following public indoor places:

- Areas of casinos where minors are prohibited
- Stand-alone bars, taverns, and saloons where minors are prohibited or that don't offer food service
- Retail tobacco stores
- Strip clubs or brothels
- Convention floors at tobacco-related trade shows

## Tobacco 21

Nevada is required to report on its efforts to keep tobacco products from being sold to people under 21 years of age, as outlined in the Synar Amendment within the block grant. Nevada is also required through the Synar Amendment to keep its Retail Violation Rate (RVR) under 20% annually. The RVR is the percentage of tobacco retailers in the state that have failed onsite inspections, being found to have sold or attempted to sell tobacco products to minors. The RVR for the past year is 13.5%, as reflected in our most recent data. The 100 Cups of Coffee survey asked 100 Clark County residents what the legal age to purchase tobacco is and the responses were as follows: age 21 (61 responses), age 16 or 18 (39 responses). This signifies the need for further education on the legal purchase age to ensure

## Adult Tobacco Survey Results Conducted by NTCSC



- In favor of prohibiting smoking close to entrances of businesses and public buildings
- In favor of prohibiting smoking in all indoor areas of casino gaming areas
- In favor of prohibiting flavors that attract youth such as cherry, cotton candy, mint, and menthol in tobacco products, including e-cigarettes and electronic vapor products

# Recommended Interventions

# 2024-2026

“ Are there any ways to prevent tobacco/nicotine/vaping use that are not currently being done and should be?

*More education about the dangers of vaping, some people believe that vaping is a better route [than cigarettes] but are not aware of the dangers*

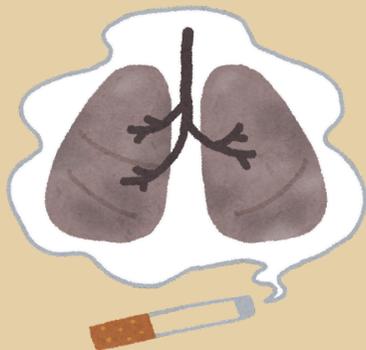
- Interviewee from 100 Cups of Coffee Project

## At Home

- Refrain from smoking around others to limit impact of second hand smoke in your household
- Be aware of common hiding spots for e-cigarettes/vapes



## Education



- Parent education - Workshops or trainings that focus on effective parenting strategies for drug communication and deterrence
- Evidence-based programs (EBP) - Educating youth through a program or intervention that has been thoroughly tested and proven through research and evaluation, based on scientific evidence and have shown positive outcomes in multiple studies, i.e. Catch My Breath.
- Campaigns - Media and marketing efforts to change perceptions of the public; i.e. educating on harms and that age of legal purchase is 21

## Services

- Continued enforcement of compliance checks for sales to minors.
- Community events and activities that provide alternatives to drug use



## Policy

- Increase the proportion of worksites that ban indoor smoking
- Advance policy to regulate sales and curtail use of electronic smoking devices.
- Promote stronger retail licensure requirements to increase compliance with existing laws and policies that restrict minors' access to tobacco and electronic smoking devices
- Decrease youth and young adult exposure to commercial tobacco products and electronic smoking devices
- Advocate for policies to create community spaces free of tobacco smoke and electronic smoking device emissions
- Collaborate with public housing and federal housing authorities to establish policies for multi-unit housing facilities free of tobacco smoke and electronic smoking device emissions
- Support modernization of the Nevada Clean Indoor Air Act (NCIAA)
- Advocate for the regulation of the sale of electronic smoking devices and associated products to reduce youth access.
- Educate on the evidence and tactics recommended (e.g., flavor bans; restrictions on coupon redemption, sales/size, and location; number and density of outlets) to protect youth from initiating tobacco and electronic smoking device use.

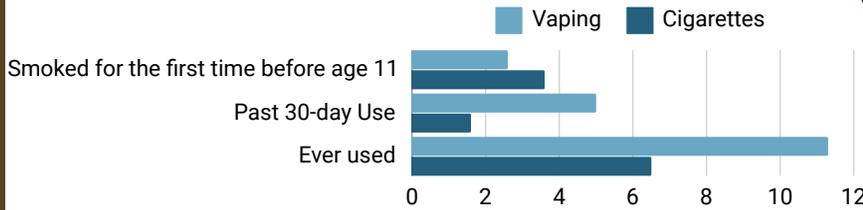


# Youth Statistics:

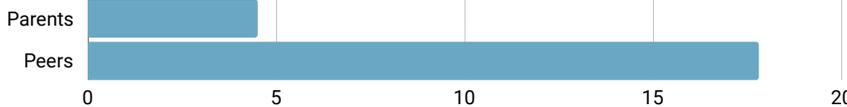
Provided by the 2023 Clark County Youth Risk Behavior Survey

# 2024-2026

MIDDLE SCHOOL



### Perception of Disapproval (A little bit to not at all wrong %)

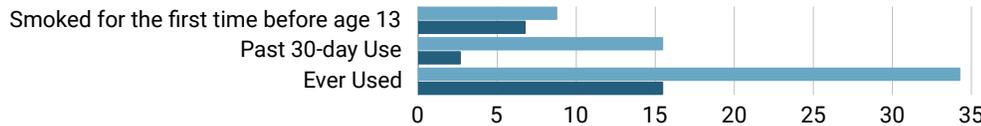


### Perception of Risk of Harm

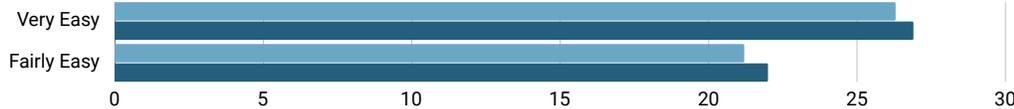


Efforts to reduce cigarette use amongst adolescents have had significant decreases in the past decade. Trends show youth preference for vaping products which highlights the need for interventions related to vaping specifically, as well as regulations to be enforced that deter youth marketing and packaging/flavoring that doesn't appeal to youth. Perceived peer acceptance also shows the established norm of use, which further signifies need for universal education related to the harms of vaping. 34.3% of high school students have tried vaping, compared to the 11% in middle school, which shows that early middle school is where interventions are needed to prevent first use.

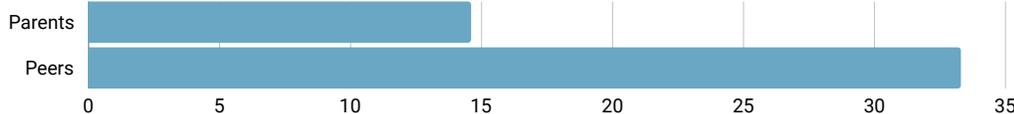
HIGH SCHOOL



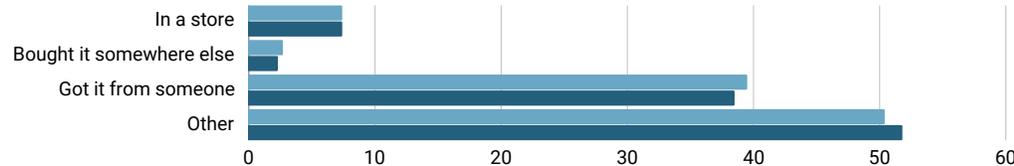
### Perception of Access (Very Easy)



### Perception of Disapproval (A little bit to not at all wrong %)



### \*If applicable methods by which they use the substance or obtain



# PRIORITY

Increase youth prevention efforts focused on e-cigarette/vapor use and reduce the perception of no harm and ease of access by 5%.

# Opioids & Fentanyl

# 2024-2026

## Street Names:

Other opioid pain relievers: Oxy, O.C., oxycotton, hillbilly heroin, percs, vike, Watson-387, juice, smack, D, footballs, dillies, biscuits, blue heaven, blues, Mrs. O, octagons, stop signs, O bomb, demmies, and pain killer.

Codeine: Captain cody, cody, schoolboy, and (when mixed with glutethimide) doors and fours, loads, and pancakes and syrup.

Fentanyl: apache, china girl, china white, dance fever, friend, goodfella, jackpot, murder 8, percopop, tango and cash

Morphine: M, Miss Emma, monkey, white stuff, mojo, mud, Mary, Murphy, and Mister Black.

Heroin: Smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, and China white.

## Drug Schedule:

Schedule II, NRS.453.176, believed to lead to severe psychological or physical dependency. This category of drugs are considered to be highly “addictive.”

Heroin: Schedule I substance under the Controlled Substances Act meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.

## Prescription Practices

This includes both legitimate prescriptions for pain management as well as inappropriate prescribing practices by healthcare providers. (Office of Analytics, 2024)

- 5 year prescription rates: The prescription rates for opioids have declined since 2017. As of January of each year, the prescription rates are; 2019 - 48.3%, 2020 - 42.8%, 2021 - 38.1%, 2022 - 35.4%, 2023 - 34.6%, and 2024 - 31.6%. An estimated 72-80,000 opioid prescriptions occur each month.
- Methadone: Medication assisted treatment has also declined since 2017; with less than 1,000 individuals receiving the prescription each month in 2024.
- Day Supply Groups: Most of the prescriptions are for the 30-90 day rate range and less than 1% of prescriptions are maintained for longer than 90 days.

## Fentanyl Laced Drugs

Laboratory testing indicates 7 out of every 10 pills seized by DEA contain a lethal dose of fentanyl (DEA, 2023). Unintentional fentanyl use that occurs when an individual is unaware that the substance they are using is laced leads to an increased risk of overdose due to the increased potency and potential for respiratory depression associated with fentanyl.

## High-Risk Demographics

35-39 Years old (Overdose Risk)

Non Hispanic White and Non Hispanic Black (Overdose Risk)

58.6% of opioid prescriptions were for females (Office of Analytics, 2024)

49.8% of prescriptions were for people over 60 years old (Office of Analytics, 2024)

Hospital inpatient for Opioid dependence

Ages 25-74 are most at risk (Office of Analytics, 2024)

Hospital Emergency Department for Opioid Dependence

Ages 25-44 (52%)

Non-Hispanic White (64.7%) (Office of Analytics, 2024)

Hospital Inpatient for Opioid dependence

Female (46.2%)  
Male (53.8%)



ROOT CAUSES

## Pain Management

Chronic pain management and the desire for quick relief has led to increased reliance on opioids among patients. Limited access to alternative pain management therapies may also contribute to opioid use.

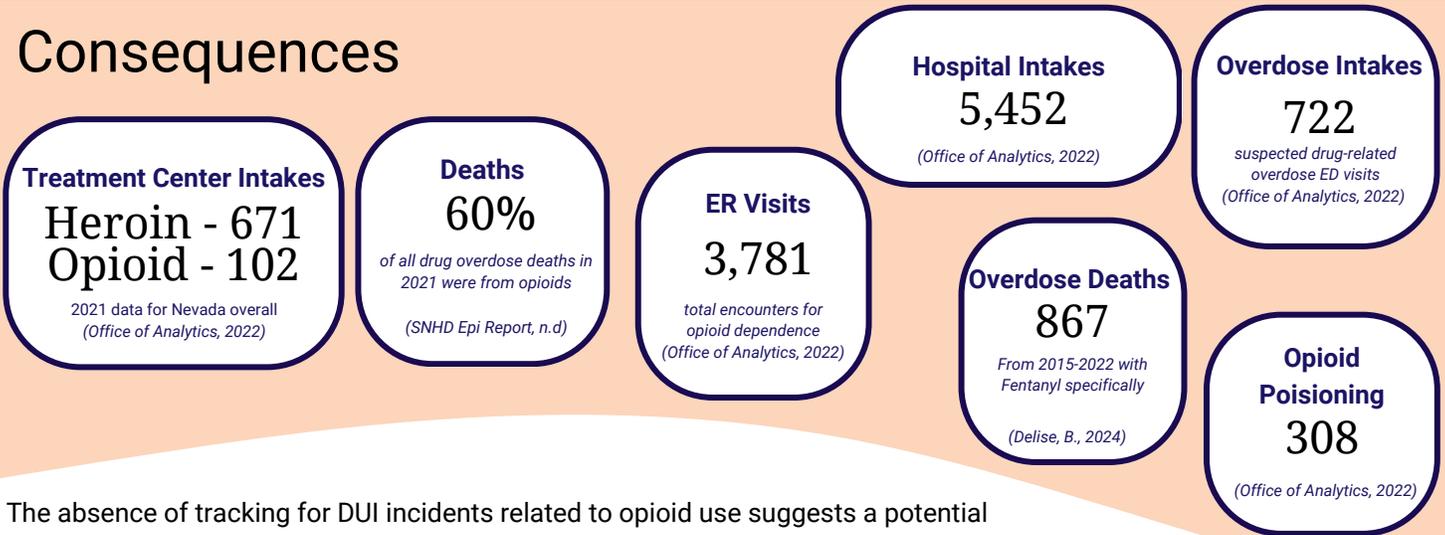
## Medication Management

Without adequate education, patients may misinterpret prescription instructions, leading to improper dosing, frequency, or duration of medication use. Skipping doses, altering dosages, or discontinuing medications prematurely can compromise treatment efficacy and contribute to treatment failure. A lack of education about potential side effects and adverse reactions may prevent patients from recognizing and reporting symptoms promptly. Patients may lack knowledge about the importance of regular monitoring, follow-up care, and medication adjustments under the supervision of healthcare providers.

## Self Medicating

In the absence of guidance from healthcare providers, individuals may resort to self-medication with over-the-counter or prescription medications to alleviate symptoms or manage chronic conditions. This can result in inappropriate use, overuse, or dependence on medications without addressing the underlying health issues. Alternative pain management methods may be inaccessible due to costs, location, and lack of awareness for long term solutions which may cause individuals to rely on opioids for short term relief that becomes prolonged use.

## Consequences



The absence of tracking for DUI incidents related to opioid use suggests a potential blind spot in understanding the full scope of substance-related issues. This lack of data may hinder efforts to implement targeted interventions and prevention strategies for impaired driving due to opioids or other substances. With fentanyl still present in the community, opioid overdoses remain high, accounting for 60% of all overdose deaths. When PACT asked 100 Cups of Coffee interviewees why they think overdose deaths have not significantly reduced they noted lack of concern and lack of knowledge as the top reasons:

“—  
 | *People dont think [overdose] is going to happen to them.* |  
 —”  
 - Interviewee from 100 Cups of Coffee Project

“—  
 | *People are not aware [of harm reduction supplies] and dont have easy access, thats why deaths have not been dramatically reduced.* |  
 —”  
 - Interviewee from 100 Cups of Coffee Project

## At Home

- Safe Medication Storage (such as lockboxes or pillboxes) - This ensures the medications are not able to be stolen or taken accidentally by children
- Disposing of expired/unused medication (Deterra) - Deters misuse of prescriptions through taking medicine outside of its intended prescription period or giving them to others
- Keep Narcan in first aid kits in event of an overdose

## Education

- Parent Education: Workshops or trainings that focus on effective parenting strategies for drug communication and deterrence
- Increasing Community Awareness of Fentanyl/Narcan: Dangers and prevalence of fentanyl, education on Narcan, how to use it and where to get it
- Over-The-Counter Medication Education: Importance of locking medications, storing, and disposal
- Pain Relief Alternatives: Other options for pain relief that do not include substances
- Change verbiage to lifesaving medication instead of overdose reversal
- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information (Nevada Opioid Response, 2024).



## Services

- National Prescription Drug Take Back Day - Twice a year in October and April the DEA hosts a national take back day to collect unused and expired prescriptions for disposal
- Narcan Distributions - Reducing potential harms related to opioid use helps prevent overdose
- Fentanyl Test Strip Distribution - Reducing potential harms related to opioid use helps prevent misuse and overdose
- Overdose Prevention Training - Increase opportunities for individuals to be trained in using harm reduction supplies
- Medication Assisted Treatment – Significantly reduces the chance of relapse in individuals diagnosed with Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD). Medications can be tailored to individual needs and provide medical support while the patient engages in behavioral health interventions. Taking medication for opioid or alcohol disorder is very similar to the treatment of any other chronic disease, such as diabetes.
  - Evidence has shown that treatment with methadone or buprenorphine reduces risk of death by 60% and 40%, respectively (Larochelle et al., 2018)



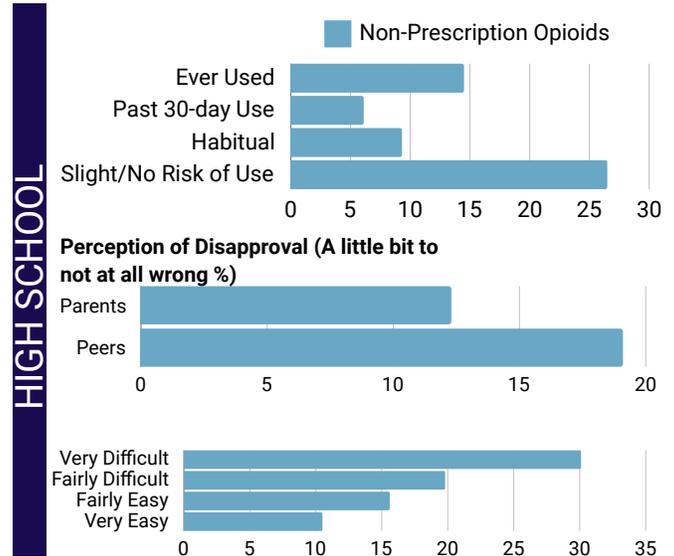
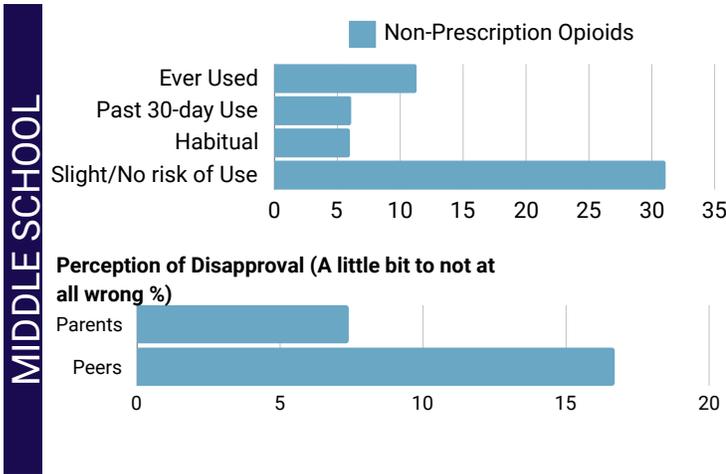
## Policy

- Improve data surveillance (prescription drug monitoring program)
- Narcan in first aid kits: Create social norm around holding Narcan and its importance through first aid kit inclusion standardization
- Insurance Coverage for non-opioid pain management: Provide alternative coverage for pain management such as holistic practices, chiropractor, acupuncture etc.
- Formulary management strategies in insurance programs, such as prior authorization, quantity limits, and drug utilization review

# Youth Statistics:

Provided by the 2023 Clark County Youth Risk Behavior Survey

# 2024-2026



The data indicates a slight increase (+3.2%) in lifetime opioid use from middle school to high school, highlighting the necessity for early intervention strategies. This trend emphasizes the importance of implementing opioid education programs before high school, as first-time use tends to occur at a later age. Additionally, the finding that approximately 30% of individuals perceive only slight or no risk associated with opioid use signals a significant gap in education regarding the potential dangers of use and misuse. Addressing this lack of awareness through comprehensive education campaigns and targeted interventions is crucial in preventing substance misuse and promoting informed decision-making among young individuals.

Nevada took a proactive approach in addressing opioid-related emergencies by implementing NRS 453C.105, which grants authorization for schools to obtain and administer opioid antagonists like Narcan. This law outlines the specific contents of the order required for schools to possess and maintain these life-saving medications, ensuring preparedness for potential overdose situations. Moreover, it provides immunity from professional discipline and liability for those who administer Narcan in good faith, encouraging timely intervention and potentially saving lives in educational settings. This early adoption underscores Nevada's commitment to public health and safety in combating opioid-related crises.

Many young individuals are first introduced to opioids through sports injuries or surgeries (such as dental procedures), making it crucial for parents to take preventive measures. Locking up medications and closely monitoring adherence to prescriptions can help ensure that their children use these substances safely and as intended, reducing the risk of misuse or addiction.

## PRIORITY

- Promote evidence-based strategies that reduce access, including proper storage, monitoring, and disposal
- Address disparities in opioid use, including overdoses, through equity building and prevention strategies
- Decrease youth perception that there is no risk associated with opioid misuse by 2%.

# Cannabis

## 2024-2026

**Street Names:** Marijuana (weed, pot, grass, reefer, joint, ganga (pronounced GAHN-juh), herb, bud, Mary Jane, green, trees, smoke, sinsemilla, skunk, and blunt). Hashish (boom, gangster, hash, and hemp). Marijuana Concentrates/Hash Oil (dab/dabbing)

### Drug Schedule:

Schedule I, drugs with no currently accepted medical use and a high potential for abuse (DEA, 2018). On April 30, 2024, the Biden Administration moved to reschedule Cannabis to a schedule III classification. Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence (DEA, 2018). Proponents argue that removing marijuana from Schedule I classification would allow for further research into its medicinal benefits and could provide economic opportunities through taxation and regulation. They point to a growing body of evidence suggesting its potential therapeutic uses, particularly in pain management and as an alternative to opioids. Additionally, they argue that legalization would reduce the strain on the criminal justice system by alleviating the burden of prosecuting nonviolent marijuana offenses. Recommendations for this reclassification have come from US Health and Human Services Department and the US Food and Drug Administration.

Opposition comes from the cannabis industry as marijuana dispensaries would likely have to register with the DEA and report their sales to the PDMP. This federal move creates perceived acceptance of marijuana use which raises concerns for youth use. Marijuana is historically known as a gateway drug leading to the use of more dangerous substances and its long-term effects on physical and mental health are not yet fully understood. Moreover, there have been challenges of enforcing regulations around impaired driving and workplace safety in the context of legalized marijuana.

### High-Risk Demographics

Ages 18-25 and 26-49 have higher odds of cannabis only use compared with adults aged 50+. (2022)

Marijuana Use Disorder:  
In 2018 most common among Black Non-Hispanics

Asian people were less likely to have used marijuana in the past month (6.2%) compared with people in most other racial or ethnic groups.

The prevalence of past 30-day cannabis-only use among US adults was 0.9% (95% CI: 0.8, 1.0) and varied by age (2.0% of 18–25 years old; 0.7% of 26–49-year-olds, and 0.6% of those ≥ 50 years). Among adults with any past 30-day cannabis use, 8.4% (95% CI: 7.6, 9.2; n = 980) reported cannabis-only use.

As of 2021, 17.3% of adults or 353,582 have used marijuana in the past 30 days (Office of Analytics, 2022)



## ROOT CAUSES

### Lack of Parental Involvement

Parental involvement plays a crucial role in shaping a child's attitudes, behaviors, and choices, including their decision to use marijuana. When parents are disengaged or absent from their children's lives due to factors such as work commitments, substance misuse issues, or family conflict, children may lack the guidance, support, and supervision needed to make healthy choices. Additionally, parents who themselves use marijuana or other substances may inadvertently model and normalize substance use behavior for their children, contributing to a higher likelihood of experimentation with marijuana.

### Access and Availability

The accessibility of marijuana, whether through legal dispensaries or illicit channels, influences its use. Areas with more dispensaries or lax enforcement of marijuana laws may experience higher rates of use. Additionally, the proliferation of online markets and delivery services has made obtaining marijuana easier for some individuals.

### Peer Influence

Peer pressure and social networks can heavily influence an individual's decision to use marijuana. Adolescents and young adults in particular may feel pressured to use marijuana to fit in with their peers or to participate in social activities where marijuana use is common.

### Economic Factors

Socioeconomic factors such as poverty, unemployment, and lack of economic opportunities can contribute to higher rates of substance use, including marijuana. In communities facing economic hardship, individuals may turn to marijuana as a form of escapism or to alleviate the stress of financial struggles.

### Family History of Addiction

A family history of addiction, including substance use disorders related to marijuana or other substances, can increase an individual's susceptibility to developing similar patterns of behavior. Genetic factors can predispose individuals to substance misuse disorders, while environmental influences within the family, such as exposure to substance use or witnessing dysfunctional coping mechanisms, can further exacerbate the risk. Children raised in households where substance misuse is prevalent may perceive drug use as a coping mechanism or as a normal part of family life, increasing the likelihood of engaging in substance use themselves.

## Cannabis-Related Harms

### DUI Records

Driver involved crashes involving Marijuana from 2017 to 2021

#### Driver Substance Involved Fatal Crashes

	2017	2018	2019	2020	2021
Total Crashes	290	299	285	309	360
Total Fatalities	309	329	304	333	385
Total Substance Involved Crashes	161	162	153	176	207
Total Substance Involved Fatalities	176	176	166	188	224

#### Drivers Only

	2017	2018	2019	2020	2021
Alcohol Only (>.08%)	34	33	35	30	40
Marijuana Only	26	17	23	29	28
Polysubstance	48	64	66	74	84
Polysubstance - No Marijuana	24	27	21	22	26
Other Drug	12	11	9	9	14

(Impaired Driving Program Plan, 2023)

### ER Visits

334.1/100k

in 2021 in Clark County

73.4/100k

Inpatient

(Office of Analytics, 2022)

### Treatment Intakes

1106

in 2021, increase from prior years

(Office of Analytics, 2022)

### Overdoses

0

(Thomas, 2022)

### Deaths

0

(Thomas, 2022)

Earlier research suggested that simultaneous alcohol and cannabis use increases driving impairment, leading to an uptick in the risk of traffic fatality more than either substance individually, particularly among young adolescents. Cannabis had a total 5.8% rise of DUI crashes and a 4.1% rise of fatalities after legalization, with crashes being more prominent as polysubstance than alcohol only. This may be attributed to the prevalence of dispensaries and lack of public awareness regarding the dangers of driving under the influence of cannabis.

# Recommended Interventions

# 2024-2026

## At Home

- Open Conversations - Parents can have open and non-judgmental conversations with their children about cannabis. Discuss its effects, legal status, and potential risks
- Discuss Coping Strategies - Teach children alternative ways to cope with stress, anxiety, and other emotions without resorting to substance use
- Hobbies and Interests - Encourage hobbies, interests, and creative outlets. Engaging in fulfilling activities can reduce the desire to use marijuana as an escape



## Education

- Evidence-based Programs (EBP) - Implementation in schools as well as Early Intervention by identifying at risk individuals and providing counseling or support services
- Resources - Offer resources and workshops on effective communication skills, parenting strategies, and setting boundaries to empower parents in fostering healthy relationships with their children.
- Provide Information - Provide information on the risks and consequences of marijuana use, including the impact of family history of addiction on susceptibility to substance abuse

## Services

- Establish Networks - Establish community-based support networks and outreach programs to engage families in proactive efforts to address substance use and promote family resilience
- Screening and Assessment - Integrate substance use screening into routine mental health assessments. Identify individuals who may be using cannabis as a coping mechanism for underlying mental health issues.



## Policy

- Age Restrictions - Maintain strict age limits for cannabis purchase and consumption. Ensure that legal cannabis is not accessible to minors as well as implementing advertising restrictions which regulates cannabis advertising to prevent glamorization.
- Prevention Programs in Schools - Many states have implemented prevention programs in schools aimed at educating students about the risks associated with marijuana use. These programs often incorporate evidence-based curriculum and interactive activities to increase students' knowledge of the negative effects of marijuana on health and well-being.
- Proposed Rescheduling - In April 2024, the Drug Enforcement Administration (DEA) proposed moving marijuana from Schedule I to Schedule III under the Controlled Substance Act, which could have implications for its legal status

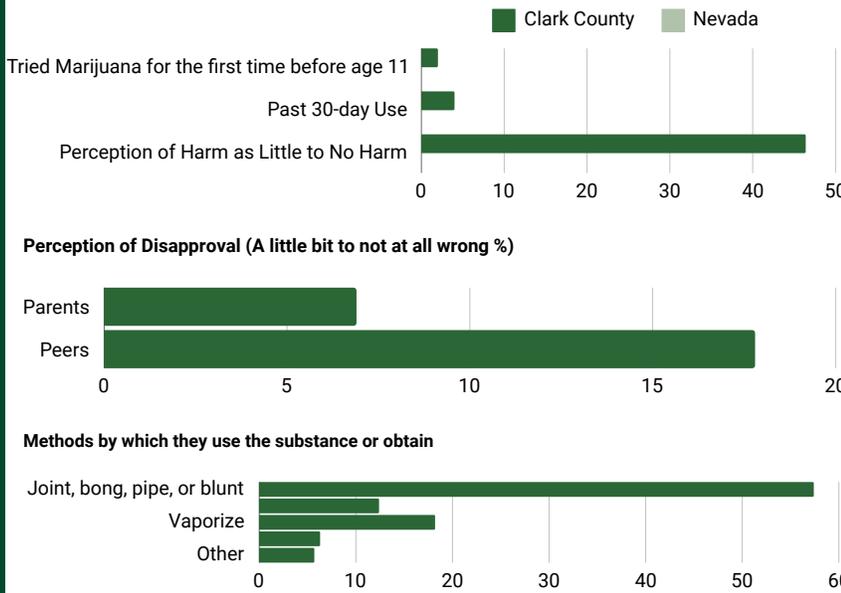


# Youth Statistics:

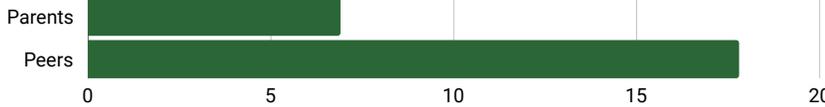
Provided by the 2023 Clark County Youth Risk Behavior Survey

# 2024-2026

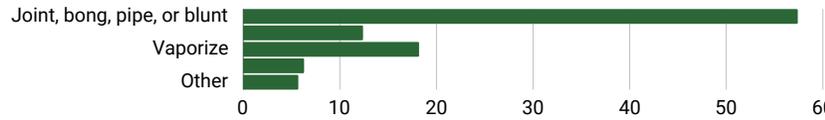
MIDDLE SCHOOL



Perception of Disapproval (A little bit to not at all wrong %)



Methods by which they use the substance or obtain



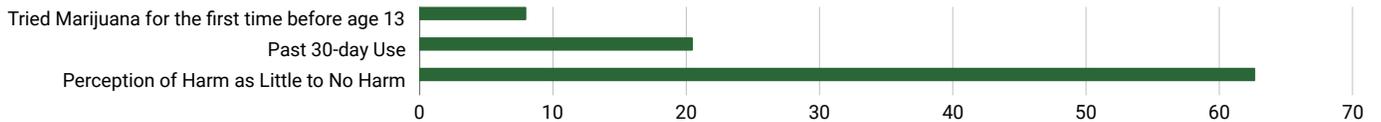
**MOST** community members say from their perspective, cannabis (marijuana) is the most commonly used substance in their community.

- 100 Cups of Coffee Project

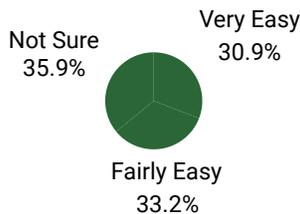
**Other siblings or relatives:** Sometimes, older siblings or relatives who use marijuana might introduce it to younger family members.

**Social Media and online platforms:** The internet provides access to information and connections. Middle schoolers might encounter discussions or advertisements related to marijuana on social media platforms or websites.

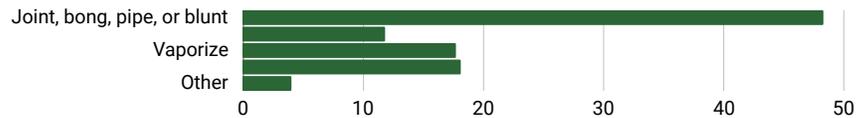
HIGH SCHOOL



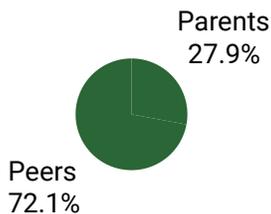
Perception of Access (Very Easy)



Methods by which they use the substance or obtain



Perception of Disapproval (A little bit to not at all wrong %)



**Sharing among peers:** High schoolers may obtain marijuana through social networks and peers who have access to the substance. Sharing or trading marijuana among friends is common in social settings, parties, or gatherings.

**Purchase from dealers:** Some high schoolers may purchase marijuana from illicit dealers or black-market sources, bypassing legal channels such as dispensaries. This can involve meeting dealers in person or arranging transactions through social media platforms or messaging apps.

**Homegrown Marijuana:** In some cases, high schoolers may obtain marijuana from homegrown sources, either through their own cultivation efforts or by acquiring marijuana plants or products from friends or family members who grow cannabis at home.

The age of first use typically happens before age 13, which lets us know that our primary prevention efforts are most effective in middle school to educate before first use. Teens have a perception that the substance does little to no harm which means more education on the danger of use is needed for high schoolers.



The legalization of cannabis lounges in Clark County is a progressive approach to marijuana regulation and reflects the evolving attitudes towards marijuana use within the community. It also presents an opportunity for policymakers and public health officials to closely monitor the impact of these establishments on public health and safety, including their effects on patterns of marijuana use, impaired driving incidents, and community well-being. Nineteen lounges have been approved by the board for a conditional license, including 14 attached to retail operations and 5 independent lounges.

As one of the few regions to legalize cannabis lounges, Clark County serves as a focal point for studying the potential benefits and challenges associated with these establishments. By closely examining the outcomes of cannabis lounges in Clark County, policymakers and stakeholders can gather valuable insights to inform future policy decisions and interventions related to marijuana use and regulation.



## PRIORITY

*What one thing are we focusing on for this substance for the next 2-3 years?*

Increase knowledge of the harms associated with cannabis use and enhance efforts for youth prevention of legal marijuana consumption.

# Stimulants

## 2024-2026

**Street Names:** Methamphetamine (meth, Batu, Bikers Coffee, Black Beauties, Chalk, Chicken Feed, Crank, Crystal, Glass, Go-Fast, Hiropon, Ice, Meth, Methlies Quick, Poor Man's Cocaine, Shabu, Shards, Speed, Stove Top, Tina, Trash, Tweak, Uppers, Ventana, Vidrio, Yaba, and Yellow Barn), Cocaine (Blow, Bump, C or Big C, Coca, Coke, Crack, Crank, Dust, Flake, Line, Nose Candy, Pearl, Rock, Snow, Soda Cot). Amphetamines (Bennies, black beauties, crosses, hearts, LA turnaround, speed, truck, drivers, and uppers)

**Drug Schedule:** Schedule II, NRS.453.176, believed to lead to severe psychological or physical dependency. This category of drugs are considered to be highly "addictive".

### Partying

The root cause for stimulant use in partying contexts often stems from the desire to enhance social experiences, prolong energy levels, and intensify feelings of excitement and euphoria. Individuals may perceive stimulant drugs like cocaine or MDMA as facilitators of social interaction, allowing them to stay awake, confident, and engaged in high-energy environments such as clubs, festivals, or social gatherings. The association between stimulant use and partying culture creates a feedback loop where the social setting encourages drug use, and the drug use reinforces the social experience.

### Working

Stimulant use in work-related contexts can be driven by the pressure to meet performance demands, increase productivity, and sustain focus and alertness. Individuals may turn to stimulant drugs like Adderall or Modafinil to enhance cognitive abilities, reduce fatigue, and manage heavy workloads or deadlines. The root cause lies in the perception that stimulants can provide a competitive edge, improve concentration, and boost efficiency, especially in demanding or competitive professions where long hours and mental stamina are required.

### Intimate Performance

Methamphetamine users report having heightened pleasure, numerous partners, and engaging in risky behaviors due to loss of inhibitory control. This leads to sexual-health related diseases within populations. Stimulants could be used to increase confidence in intimate situations (Frohman, 2011).

### Self Medicating

Self-medicating often occurs when individuals attempt to manage stress, anxiety, or mental health issues without proper medical guidance, which can lead to the use of stimulants. People may turn to stimulants believing they will help improve focus, energy, or mood. Over time, the perceived short-term benefits of increased productivity or relief from emotional distress can create a cycle of dependency. This pattern is especially risky because stimulants can alter brain chemistry, increasing the potential for misuse, addiction, and further mental health deterioration.

### Easy Access

When stimulants are readily available, people may be more inclined to experiment with them, especially if they are perceived as a quick fix for improving focus, energy, or academic performance. This ease of access can lower the perceived risk of harm and make it easier to justify casual or recreational use, which can quickly spiral into dependence.

### High-Risk Demographics

Cocaine use is most prevalent among the 18 to 25 age group, with Methamphetamine misuse highest in the 26 to 49 year old age cohort.

*(Substance Abuse and Mental Health Services Administration, 2020, p8)*

"Monitoring Substance Use in Nevada" reports that ages 25 to 44 have the highest rates of emergency department admissions within the state of Nevada. Males make up nearly 2/3rds of these admissions, and Black or African-American populations comprise nearly half of stimulant toxicity related hospital admissions within the state of Nevada.

ROOT CAUSES

## Stimulant-Related Harms



The absence of stimulant-specific records indicates a potential gap in tracking and addressing impaired driving incidents related to stimulant use. There have been reports of truck driver related crashes due to stimulant use within this population in order to avoid stopping to sleep (Dini et al. 2019). Methamphetamine being the highest used illicit substance in Clark County underscores the need for developing more treatment options for stimulant use disorder, as well as increased education on the dangers of stimulant use.

## Interventions

### At Home

- Lock Prescription Medications - Utilize lock boxes, bags, or pill locking bottles to prevent youth from getting to others medications
- Parent Education - Talking to your kids regarding drug use
- Resources - Identify educational resources that can enhance your understanding of stimulants

### Education

- Fentanyl combinations with stimulants and recommendations for Naloxone.
- Drug Consequence Education - Learning the consequences of using stimulants
- Youth education - Developing effective study habits as an alternative to prescription stimulants
- Harm Reduction - Sharing snorting devices can spread Hepatitis C and other diseases. Rolled up Post-It notes and personal straws can be used as disposable snorting devices.

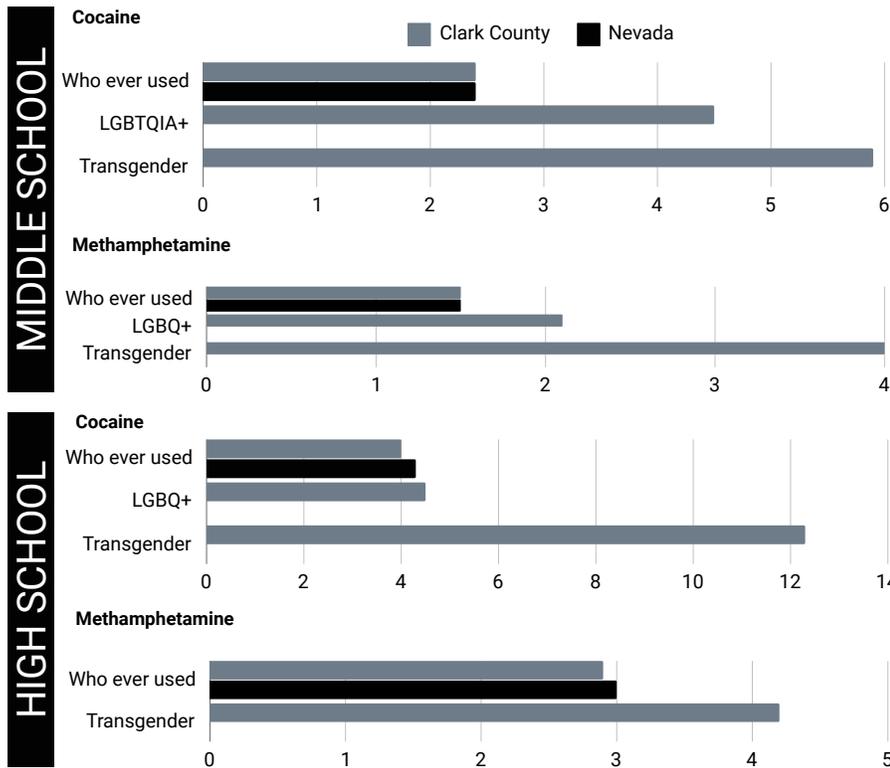
### Services

- First responder deflection and pre-arrest diversion programs - To connect people to treatment
- Research support - To seek medication development for stimulant use disorder
- Discussions - Discuss all of the risks and benefits of taking prescription stimulants

# Youth Statistics:

Provided by the 2023 Clark County Youth Risk Behavior Survey

# 2024-2026



*“The reputation of Vegas and the drug use here leads [people] to meth because people are going to chase that high.”*

- 100 Cups of Coffee Project Interviewee

The significantly higher numbers of stimulant-related incidents among LGBTQ individuals highlight a vulnerable population that may face unique challenges in accessing and engaging with healthcare services, including substance use interventions. This data suggests a need for culturally competent and inclusive approaches to substance use prevention and treatment that consider the intersecting factors of gender identity and substance misuse. Additionally, the prevalence of prescription amphetamines like Adderall among youth underscores the importance of early education, screening, and monitoring programs to prevent misuse and promote responsible medication use. Prescription stimulants are commonly misused in youth as study drugs and are correlated to similar effects of meth.

Methamphetamine stands out as one of the most widely used illicit drugs in Clark County. The allure of Las Vegas as a "party town" contributes significantly to the prevalence of methamphetamine use, as the city's constant activity and accessibility to substances create an environment conducive to substance experimentation and misuse. The 24-hour nature of Las Vegas, with its bustling casinos, clubs, and events, provides ample opportunities for individuals to engage in drug use, including methamphetamine, often seeking enhanced energy and euphoria to sustain late-night activities. This dynamic highlights the intersection between social environments and drug trends, emphasizing the need for targeted interventions and public health initiatives to address methamphetamine use within the context of Las Vegas's unique cultural landscape.

## PRIORITY

*What one thing are we focusing on for this substance for the next 2-3 years?*

Increase community education and awareness surrounding meth use, including the LGBTQ+ populations.

# Hallucinogens

2024-2026

**Street Names:** Psilocybin: (magic mushrooms, mushrooms, shrooms, alice, boomers, caps). Ketamine: (cat tranquilizer, cat valium, Jet K, Kit Kat, purple, special K, special la coke, super acid, super K, and vitamin K). Ecstasy/MDMA: (molly, adam, beans, biscuit, clarity, disco biscuit, E, eve, go, hug drug, lover's speed, MDMA, peace, STP, X, XTC). LSD: (acid, blotter acid, dots, mellow yellow, window pane). Kratom: (biak-biak, herbal speedball, ithang, kahyam, ketum, thom). PCP: (angel, angel dust, dust, purple rain, rocket fuel, stardust, water, yellow fever, zombie).

**Drug Schedule:**

Schedule I under the Controlled Substances Act, meaning that they have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. However, two states (Oregon and Colorado) have decriminalized use and 9 states are looking into medical use.

## High-Risk Demographics

Past-year hallucinogen use reached historically high prevalence among adults 35 to 50 years old, reported at 4% in 2022.

Among adults aged 19 to 30, 8% reported past-year use of hallucinogens, significantly higher than five years ago (5% in 2017) and ten years ago (3% in 2012). This would equate to an estimated 163,506 adults in Clark County.

ROOT CAUSES

### Partying

Psychedelics are often used in party settings for their ability to enhance sensory experiences, create a sense of euphoria, and foster social bonding in the context of raves, music festivals, and other social gatherings.

### Medical Interest

The medicinal use of psychedelics has gained significant attention for their potential to treat various mental health conditions, including PTSD, anxiety, and depression. Research has shown that psychedelics such as MDMA, psilocybin, and ayahuasca can facilitate profound therapeutic breakthroughs by enabling patients to process traumatic memories, reduce symptoms of anxiety, and alleviate depressive symptoms.

### Coping Mechanism

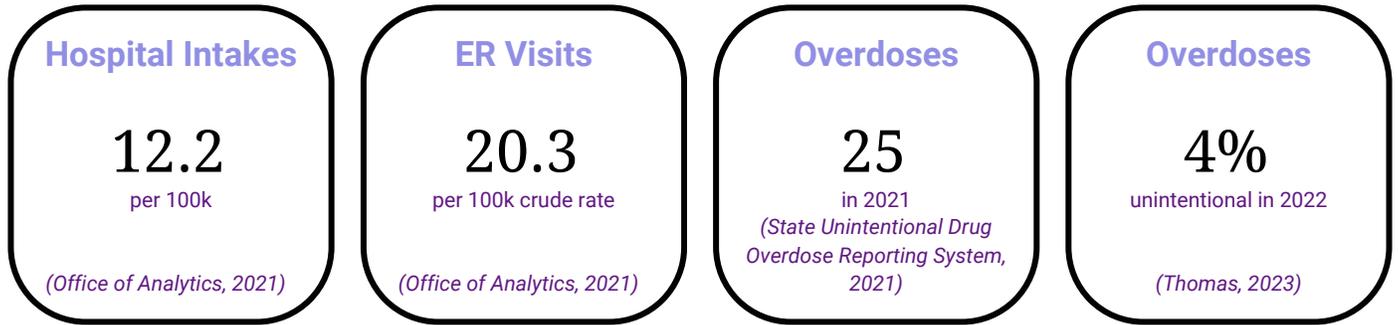
For some individuals, psychedelics serve as a coping mechanism to manage mental health challenges or alleviate stress and emotional pain. People struggling with chronic stress, existential angst, or emotional turmoil may turn to psychedelics as a way to gain temporary respite or insight into their issues. The altered states of consciousness induced by these substances can provide a sense of detachment from daily problems, allowing users to explore their thoughts and feelings from new perspectives.

### Spiritual Experience

Psychedelics are often used for their ability to induce experiences that users describe as deeply spiritual or transcendent. These experiences can include feelings of unity, interconnectedness, and a sense of connection to something greater than oneself. Many individuals report that psychedelics help them access altered states of consciousness that provide profound personal insights and a sense of meaning. Historically, many cultures have incorporated psychedelics into religious and spiritual practices, using them in rituals to facilitate spiritual exploration and growth.

The prevalence reported in 2022 was also a substantial increase compared to the year before (2% in 2021) and five and 10 years ago (no greater than 1% in both 2017 and 2012). With a growing interest in the medicinal effects of psychedelics over recent years, there has been an increase of use. In Clark County, access to substances is prevalent due to the transient nature of Las Vegas. Furthermore, Las Vegas holds the largest rave in North America, with 2024 Electronic Daisy Carnival hosting over 520,000 attendees from 29 countries, the largest attendance to date.

## Hallucinogen-Related Harms



## Recommended Interventions

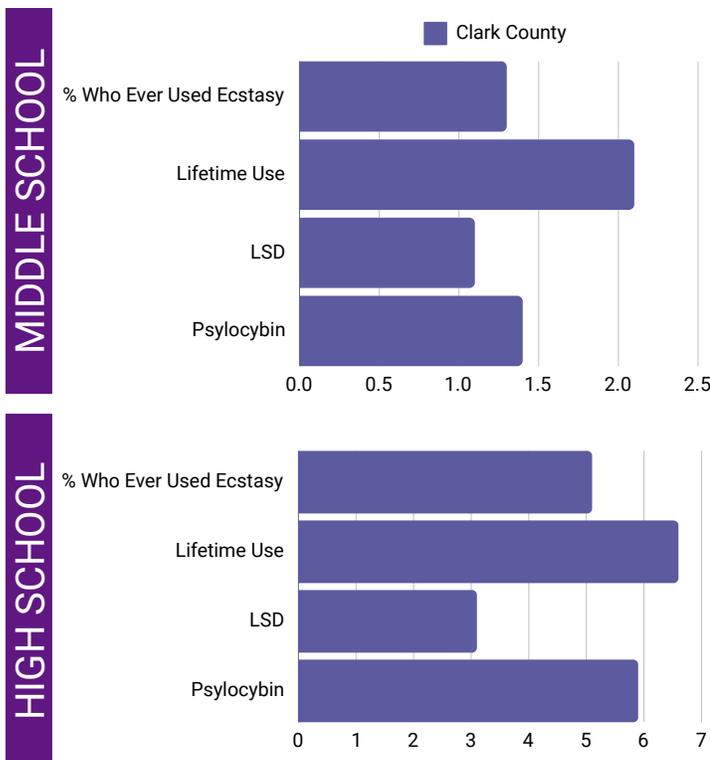
### Policy

- Legalization Progress - With two states with legalization and regulation statutes, and many more with active legislation and working groups to study medical use, psychedelics are the new frontier for medical substance use following marijuana
- Advocacy - Advocacy for recognition of misuse implications is necessary for prevention efforts as policy advances



## Youth Statistics

Provided by the 2023 Clark County Youth Risk Behavior Survey and the 2024 Monitoring the Future Survey



It is evident that use increases from middle school to high school which informs when education must occur. As interest in legalization increases, education regarding dangers of use amongst youth is important in deterring use.

In recent years, interest for the law to move towards legalization of psychedelic use has garnered more attention. During the 2023-2024 Legislative Session, a Psychedelic Medicines Working Group was formed to study the therapeutic use of entheogens. The workgroup has until the end of 2024 to submit their recommendations which could impact bills in the 2025 Legislative Session.



## PRIORITY

*What one thing are we focusing on for this substance for the next 2-3 years?*

Expand efforts in education and awareness related to the use of hallucinogenic substances, ensuring comprehensive information about the risks, effects, and prevention strategies for youth.

# Harm Reduction

# 2024-2026

The window between a person being in active substance use and getting treatment for substance use can be a dangerous time with risk for overdose, injury, and death. Clark County has several programs available to people who use drugs (PWUD) allowing them to reduce the harms that may arise in today's climate of increasing overdoses and unknown supply. Harm reduction is a set of practical strategies that reduce risk of mortality (death) and morbidity (injury). Harm reduction centers around the lived and living experience of PWUD, especially those in underserved communities, in these strategies and the practices that flow from them (SAMHSA, 2023).

## BENEFITS

- Connect individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders.
- Distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk of overdose or to those who are likely to respond to an overdose.
- Lessen harms associated with drug use and related behaviors that increase the risk of infectious diseases, including: HIV, viral hepatitis, bacterial and fungal infections.
- Reduce infectious disease transmission among PWUD (including those who inject drugs) by equipping them with sterile supplies, factual information and facilitating referrals to resources.
- Reduce overdose deaths, promote linkages to care, and facilitate co-location of services as part of a comprehensive, integrated approach.
- Reduce the stigma associated with substance use and co-occurring disorders.
- Promote a philosophy of hope and healing by employing people with living and lived experience in leadership as well as in the planning, implementation, and evaluation of services. People with lived experience can also model for their peers what meaningful change can look like in their lives.
- Build community and increase protective factors for PWUD and their families. (SAMHSA, 2023)

In order to understand the need and impact of harm reduction, it's important to understand the consequences of no interventions. Overdoses have steadily increased above 100,000 occurrences per year since 2021, with 2023 being the first annual decrease in drug overdose deaths since 2018 (-3%) (CDC, 2024). In Nevada, there were 736 overdose deaths in 2021 (Thomas S., 2022). In Clark County, there were 388 opioid overdose deaths in 2023 (Electronic Death Registry System). Clark County Coroner data from October 1, 2023 - March 24, 2024 found that there were 238 opioid involved deaths; of these, 233 were accidents and 5 were suicides. In 2021, there were a total of 12,554 alcohol and drug related emergency department encounters in Clark County and 10,358 inpatient admissions (Office of Analytics, 2023).

With risk of injury or death, harm reduction serves as vital tertiary prevention. Nevada law currently has statutes in place to support these efforts:

- [NRS 453C] Good Samaritan Drug Overdose Act - protects people who administer naloxone to someone who is overdosing from any criminal, civil or professional disciplinary action.
- [NRS 453.105] Allows public and private schools to obtain and maintain naloxone regardless of whether any person at the school has been diagnosed with a condition requiring such medication.
- [NRS 453.554] Drug paraphernalia no longer includes any type of hypodermic syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection; or testing products (such as fentanyl test strips or other testing products).
- [SB410] Allows 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.

These statutes improve access to life-saving resources, enhance emergency preparedness, and support safer drug practices, contributing to a comprehensive approach to harm reduction. By eliminating legal barriers to the possession of syringes, needles, and testing products, we can facilitate safer drug use practices and reduce stigma.

Harm reduction for people who use drugs should be done as overdose prevention. Expanding the distribution network for it will help to reduce the number of overdose deaths in the county.

Harm reduction supplies play a crucial role in promoting public health and safety. Naloxone is a life-saving medication used to rapidly reverse opioid overdoses, providing a critical intervention for those at risk of opioid-related emergencies. Testing strips, often used to detect the presence of harmful substances like fentanyl in drugs, help users make informed decisions and reduce the risk of overdose. Syringe exchange programs offer clean needles and safe disposal options, minimizing the spread of infectious diseases such as HIV and hepatitis C among people who inject drugs. These measures collectively aim to reduce the health and social harms associated with substance use, promoting a compassionate and evidence-based approach to drug policy and public health. Harm reduction extends beyond these supplies, encompassing strategies like supervised consumption sites and education on safer substance use practices. Safe Consumption Sites or Overdose Prevention Centers give people a place to use illicit drugs while being monitored by staff that can intervene in case of an overdose. Currently, there are only two centers that are active in the United States, and initiatives to place one in Nevada have failed in recent legislative sessions. Harm reduction can also be utilized with specification to each substance. Efforts across all substances include education on dangers and reduction of amount of use or warning signs of misuse. Harm reduction also informs other preventative options. For example, harm reduction can reduce the risks of marijuana consumption through teaching consumers of cannabis to purchase marijuana from a licensed dispensary. Harm reduction for smoking cigarettes or the use of vapes might include such things as providing nicotine replacement therapy options. Harm reduction can also include simple things, such as educating individuals to drink alcohol in moderation, drink lots of water, and to not mix substances. Recognizing that different substances present unique challenges and require targeted interventions helps provide a comprehensive approach to harm reduction efforts.

Harm reduction strategies are adaptable and can be tailored to address the specific risks associated with various substances. Addressing community needs and readiness is integral in identifying which harm reduction services to provide. The hope is that harm reduction will lead to a significant decrease in the negative health and social consequences of substance use, promote safer behaviors, and ultimately contribute to a more compassionate and effective approach to public health and drug policy.

## Clark County, Nevada

To help alleviate the negative effects of substance use in our community, local agencies have implemented a number of harm reduction strategies. Southern Nevada currently has a harm reduction and syringe service program called Impact Exchange that serves Clark County residents.

### Harm Reduction By the Numbers:

- Naloxone distributed 51,177<sup>1,2,3</sup>
- Overdose Reversals\* 589<sup>1,2</sup>
- Fentanyl Test Strips distributed 43,810<sup>1,2</sup>
- Xylazine Test Strips distributed 495<sup>1</sup>
- Syringes distributed Out: 475,882 Returned: 325,268<sup>3</sup>
- Hormone Kits\*\* 412<sup>3</sup>(2022)
- Condoms 1962<sup>3</sup>(2022)
- Hygiene Kits 676<sup>3</sup>(2022)
- First Aid Kits 962<sup>3</sup>(2022)

\*From Naloxone distributed  
 \*\* Kits for people injecting hormone medications  
 \*\*\*This data was collected from Center for the Application of Substance Abuse Technologies (CASAT), Southern Nevada Health District (SNHD), and Trac-B Exchange<sup>3</sup> and provides estimates of current demand in Clark County for 2023 unless otherwise stated

### DEA Pill Take Back Day

Each April and October, PACT Coalition participates in the National Prescription Drug Take Back Day event with the Drug Enforcement Administration. During this event, everyone is invited to safely return and dispose of their unused prescription medications at various sites throughout the community.

<b>April 2024</b>	512.19kg (1129 lbs)
<b>October 2023</b>	104.57kg (230.54 lbs)
<b>April 2023</b>	261.81kg (577.19 lbs)
<b>October 2022</b>	766.26kg (1689.31lbs)
<b>April 2022</b>	304.06 kg (670.34 lbs)

Southern Nevada currently has a harm reduction and syringe service program (storefront, mail-based, vending machine and mobile) called Trac-B Exchange and Impact Exchange that serves Clark County Residents. Impact Exchange had a total of 713 new clients and 9,657 returning clients in 2023. Clark County also has six public health vending machines dedicated to providing harm reduction products to PWUD. In 2023, there were a total of 927 vending clints with 516 being new. These machines were the first of their kind in the continental US and can include a wide variety of harm reduction and public health products that are given away free of charge to PWUD. Supplies may include Naloxone, syringe kits, sharps containers, fentanyl test strips, snacks, menstruation kits, safe sex kits and more. In 2022, these vending machines had 8,608 transaction with 5,450 doses of Naloxone dispensed. Diversifying supply distribution methods is critical to addressing the varied needs of PWUD, ensuring equitable access to life-saving resources through multiple channels that meet individuals where they are—whether that’s a vending machine, a kiosk, or a traditional service program.

PACT has supported 35 Naloxone distribution boxes to be placed next to first aid kits at local businesses and 14 naloxone kiosks for installation at several additional businesses in Clark County. Each kiosk holds up to 100 naloxone kits and dispense them free to the public. As of the beginning of 2024, there were 15 agencies who distributed Naloxone and 31 agencies who distributed Fentanyl Test Strips at no cost. Naloxone is obtained through SNHD and CASAT for distribution to the community. In the coming years, a priority is not only expanding the number of distribution locations but also strategically placing them across every zip code, aiming to eliminate geographic barriers and make harm reduction supplies easily accessible to all communities. The top five ZIP codes exhibiting the highest opioid overdose death rates in 2023 are 89101, 89145, 89169, 89104, and 89119, which informs priority areas for outreach efforts.

Potential current challenges with harm reduction in Clark County include community awareness, accessibility, stigma, and mistrust. Funding and resource limitations restrict the ability of existing programs to scale up and fully meet demand. While initiatives like public health vending machines and naloxone kiosks are promising, they require ongoing financial investment to maintain supplies, ensure consistent outreach, and expand coverage. Stigma and misinformation surrounding harm reduction also create challenges in expanding these programs. Public understanding of harm reduction is often limited, and misconceptions can lead to resistance from community members and policymakers. This stigma can also prevent PWUD from seeking out services, particularly if they fear judgment or legal repercussions. Despite the protections offered by the Good Samaritan Overdose Act, many individuals remain hesitant to call for help during an overdose due to distrust in the promised immunity or fear of how law enforcement will respond. Some people worry that police may still investigate or arrest them for unrelated offenses, such as outstanding warrants or drug paraphernalia, even if they are covered by the Act.

Additionally, inconsistent awareness and application of the law among both law enforcement and the public create confusion, leading some people to believe that calling 911 could put them or others at risk. Addressing these challenges requires continued community education, consistent training for law enforcement, and clear communication that reinforces the purpose of the act: to save lives without fear of legal consequences.

In summary, it’s important to recognize that ongoing investment in harm reduction strategies is crucial for sustaining and expanding the current infrastructure. Addressing gaps in service coverage, especially in underrepresented areas, will require a coordinated effort involving community engagement, education, and targeted outreach.

**Interventions**

Demographics at high risk with the highest opioid death rates compared to other groups are:

- Men (28.6%) OR
- Black (27.04%) and white (25.64%) OR
- 35-39 years of age

Target initiatives and interventions on Saturday and Sunday around 2:00 pm as those days/times had the most opioid overdose deaths in 2023. Further, the primary locations for fatal opioid overdose incidents are homes, followed by outdoors/public areas.

Polysubstance deaths, particularly with methamphetamine and fentanyl have surged. Interventions involving the combination of these substances is necessary.



# PRIORITY

Expand the distribution of harm reduction supplies in Clark County to ensure all areas have accessible and reliable access to these essential resources, leaving no community underserved.

# Harm Reduction Supply Distribution Locations

This page provides a list of locations in Clark County, Nevada where you can obtain naloxone and fentanyl test strips at no cost. Please note that this list is not exhaustive and only includes locations supplied by state agencies or SNHD. We strongly recommend calling ahead to ensure supplies are available and that the location details have not changed. The map on page 38 displays these distribution sites for your convenience.

## **1. Breaking the Cycle Drug Court**

501 Avenue G Boulder City, NV 89005  
(702)293-9278

## **2. CARE Coalition**

1919 S. Jones Blvd A, Las Vegas, NV 89146  
(702)463-1415

## **3. Center for Behavioral Health**

3050 E. Desert Inn, #116 Las Vegas, NV 89121  
(702)796-0660

## **4. Center for Behavioral Health**

3470 W. Cheyenne Road, Suite 400 North Las Vegas, NV 89032  
(702)636-0085

## **5. Crossroads of Southern Nevada**

2121 W. Charleston Blvd, Las Vegas, NV 89102  
(702) 382-7746

## **6. Foundation for Recovery**

4800 Alpine Place, #12 Las Vegas, NV 89107  
(702)257-8199

## **7. North Las Vegas Center for Behavioral Health**

2290 McDaniel Street, Suite 1C North Las Vegas, NV 89030  
(702)399-1600

## **8. PACT Coalition for Safe and Drug- Free Communities**

1210 S. Valley View Blvd, Suite 114, Las Vegas, NV, 89102  
(702)582-7228

## **9. Signs Of Hope**

801 S. Rancho Dr Ste C3, Las Vegas, NV 89106  
(702)385-2153

## **10. Southern Nevada Health District**

280 S. Decatur Boulevard Las Vegas, NV 89107  
(702)759-1000

## **11. The LGBTQIA+ Center**

401 S. Maryland Pkwy, Las Vegas, NV 89101  
(702)733-9800

## **12. Trac-B/Impact Exchange**

6114 W. Charleston Blvd Las Vegas, NV 89146  
(702)840-6693

## **13. There is No Hero in Heroin**

3441 W. Sahara Ave C-1 Las Vegas, NV 89102  
(702)445-7318

## **14. Community Counseling Center**

714 E. Sahara Ave, Las Vegas, NV 89104  
(702) 369-8700

## **15. Catholic Charities**

1501 Las Vegas Blvd North, Las Vegas, NV 89101  
(702) 385-2662

## **16. FirstMed Health and Wellness**

400 Shadow Ln Ste 104, Las Vegas, NV 89106  
(702)731-0909

## **17. FirstMed Health and Wellness**

3343 S. Eastern Ave, Las Vegas, NV 89169  
(702) 731-0909

## **18. FirstMed Health and Wellness**

3940 N. M.L.K. Blvd suite #110, Las Vegas, NV 89032  
(702)731-0909

## **19. WestCare Nevada Community Triage Center**

323 N. Maryland Pkwy Las Vegas, NV 89108  
(702)385-3330 Opt. 0

## **20. SNHD: Mesquite Public Health Center**

150 N. Yucca St., Suite 5, Mesquite, NV 89027  
(702) 759-1682

## **21. SNHD: East Las Vegas Public Health Center**

2950 E. Bonanza Rd., Las Vegas, NV 89101  
(702)759-0900

## **22. SNHD: Fremont Public Health Center**

2830 E. Fremont St., Las Vegas, NV 89104  
(702)759-1000

## **23. SNHD Henderson Public Health Center**

220 E. Horizon Dr., Suites A & C, Henderson, NV 89015  
(702)759-1000

## **24. SNHD**

5111 Boulder Hwy, Las Vegas, NV 89122

## **25. SNHD Boulder Highway**

280 S. Decatur Blvd Las Vegas, NV 89107

## **26. Behavioral Health Group**

3050 E. Desert Inn Rd #116, 89121

## **27. Behavioral Health Group**

3470 W. Cheyenne Ave #400, North Las Vegas 89032

## **28. Huntridge Clinic**

1820 E. Sahara Ave. Unit 201 Las Vegas, NV 89104

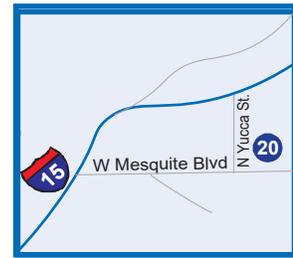
## **29. Therapeutic Integrated Medical Care**

3111 S. Maryland Pkwy, Las Vegas, NV 89109

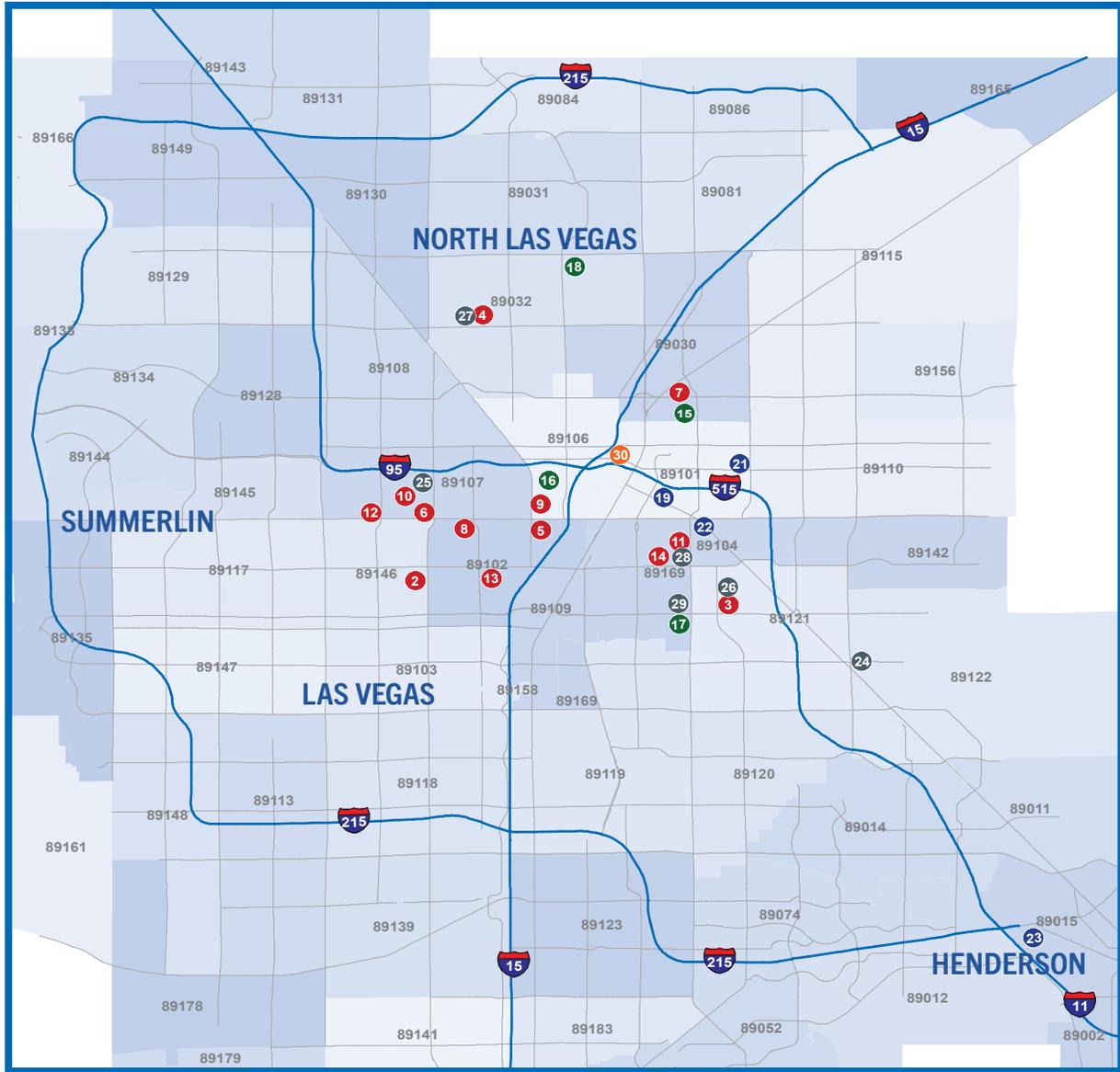
## **30. Las Vegas Rescue Mission**

480 W. Bonanza Rd, Las Vegas, NV 89106  
(702) 382-1766

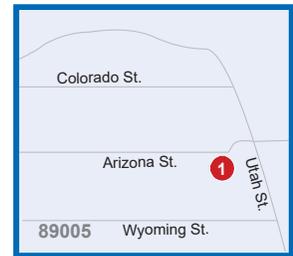
- Naloxone and FTS Site
- Fentanyl Test Strip Site
- Naloxone Site
- Supply Vending Machine\*
- Naloxone Kiosk



Mesquite, NV



\*Individuals are able to use vending machines upon sign up with a valid ID at Trac-B/Impact Exchange first.



Boulder City, NV

# Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are preventable, potentially traumatic events that occur in childhood (0-17 years), such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide. ACEs also include aspects of a child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- Mental health problems
- Physical abuse and/or neglect
- Emotional abuse
- Sexual violation
- Instability due to parental separation
- Incarceration of a parent, sibling, or other member of the household
- Household substance use and or mental illness (Matjasko et al., 2022)

Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in youths and adults. (Centers for Disease Control and Prevention, 2022)

Researchers in the study titled "Does Childhood Adversity Lead to Drug Addiction in Adulthood? A Study of Serial Mediators Based on Resilience and Depression" explores the correlation between ACEs and adult drug addiction. The study explores how ACEs contribute to drug addiction and the influence of resilience and depression on this process. The study highlights the importance and emphasizes the need for interventions that focus on enhancing resilience and addressing depression to prevent and mitigate the adverse effects of childhood trauma on substance misuse in adulthood. Additionally, the study underscores the significance of early recognition of ACEs and support for mental health to reduce the risk of drug addiction later in life. (He et al., 2022)

ACEs encompassing traumatic events during childhood significantly impact individuals' risk of developing substance use disorders and mental health issues. Research indicates that over 60% of adults have experienced at least one ACE, with 17% reporting four or more. ACEs not only elevate the risk of various diseases and disabilities but also serve as a major risk factor for drug misuse. Those with higher ACE scores are notably more likely to report illicit drug addiction.

Depression emerges as a prominent negative emotion linked to ACEs; with individuals who experienced ACEs are more prone to depression than those who have not. Emotional, sexual, and physical abuse during childhood are particularly significant risk factors for depression, with the risk persisting for decades after the ACEs. This heightened risk of depression among individuals with ACEs contributes to a greater likelihood of drug abuse and more severe drug dependence.

Resilience, the capacity to adaptively cope with stress and trauma, plays a crucial role in mitigating the adverse effects of ACEs. While ACEs may lead to depression in some individuals, those with higher resilience levels are more likely to bounce back from trauma without enduring long-term negative consequences. Strengthening resilience through mental health education interventions can aid in recovery from trauma and reduce the impact of ACEs on depression and subsequent drug abuse.

ACEs are intricately linked to drug addiction, with depression serving as a significant mediator. Resilience influences the relationship between ACEs, depression, and drug addiction, underscoring the importance of resilience-building interventions in mitigating the effects of ACEs on mental health outcomes and substance abuse.

# Adverse Childhood Experience

## *Risk Factors*

### Physical Abuse

Children who experience physical abuse may suffer from immediate and long-term physical injuries and emotional trauma. Additionally, the stress and fear associated with being physically abused can disrupt normal development processes, leading to difficulties in forming healthy relationships and managing emotions. Individuals who have endured physical abuse in childhood are at higher risk of engaging in risky behaviors, such as substance abuse, to cope with their trauma.

### Physical Neglect

Physical neglect during childhood poses significant risks to a child's well-being and development. Children who experience physical neglect often lack adequate food, shelter, clothing, and medical care, which can lead to malnutrition, illness, and developmental delays. Moreover, the absence of nurturing and supervision can leave children vulnerable to accidents, injuries, and exploitation. The chronic stress of living in neglectful environments can also impact cognitive and emotional development, increasing the likelihood of mental health issues and difficulties in forming healthy relationships later in life.

### Emotional Abuse

Emotional abuse during childhood can have profound and lasting effects on a person's mental and emotional well-being. Children who experience emotional abuse often endure constant criticism, ridicule, rejection, and threats from caregivers or authority figures. This sustained emotional trauma can lead to low self-esteem, anxiety, depression, and other mental health issues. Additionally, emotional abuse can impair a child's ability to regulate their emotions and form healthy relationships later in life, this may lead them to struggle with trust and intimacy. Furthermore, the effects of emotional abuse can persist into adulthood, impacting various aspects of a person's personal and professional life.

### Sexual Abuse

Sexual abuse during childhood can have devastating and long-lasting consequences on a person's physical, emotional, and psychological well-being. Children who experience sexual abuse may suffer from physical injuries, sexually transmitted infections, and reproductive health issues. Moreover, the trauma of sexual abuse can lead to many psychological problems, including anxiety, depression, post-traumatic stress disorder (PTSD), and dissociative disorders. Additionally, survivors of sexual abuse often struggle with feelings of shame, guilt, and self-blame, which can impact their self-esteem and interpersonal relationships. Furthermore, the effects of sexual abuse can extend into adulthood, affecting sexual functioning, intimacy, and overall quality of life.

### Witness Intimate Partner Violence

Witnessing intimate partner violence (IPV) can lead to significant emotional distress, fear, and trauma, as children may feel helpless and powerless in the face of violence between their caregivers. Additionally, exposure to IPV can disrupt a child's sense of safety and security, leading to anxiety, depression, and post-traumatic stress disorder (PTSD). Furthermore, witnessing IPV can normalize violence and dysfunctional relationship dynamics, increasing the likelihood that children will perpetuate or become victims of violence in their own relationships later in life. Moreover, the stress and instability associated with living in a violent household can impair a child's academic performance, social functioning, and their overall well-being.

## Household Substance Abuse

Growing up in a household where substance abuse is prevalent can have profound and lasting effects on a child's well-being. Children in such environments are often exposed to chaotic and unpredictable situations, increasing their risk of experiencing neglect, physical abuse, and emotional trauma. Moreover, the instability and dysfunction resulting from substance abuse can disrupt a child's sense of security and hinder their ability to form healthy attachments with caregivers. Children in these households may be at higher risk of experimenting with drugs or alcohol themselves, perpetuating a cycle of substance abuse across generations. The stress and stigma associated with living in a household affected by substance abuse can lead to social isolation and feelings of shame, exacerbating the negative impact on a child's mental health and overall development.

## Household Mental Illness

Living in a household where mental illness is present can profoundly affect a child's development and well-being. Children in such environments may experience instability, unpredictability, and emotional turmoil, which can disrupt their sense of safety and security. Children may witness behaviors or symptoms associated with mental illness, such as mood swings, hallucinations, or self-harm, which can be distressing and confusing. The caregiving abilities of parents or guardians with mental illness may be compromised, leading to neglect or inconsistent parenting practices. Moreover, children in these households may be at increased risk of developing mental health issues themselves due to genetic predispositions and environmental stressors, perpetuating a cycle of intergenerational mental health challenges.

## Household Incarceration

Children growing up in households affected by incarceration may experience disruptions to family structure, financial instability, and social stigma, which can lead to feelings of shame, isolation, and abandonment. The absence of a parent or caregiver due to incarceration can deprive children of emotional support, guidance, and positive role models during critical stages of their development. Children in these households may be at increased risk of engaging in delinquent behavior, substance misuse, and academic underachievement, perpetuating a cycle of involvement in the criminal justice system. Furthermore, the stress and trauma associated with having a family member incarcerated can impact a child's mental health, relationships, and future opportunities.



Part of the work in understanding ACEs is addressing the risk factors and aiming to reduce their prevalence in youth lives. Individual and family circumstances, alongside community factors, significantly influence the likelihood of experiencing ACEs and subsequent substance misuse. Various individual and family risk factors, such as caregiver abuse history and lack of parental support, can contribute to increased vulnerability. Communities also play a critical role in shaping the experiences and outcomes of individuals, particularly in relation to ACEs and substance misuse. Understanding and addressing these individual, family, and community risk factors is essential for developing effective prevention and intervention strategies. (Centers for Disease Control and Prevention, 2022a)

# Positive Childhood Experiences (PCEs)

## *Protective Factors*

Part of the work in understanding ACEs is increasing the number of protective factors in youth lives to build resilience in combating ACEs. A youth is said to need a certain number of protective factors for every risk factor to be effective in establishing resilience. Protective factors at the individual, family, and community levels play a crucial role in mitigating the impact of ACEs and reducing the likelihood of substance abuse. These factors include positive parent-child relationships, strong social support networks, access to quality education and healthcare, and community resources and opportunities for engagement (Centers for Disease Control and Prevention, 2022a). Sege et al. (2017) found the association with positive experiences and positive outcomes. The positive experiences are detailed below.

### Feel Able to Talk to Your Family About Your Feelings

Open emotional communication within the family helps children develop emotional regulation, self-awareness, and trust. When children feel safe expressing their feelings, they learn that emotions are valid and manageable. This environment fosters secure attachment and builds a foundation for strong interpersonal skills, which benefits their relationships throughout life.

### Feel Your Family Stood by You During Difficult Times

Knowing that family members offer unwavering support during challenges provides children with a sense of security and resilience. This consistent presence reinforces the idea that they are not alone in their struggles, boosting self-confidence and teaching them to seek help when needed. Over time, this contributes to the development of coping strategies and mental well-being.

### Enjoy Participating in Community Traditions

Involvement in community traditions offers children a sense of belonging and stability. Rituals and celebrations create shared experiences that foster identity, cultural pride, and intergenerational connection. These traditions also provide children with social structure and a sense of continuity, helping them feel grounded and connected to their roots.



### Feel a Sense of Belonging in High School

A sense of belonging in high school is crucial for adolescents, as it supports self-esteem, motivation, and mental health. When students feel accepted by peers and teachers, they are more likely to engage academically and socially.

### Feel Supported by Friends

Friendship support plays a key role in emotional development, teaching children empathy, conflict resolution, and cooperation. Having friends who offer encouragement during difficult times fosters emotional resilience and creates a sense of community. These supportive relationships can reduce feelings of loneliness and provide critical social learning.

## Have at least Two Non-Parent Adults Who Took Genuine Interest in You

Positive relationships with non-parent adults, such as teachers, coaches, or family friends, provide children with additional emotional support and mentorship. These adults offer diverse perspectives, guidance, and encouragement that complement parental support. Having trusted adults outside the home promotes a sense of security and expands children's social network.

## Feel Safe and Protected by an Adult in Your Home

A home environment where children feel physically and emotionally safe is essential for healthy development. Feeling protected by a reliable adult reduces stress and fear, fostering trust and attachment. This sense of security helps children explore the world confidently, form healthy relationships, and build resilience to challenges they may face.

The "HOPE" (Healthy Outcomes from Positive Experiences) framework emphasizes how positive experiences counteract the negative effects of Adverse Childhood Experiences (ACEs). This strengths-based approach encourages communities to shift from a deficit-focused model in preventing harm to one that builds on family and community strengths, promoting healthy relationships, engagement, and supportive environments. Positive Experiences and Protective Factors (page 58) are integral to the prevention of substance use and other health factors. Having three or more Positive Childhood Experiences (PCEs) is strongly correlated with reduced rates of depression, poor or fair self-reported health, obesity, and smoking. These positive experiences—such as feeling safe at home, having supportive friendships, or participating in community traditions—can foster emotional resilience, a sense of belonging, and better health outcomes in adulthood. They act as protective factors that mitigate the long-term impact of ACEs, including trauma, abuse, or neglect.

Incorporating PCEs into community programs helps inform actions that need to be taken. For example, child welfare services, schools, healthcare providers, and local organizations are encouraged to create environments where children feel safe, connected, and valued. When communities focus on nurturing relationships and positive environments, they promote well-being and reduce health disparities. This approach aligns with equity-based goals by recognizing the need for systemic change and ensuring that all children have access to supportive experiences.



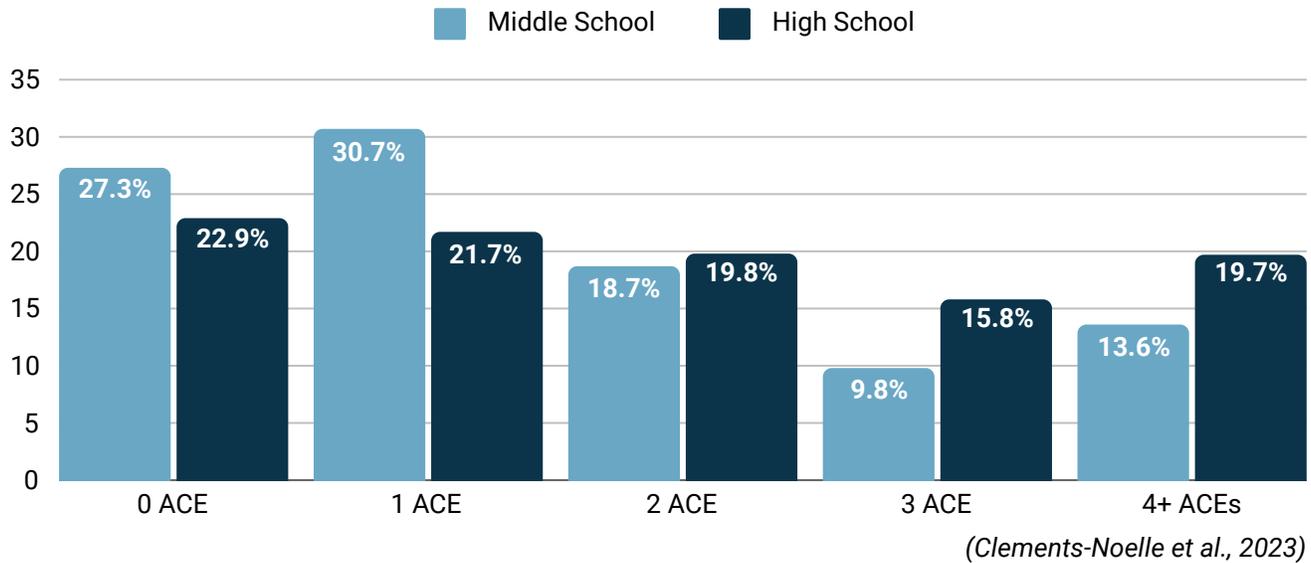
## PRIORITY

Increase protective factors for youth in Clark County to mitigate the effects of Adverse Childhood Experiences (ACEs) by implementing trauma-informed care, fostering youth connectivity, and promoting engagement in positive activities.

### **\*Disclaimer:**

***Please be advised that the following information contains sensitive materials regarding ACEs. Proceed with discretion as our intention in sharing this data is to raise awareness, stimulate dialogue and inform comprehensive prevention efforts aimed at supporting the well-being of individuals and communities in Clark County.***

# ACEs in Clark County, NV



Did a parent or other adult in the household often: Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?

Based on the data from Clark County, it is concerning to note that a significant percentage of both middle schoolers (62%) and high schoolers (60.6%) have experienced emotional abuse in the form of verbal insults, humiliation, or fear of physical harm from a parent or adult in their household. These findings underscore the urgent need for targeted interventions and support systems to address emotional abuse within households, ensuring the safety and well-being of children and adolescents in our community. The impact of emotional abuse on individuals, families, and communities is multifaceted and profound. For individuals, it can lead to long-lasting psychological effects such as low self-esteem, depression, anxiety, and difficulty forming healthy relationships. In families, emotional abuse can disrupt trust, communication, and overall family dynamics, leading to cycles of dysfunction and trauma across generations. At the community level, high rates of emotional abuse can strain social services, increase healthcare costs, and contribute to societal issues such as crime and substance misuse. Addressing emotional abuse requires comprehensive interventions that prioritize prevention, early detection, and support for survivors to break the cycle of abuse and promote healthy, resilient communities.



Did a parent or other adult in the household often: Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?

The data from high schoolers (35.6%) and middle schoolers (13.6%) in Clark County reveals a concerning prevalence of physical abuse within households, where parents or other adults resort to acts of violence such as pushing, slapping, or causing injury. This highlights the urgent need for targeted interventions and resources to address the cycle of violence and ensure the safety and well-being of children and adolescents. Physical abuse not only inflicts immediate harm but also leaves lasting psychological scars, emphasizing the importance of community-wide efforts to prevent and address this form of maltreatment.

# 3?

Did an adult or person at least 5 years older than you ever: Touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?

The data reveals a stark contrast in the prevalence of sexual abuse between middle schoolers (5.7%) and high schoolers (88.8%) in Clark County, highlighting a significant and alarming jump in rates as individuals transition to high school. This increase underscores the vulnerability of adolescents to sexual exploitation and highlights the critical need for early intervention and prevention efforts. Sexual abuse can have devastating and long-lasting effects on survivors, including trauma, emotional distress, and impaired relationships. It is imperative for communities to prioritize comprehensive education, support services, and policies to protect youth from sexual abuse and promote a safe and healthy environment for all.

The impact of sexual abuse on families and communities is profound and far-reaching. Within families, sexual abuse can lead to breakdowns in trust, communication, and familial relationships, often causing profound emotional turmoil and dysfunction. Survivors of sexual abuse may struggle with feelings of shame, guilt, and isolation, impacting their ability to form healthy relationships and engage in daily activities. Additionally, families may face financial, legal, and social challenges as they navigate the aftermath of abuse.

At the community level, sexual abuse contributes to a range of societal issues, including mental health disorders, substance misuse, homelessness, and criminal behavior. Communities affected by sexual abuse may experience decreased trust in institutions, heightened fear, and a breakdown in social cohesion. Addressing sexual abuse requires a comprehensive and coordinated response that includes prevention efforts, support services for survivors and their families, legal advocacy, and community education. By fostering a culture of awareness, accountability, and support, communities can work to prevent sexual abuse and promote healing and resilience for survivors and their families.

# 4?

Did you often feel that: No one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?

The data reveals that a significant percentage of both high schoolers (60.6%) and middle schoolers (62.9%) in Clark County feel a profound sense of familial neglect and lack of support. This suggests a concerning trend where youth perceive a lack of love, importance, or specialness within their families, along with disconnect and absence of mutual support. Such perceptions can have detrimental impacts on individuals, leading to feelings of low self-esteem, emotional distress, and isolation.

Additionally, within families, this breakdown in emotional support and cohesion can strain relationships and contribute to dysfunctional dynamics, hindering overall family well-being and resilience. Addressing these issues requires targeted interventions that promote healthy family relationships, foster communication, and provide support services to ensure the emotional well-being of youth and strengthen family bonds within the community.



# 5?

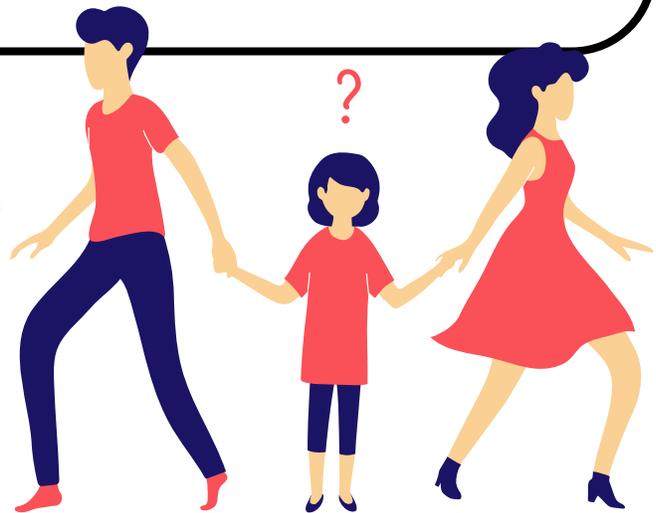
Did you often feel that: You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

The data highlights that 13% of high schoolers in Clark County experience physical neglect, where they often feel lacking in basic necessities such as food, clean clothing, and protection, or experience parental substance abuse that impedes proper care and access to healthcare. These findings underscore the significant challenges faced by a notable portion of youth in accessing essential resources and receiving adequate parental care. Physical neglect can have detrimental effects on individual development, leading to physical health issues, poor academic performance, and emotional distress. Additionally, within families, persistent physical neglect can strain relationships and erode trust, contributing to familial dysfunction and social isolation. It is imperative for communities to implement comprehensive support systems and interventions to address the root causes of physical neglect, ensure the well-being of youth, and strengthen family resilience.

# 6?

Were your parents ever separated or divorced?

The upheaval of family structure, loss of stability, and disruption of routines can cause emotional distress and insecurity for children. They may experience feelings of abandonment, guilt, and confusion as they navigate changes in living arrangements and relationships with parents. Additionally, conflicts between parents during and after separation can expose children to possible conflict, increasing their risk of experiencing emotional and psychological harm.



# 7?

Were any of your parents or other adult caregivers: Often pushed, grabbed, slapped, or had something thrown at them? Or sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

The data indicates that a notable percentage of both middle schoolers (17.3%) and high schoolers (22%) in Clark County have witnessed intimate partner violence, where one parent or caregiver is subjected to physical abuse by the other. Witnessing such violence can have profound and lasting effects on youth, leading to feelings of fear, anxiety, and trauma. Additionally, it can contribute to a cycle of violence, where youth may be at increased risk of perpetrating or becoming victims of intimate partner violence in their own relationships later in life. Within families, exposure to intimate partner violence can disrupt trust, communication, and overall family stability, leading to dysfunction and strained relationships. At the community level, addressing intimate partner violence requires comprehensive interventions that prioritize prevention, support services for survivors and their families, and education programs aimed at breaking the cycle of violence and promoting healthy relationships.

# 8?

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

The data reveals that a sizable portion of both high schoolers (24.4%) and middle schoolers (19.4%) in Clark County reside with individuals who struggle with substance misuse, either through problem drinking, alcoholism, or the use of street drugs. This underscores a troubling scenario for youth, where they are exposed to the adverse effects of substance misuse within their own households. Living with individuals grappling with substance misuse can have adverse effects on youth, including emotional turmoil, instability, and an elevated risk of engaging in substance use themselves. Within families, substance misuse can disrupt relationships, communication, and overall family dynamics, fostering cycles of dysfunction and distress. Addressing household substance misuse necessitates comprehensive interventions that offer support services for families, educational initiatives for youth, and access to treatment and recovery resources to foster healthy and resilient communities.

# 9?

Was a household member depressed or mentally ill, or did a household member attempt suicide?

The data highlights that a significant percentage of both middle schoolers (27.7%) and high schoolers (27.2%) in Clark County live in households where a member struggles with depression, mental illness, or has attempted suicide. This underscores the challenging environment faced by youth, where they may encounter the effects of mental health issues within their own homes. Living with a family member who experiences mental illness can have profound impacts on youth, including emotional distress, uncertainty, and an increased risk of mental health struggles themselves. Within families, mental illness can strain relationships, communication, and overall family dynamics, leading to challenges in providing adequate support and care. Addressing household mental illness requires comprehensive interventions that prioritize access to mental health resources, support services for families, and education initiatives to promote understanding and destigmatize mental health issues in the community.

# 10?

Did a household member go to prison?

The data indicates that a notable percentage of both high schoolers (16.5%) and middle schoolers (14.7%) in Clark County have experienced household incarceration, where a family member has been imprisoned. This reveals a challenging reality for youth, where they must navigate the repercussions of familial involvement with the criminal justice system. Having a household member incarcerated can have profound impacts on youth, including emotional distress, instability, and disruptions to family dynamics. Within families, incarceration can strain relationships, increase financial strain, and create barriers to accessing support and resources. Addressing household incarceration requires comprehensive interventions that prioritize support services for families affected by incarceration, educational initiatives to support youth coping with parental absence, and efforts to address systemic issues contributing to incarceration rates.



# Trauma Informed Care

Trauma-informed care is an approach that shifts the focus from asking "What's wrong with you?" to "What happened to you?." It emphasizes understanding the impact of past and present trauma on individuals' lives to provide effective healthcare services with a healing orientation. By acknowledging the significance of trauma, healthcare organizations and care teams aim to improve patient engagement, treatment adherence, and health outcomes, while also enhancing provider and staff wellness. Trauma-informed care involves recognizing signs of trauma, integrating trauma knowledge into policies and practices, and actively avoiding re-traumatization. Overall, this approach could reduce avoidable care, excess costs, and improve outcomes for the healthcare and social service sectors. (Trauma-Informed Care Implementation Resource Center, 2021)

Trauma-informed care is guided by **six key principles** that shape the approach to providing services and support to individuals who have experienced trauma.

## Safety

Throughout the organization, patients and staff feel physically and psychologically safe.

- Implement trauma-informed policies and procedures that prioritize safety.
- Train staff to recognize signs of distress and respond appropriately.
- Create physical spaces that are calming and comfortable.
- Foster a culture of respect, empathy, and trust.

## Trustworthiness & Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust.

- Maintain consistency in care delivery and follow-through on commitments.
- Provide clear information about services, procedures, and expectations.
- Communicate openly and honestly with individuals about their care.
- Solicit feedback and actively listen to concerns, addressing them promptly.

## Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery.

- Facilitate opportunities for individuals to connect with peers who have similar experiences.
- Establish peer support groups or networks where individuals can share stories, offer encouragement, and provide practical advice.
- Incorporate peer support into treatment plans and recovery programs.
- Train peer supporters to provide empathetic and non-judgmental support.



## Collaboration

Power differences – between staff and clients and among organizational staff – are leveled to support shared decision-making.

- Involve individuals in care planning and decision-making processes.
- Recognize and build on individuals' strengths and resources.
- Foster a collaborative approach among interdisciplinary teams and service providers.
- Promote shared decision-making and shared responsibility for treatment outcomes.

## Empowerment

Patient and staff strengths are recognized, built on, and validated – this includes a belief in resilience and the ability to heal from trauma.

- Offer choices and options in care plans and treatment approaches.
- Encourage individuals to participate actively in decision-making about their care.
- Provide education and resources to support informed decision-making.
- Advocate for individuals' rights and preferences within the healthcare system.

## Humility & Responsiveness

Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed.

- Conduct cultural competency training for staff to increase awareness and understanding of diverse perspectives.
- Tailor care plans and interventions to align with individuals' cultural beliefs, values, and preferences.
- Provide language interpretation services and materials in multiple languages.
- Address historical trauma and systemic inequities that may impact individuals' experiences and access to care.



# Mental Health

# 2024-2026

Mental health plays a crucial role in deterring substance use, as emotional well-being and resilience are key protective factors in substance use prevention. When individuals are mentally healthy, they are better equipped to cope with stress, anxiety, and life challenges in constructive ways, reducing the likelihood of turning to drugs or alcohol as a form of self-medication. Conversely, untreated mental health issues—such as depression, trauma, or anxiety—can increase vulnerability to substance use as a means of escape or temporary relief. By prioritizing mental health through early intervention, access to support, and education, we can help individuals build the emotional strength needed to resist substance misuse and foster long-term well-being.

- Mental health clinic utilization is at 54% of capacity or 21.1 per 10,000 in Clark County
- The most common method for attempting suicide was through substances or drug overdose (1,856) - 2021
- The White Non-Hispanic crude suicide rates are higher than total rates at 27.0 per 100,000.
- Mental Health related deaths - Black Non-Hispanics and the White Non-Hispanics have the highest age-adjusted mental health-related deaths from 2012 to 2021, with 53.2 per 100,000 population for Black Non-Hispanics and 44.3 per 100,000 population for White Non-Hispanics in 2021. The age-adjusted rate for American Indian/Alaskan Native Non-Hispanics rises and falls sharply across the years due to small populations.

## Resources

Nevada 211 - Connect to Services | **211**

Care Solace (CCSD students) | **888-515-0595**

GriefShare | **1-800-395-5755**

LGBT National Hotline | **888-843-4564**

LGBT National Senior Hotline | **888-234-7243**

LGBT National Youth Talkline | **800-246-7743**

NAMI Teen and Young Adult | **TXT FRIEND to 62640**

National Alliance on Mental Illness (NAMI) Helpline | **1-800-950-6264**

NAMI Warmline | **775-241-4212**

Nevada Health Connection | **1-800-450-9530**

Nevada Teen Peer Support Text Line | **TXT 775-296-8336**

Self Abuse Finally Ends (SAFE) Alternatives | **1-800-366-8288**

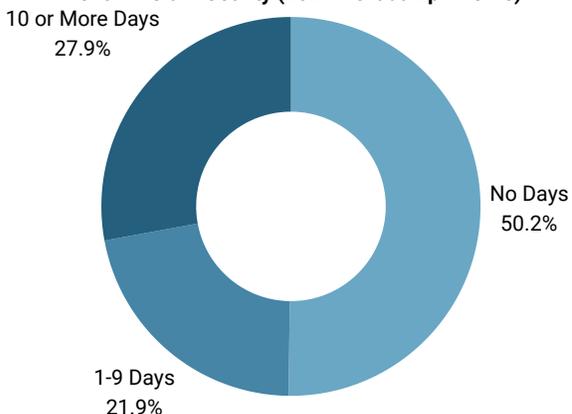
## PRIORITY



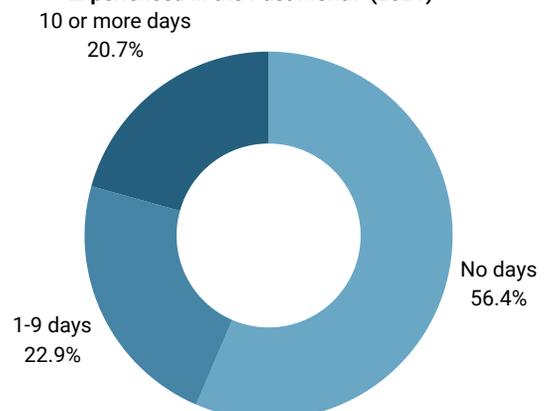
Decrease the amount of youth who never/rarely got the kind of help they need when they felt sad, empty, hopeless, angry, or anxious by 1%.

## Adults

Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month in Clark County (2021 Nevada Epi Profile)



Whose Mental Health was Not Good by Number of Days Experienced in the Past Month (2021)



# Youth Statistics

Provided by the 2023 Clark County Youth Risk Behavior Survey

# 2024-2026

Youth mental health is a growing concern, particularly as adolescents navigate the complex social, academic, and emotional challenges of their developmental years. Understanding the trends in mental health among youth is critical for identifying needs and interventions.

## School Connectedness

- Most of the time/always felt close to people at their school
- Most of the time/always feel like their teachers really care about them and give them a lot of encouragement
- Most of the time/always were happy to be at their school

MIDDLE SCHOOL	HIGH SCHOOL
---------------	-------------

44.3%	34.1%
37.1%	32.1%
40.1%	30.6%

## Family Connectedness

- Most of the time/always talked to their parents or other adults in their home about their problems
- Most of the time/always talked to their parents about what is right and wrong
- Most of the time/always felt comfortable talking to their parents about personal matters

30.9%	23.4%
31.3%	29.8%
37.3%	31.3%

## Non-Suicidal Self Injury

- Who have done something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose during the 12 months before the survey

18.9%	23.6%
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## Depressive Symptoms

- Felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey

34.3%	42.5%
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## Suicide Ideation

- Seriously considered killing themselves during the 12 months before the survey

20.6%	20.5%
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## Suicide Plan

- Made a plan about how they would kill themselves during the 12 months before the survey

12.9%	18.8%
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## Suicide Attempt

- Who tried to kill themselves during the 12 months before the survey

7.7%	10.0%
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## Never/Rarely get the help they need

- When they felt sad, empty, hopeless, angry, or anxious

46.0%	55.9%
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It is evident in reviewing the data that there is a decline in mental health from middle to high school, and within the middle school data you can see that shift as early as 8th grade. This demonstrates the importance of resiliency and emotion regulation skills to be taught no later than middle school to help serve as a protective factor. Within this data, those in middle school identifying as Native Hawaiian/Pacific Islander show stronger signs of depression (47.9%) and suicide ideation (40.7%). In high school, American Indian/Alaskan Natives show greater risk with 33.4% having attempted suicide and 34.6% in non-suicidal self injury. Furthermore, about 50% of both middle and high school students say they never/rarely get the help they need when they feel sad, empty, hopeless, angry or anxious. Understanding these areas of concern helps inform needed interventions and target populations.

Schools and communities can implement strategies that promote emotional resilience and connectedness early on. For example, programs that strengthen student-teacher relationships and peer support networks could help maintain the school connectedness that many middle school students experience. Similarly, family-based interventions that encourage open communication and mental health awareness may help bridge the gap in family connectedness as students grow older. Given the increase in self-injury, depression, and suicidal behaviors in high school, early mental health screening and intervention programs could identify at-risk students before these issues escalate. Ensuring that students have access to mental health resources and support is critical in reducing the number of students who report not getting help when they need it most. Overall, a proactive, community-wide approach to mental health and well-being could help mitigate these risks as students navigate the challenges of adolescence.

# Capacity

The capacity section of this prevention plan delves into the community's readiness and ability to drive meaningful change in addressing substance misuse. It examines the collective capacity of stakeholders, organizations, and institutions within Clark County, NV, to implement strategies and initiatives to reduce substance misuse and promote healthier lifestyles. This section assesses the community's strengths, resources, and expertise, highlighting existing workgroups, task forces, and collaborative efforts that contribute to the overall capacity for change. By understanding and leveraging existing community assets and structures, the capacity section aims to facilitate coordinated action and sustained impact in combating substance misuse and fostering a healthier community.

- Advisory Committee for a Resilient Nevada (ACRN)
- Alcohol Action Network
- Cannabis Compliance Board Meetings
- CARE Coalition
- Clark Board Regional Behavioral Health Policy Board
- Clark County Adult Mental Health Coalition
- Clark County Children's Mental Health Consortium (CCCMHC)
- Clark County Regional Opioid Taskforce
- Comagine Pathway Hub
- Nevada Impaired Driving Committee
- Metro Homeless COMSTAT
- Southern Nevada Opioid Advisory Council (SNOAC)
- My Brother's Keeper (MBK)
- National Vending Collaborative
- Nevada Council on Problem Gambling (NCPG)
- Nevada Certification Board
- Nevada Certification Board-Continuing Education subcommittee
- Nevada Certification Board-Prevention Subcommittee
- Nevada Drug Labs
- Nevada Office of Minority and Health Equity (NOMHE)
- Nevada Suicide Prevention Coalition (NSPC)
- Nevada Statewide Coalition Partnership (NSCP)
- Nevada Tobacco Control and Smoke-free Coalition (NTCSC)
- PACT Coalition
- Psychedelic Medicines Workgroup
- Rural Nevada Health Network
- SAPTA Advisory Board
- Southern Nevada Substance Misuse and Overdose Prevention Summit (SNMOPS) Planning Committee
- Southern NV Health Assessment Steering Committee
- Southern Nevada Harm Reduction Alliance (SNHRA)
- Suicide Fatality Review Committee
- Nevada Substance Use Response Working Group (SURG)
- Women's Sustainable Recovery (WSR) Coalition



The following information reflects the Center for Substance Abuse Prevention Strategies currently being done by PACT Coalition  
See page 58 for descriptions of each category

### **Information Dissemination**

- Media Campaigns
- Infographics
- Tabling Events
- Brochures
- Resource/Health Fairs
- TV appearances
- Awareness Days/Weeks
- Conferences

### **Alternatives**

- Red Ribbon Week
- Sober Grad/Prom Night/Dances
- Back to School Events
- Youth Camps
- After School Programs

### **Community-Based Processes**

- Coalition Meetings
- Certified Prevention Specialist Development
- Youth Team (Sig Rogich Middle School)
- Statewide boards and workgroups

### **Education**

- All Stars program
- Hope Squad
- Fentanyl Test Strip Training
- LEAD/Too Good For Drugs program
- Leader in Me program
- LifeSkills program
- Mental Health First Aid Training
- Narcan Training
- Positive Action program
- SAPST Training
- Strong African American Families
- Training for Parenting Project, Triple P

### **Problem ID and Referral**

- Peer Support Specialist in Drug Courts and Hospitals

### **Environmental**

- Pill Take Back Day
- Harm Reduction Kiosks
- Detera Kits

# Planning

In the planning section of the prevention plan, we build upon the identified outcomes and recommendations from the assessment phase. Drawing from established public health models and methodologies, this section outlines the strategic approach and interventions to be implemented in response to the assessed needs and priorities. By aligning with evidence-based practices and leveraging best practices from public health frameworks, the planning section aims to develop a comprehensive roadmap for addressing substance misuse and promoting community well-being in Clark County, NV.

## 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.

### Collective Impact Model

In 2011, Stanford research (Kania & Kramer, 2021) found that successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results. The utilization of this model is at the core of PACT's efforts to have cross-sector collaboration that ensures the strongest outcomes for the community. These efforts can be broken out into:

**Common Agenda:** Collective impact requires all participants to have a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions.

**Shared Measurement Systems:** Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organizations not only ensures that all efforts remain aligned, it also enables the participants to hold each other accountable and learn from each other's successes and failures.

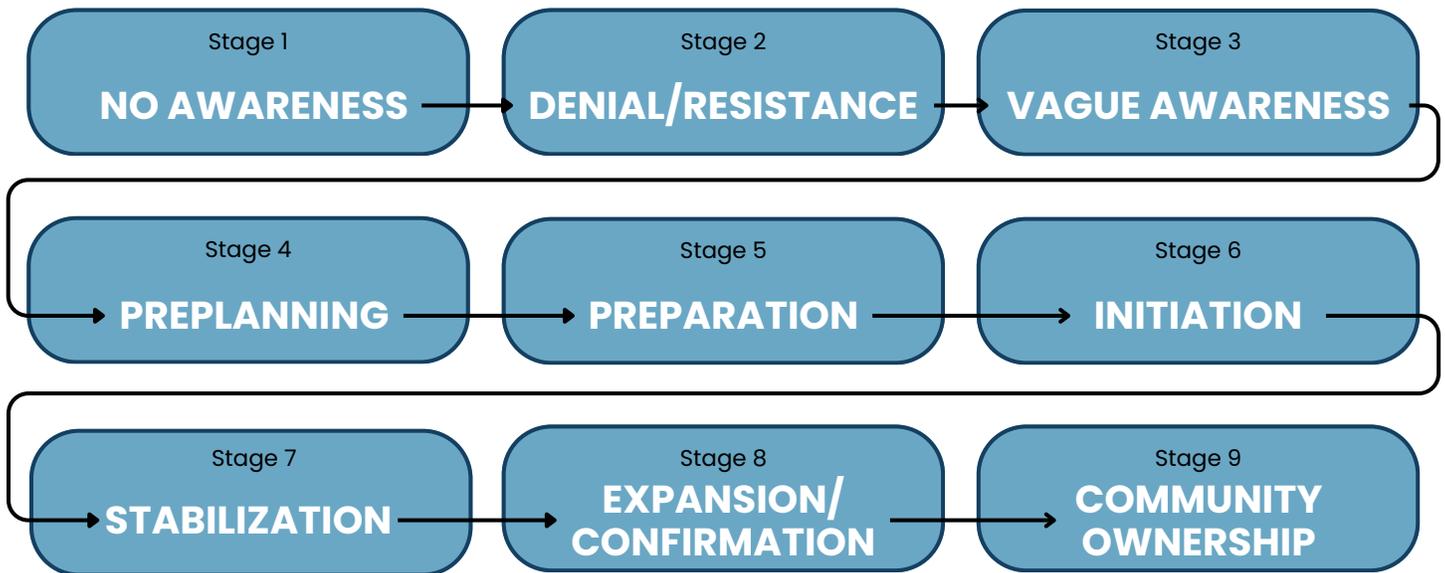
**Mutually Reinforcing Activities:** Collective impact initiatives depend on a diverse group of stakeholders working together, not by requiring that all participants do the same thing, but by encouraging each participant to undertake the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others.

**Continuous Communication:** Participants need several years of regular meetings to build up enough experience with each other to recognize and appreciate the common motivation behind their different efforts. They need time to see that their own interests will be treated fairly, and that decisions will be made on the basis of objective evidence and the best possible solution to the problem, not to favor the priorities of one organization over another.

**Backbone Support Organizations:** The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly.

## Community Readiness Model

Community readiness (Oetting et al., 2014) 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.



## 7 Strategies for Community Change

Employing all these 7 – strategies (Yang et al., 2012) to address the defined problem will impact the problem from each dimension for change.

- 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.

# The Center for Substance Abuse Prevention (CSAP) prevention strategies

Describes the types of services and strategies that will be provided to the identified focus population (Delaware Department of Health and Social Services, n.d.).

## Information Dissemination



Provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, misuse, and addiction, and the effects on individuals, families, and communities.

## Education



Two-way communication with interaction between the educator and the participants. Educational activities aim to “improve critical life and social skills,” which includes “decision making, refusal skills, critical analysis, and systematic judgment abilities.”

## Alternatives



Opportunities for the target population to participate in safe and healthy activities that exclude substance use. The assumption is that constructive and healthy activities provide positive alternatives to drug use and other unhealthy choices.

## Problem ID and Referral



Identification of those individuals who have experimented with substances and to assess whether their behavior can be reversed through education.

## Community-Based Process



Activities that organize, plan, and enhance the efficiency and effectiveness of program implementation, collaboration, coalition building and networking.

## Environmental



Involves the creation, modification, and/or passage of written and unwritten codes, legislation, ordinances, policies, and regulations, thereby influencing incidence and prevalence of substance misuse in the general population.

## 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 (Satcher & Higginbotham, 2008):

**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 are encouraged to utilize the strategy and continuously assess its effectiveness.

*Source: National Research Council and Institute of Medicine via SAPST (Below)*

**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).

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

*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).

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

# Implementation

For the next two years (2024-2026) PACT will follow the priorities set forth in the assessment section by way of the planning section above.

PACT's Board of Directors review the coalitions activities, plans quarterly, and has an annual review of all activities. This offers an opportunity for Board Members to provide insight as well as ensuring that the efforts of the coalition are focused on the mission and vision and benefit the community.

PACT implements a variety of evidence-based substance misuse prevention and mental wellness programs and practices throughout their service area. See Capacity section on page 52.

Fidelity is monitored through the tools provided by the develop, by attending updated trainings, and program observations.



# Evaluation

The PACT Coalition employs a specific set of core measures, particularly geared towards DFC (Drug-Free Communities) Grant recipients, to comprehensively evaluate its initiatives. These measures primarily focus on assessing youth substance use:

1. Past 30-day use
2. Perception of risk or harm
3. Perception of parental disapproval of use
4. Perception of peer disapproval of use

It's important to note that while these core measures serve as the primary form of evaluation, they are not the exclusive means used by the PACT Coalition to assess the effectiveness of its efforts.

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