

RECOMMENDATION FOR THE JOINT INTERIM STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

Submission deadline: Friday, June 28, 2024

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Name: Madalyn Jo Larson

Contact Information: madalynjlarrison@gmail.com; (702) 370-5633

Organization: NSHE Naloxone Network

Recommendation:

We recommend the Nevada System of Higher Education (NSHE) to require all institutions to provide low-barrier access to naloxone (an opioid antagonist drug). Low barrier access to naloxone means providing it in easily accessible and centralized locations (i.e. dormitories, libraries, health centers, defibrillator locations, and/or blue light emergency boxes) so students, faculty, staff, and the surrounding community can have easy access to naloxone. In addition, naloxone should be placed and available in inconspicuous areas so individuals feel free to obtain the naloxone without fear of judgment or repercussions from bystanders. Finally, universal access to naloxone is best suited alongside an educational component which includes conducting naloxone trainings for incoming college freshman, periodic naloxone trainings for current students within the classroom setting, and educating students on stigma reducing topics such as the Good Samaritan law and compassionate overdose response.

Nevada Revised Statutes (NRS):

Yes. NRS 453C.105 Authorization to issue order for school to obtain and maintain opioid antagonist; contents of order; immunity from professional discipline and liability.

Background Information:

Throughout the past several years, opioid overdose deaths have increased significantly in college-aged populations (1). This increase has been fueled by the unpredictable market of illicit substances being cut with fentanyl (2). College-aged students are known to experiment with substances like cannabis, cocaine, adderall, MDMA, and other types of pressed pills that may contain fentanyl. Limited data cannot illustrate the magnitude of college-aged overdoses in Nevada but we do know that college-aged students in Nevada are using drugs (3). Although challenging to admit, drug use is occurring amongst this population and access to a tool like naloxone is invaluable for when an overdose were to occur due to using a fentanyl-laced substance.

Nevada legislators have acknowledged the overdose risk within the K-12 school system and passed Assembly Bill 205 in the 2021st legislative session to allow access to naloxone in all Nevada K-12 educational institutions (4). NSHE institutions would benefit from a bill similar to this, with intentional language such as, "shall" rather than "may" which will require all NSHE institutions to provide low-barrier access to naloxone.

Furthermore, higher education institutions across the United States have implemented policies and programs to increase access of naloxone to their students. These institutions are located in California, Ohio, Washington, Massachusetts, New York, Maryland, Pennsylvania, and Texas (5). In 2023, the California state legislature passed Senate Bill 367, also referred to as the Campus Opioid Safety Act, which requires all California State Universities to distribute naloxone on their campuses and provide educational information about opioid overdose through an established student orientation process (6,7). This is one of many examples of legislation created to increase the accessibility of naloxone across higher education institutions.

Finally, various state agencies developed goals and recommendations that call for more harm reduction infrastructure to be developed throughout our state. The State Health Improvement Plan (SHIP) noted one of their objectives is to support recovery-oriented systems of care, including access to harm reduction services to assist individuals in recovery

and facilitate their reintegration into society (8). Additionally, the Attorney General's Substance Use Response Working Group (SURG) developed a recommendation in their 2023 annual report calling for a stable and sustainable source of opioid overdose medication throughout the entire state (9). As shown, various state agencies have advocated and outlined the urgent need for an increase in harm reduction services.

References:

1. Lim JK, Earlywine JJ, Bagley SM, Marshall BDL, Hadland SE. Polysubstance Involvement in Opioid Overdose Deaths in Adolescents and Young Adults, 1999-2018. JAMA Pediatr. 2021;175(2):194-196. doi:10.1001/jamapediatrics.2020.5035
2. DEA Laboratory Testing Reveals that 6 out of 10 Fentanyl-Laced Fake Prescription Pills Now Contain a Potentially Lethal Dose of Fentanyl | DEA.gov. Accessed May 30, 2024. <https://www.dea.gov/alert/dea-laboratory-testing-reveals-6-out-10-fentanyl-laced-fake-prescription-pills-now-contain>
3. <https://www.samhsa.gov/data/sites/default/files/reports/rpt44486/2022-nsduh-sae-state-tables/NSDUHsaeNevada2022.pdf>
4. <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7603/Overview>
5. <https://agb.org/trusteeship-article/preventing-opioid-overdoses-on-campus-the-naloxone-solution/#:~:text=Some%20institutions%20have%20naloxone%20kits,now%20how%20to%20administer%20naloxone>
6. <https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Campus-Opioid-Safety-Act.aspx>
7. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB367
8. <https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/About/2023-28-SSHIP-23-28-Final1.pdf>