togetherforbetter

Opioid Task Force Meeting

04.18.2024

CCOCME

- Responsible for death investigations.
  - Purpose of this investigation is to determine the medical cause and manner of death
  - Establish the circumstances of death
  - Identify the decedent
  - Locate and Notify the LNOK
  - Report information for public health and safety

Facts about our team

- Coroner/Assistant Coroner
- Currently have 4 FT forensic pathologists
- Administration Section
- Forensics Section
- Investigations Section
- Others (instructors, Locum Tenens)
- 1 Chaplain

Accreditation Standards

Deaths are categorized as being one of the designated manners:

- Natural
- Accident
- Suicide
- Homicide
- Undetermined

Determining the CAUSE of deaths

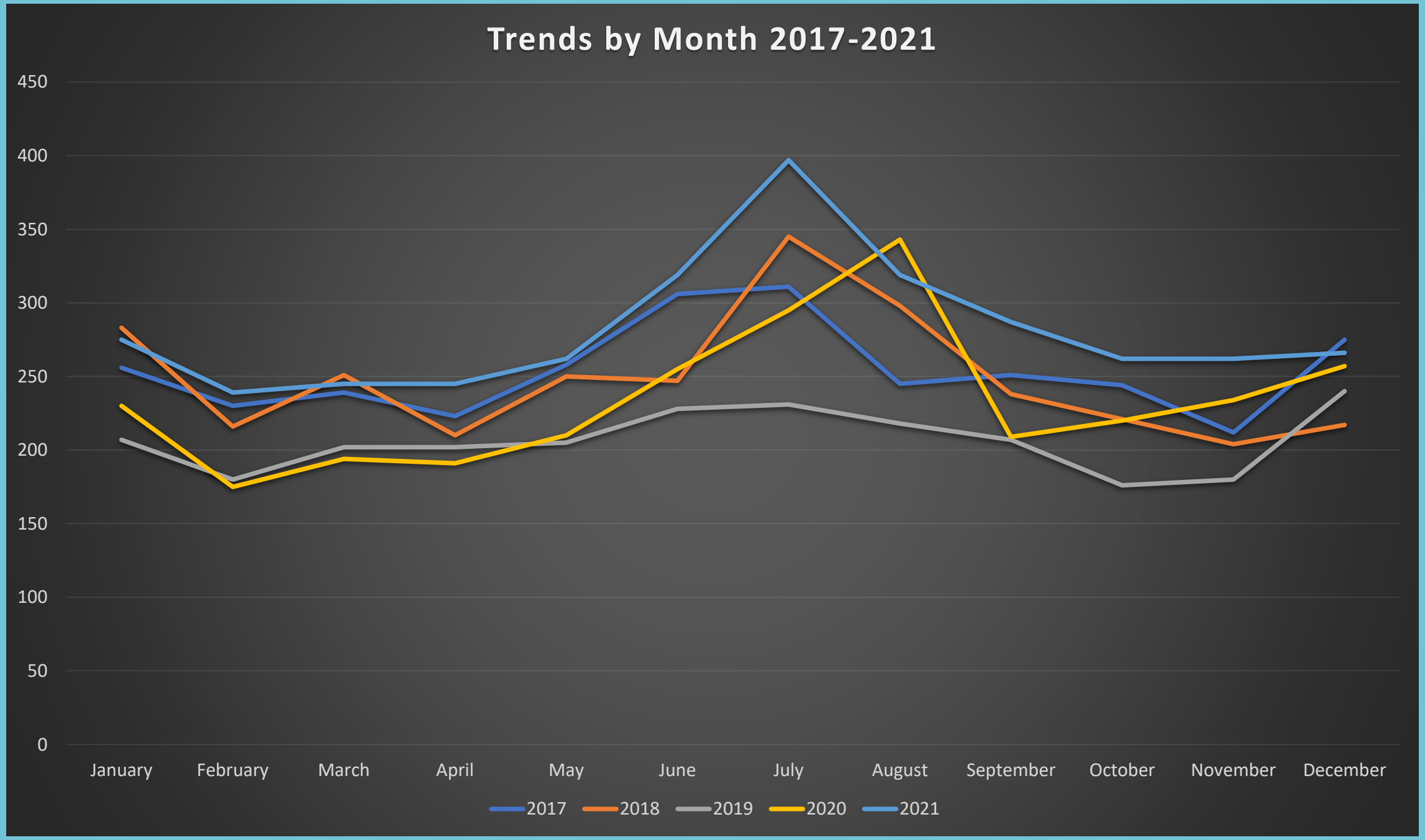
arteriosclerosis, diabetes mellitus, sul nyxia, congestive heart failure, squamous cell carcinoma, hyperthermia, sepsis, amy s, drowning, acute myocardial infarction, Sudden Unexplained Infant Death, gunshot tion, peritonitis, respiratory distress syndrome, hanging, melanoma, chronic obstructive pulmonary disease, stabbing, epilepsy, duodenal ulcer, peripheral vascular disease, organic brain sy noid hemorrhage, ischemic bowel obstruction, strangulation, hydrocephalus, electrocu blunt force trauma, perforated ulcer, liver cirrhosis, cerebrovascular accident, intrauterine fetal demise, exposure, leukemia, Parkinson's disease, malnutrition, hip fracture, adenocarcinoma, ruptured spleen, acquired immune deficiency syndrome, poisoning, gastroenteritis, pulmonary embolism, acetaminophen toxicity, carbon monoxide, urosepsis, viral hepatitis, transient ischemic attacks, blunt force head trauma, abdominal aortic aneurysm, hypertension, phencyclidine hydrochloride, osteomyelitis, sequela of morbid obesity, neuroblastoma, lymphoma, ketoacidosis, hanging, staphylococcus meningitis, encephalopathy, pancreatitis, malignant melanoma, hyperkalemia, acute renal failure, septal defect, myocardial infarction, cholecystitis, anaphylactic shock, pneumonia, sickle-cell anemia, multisystem organ failure

Why does it take so long?

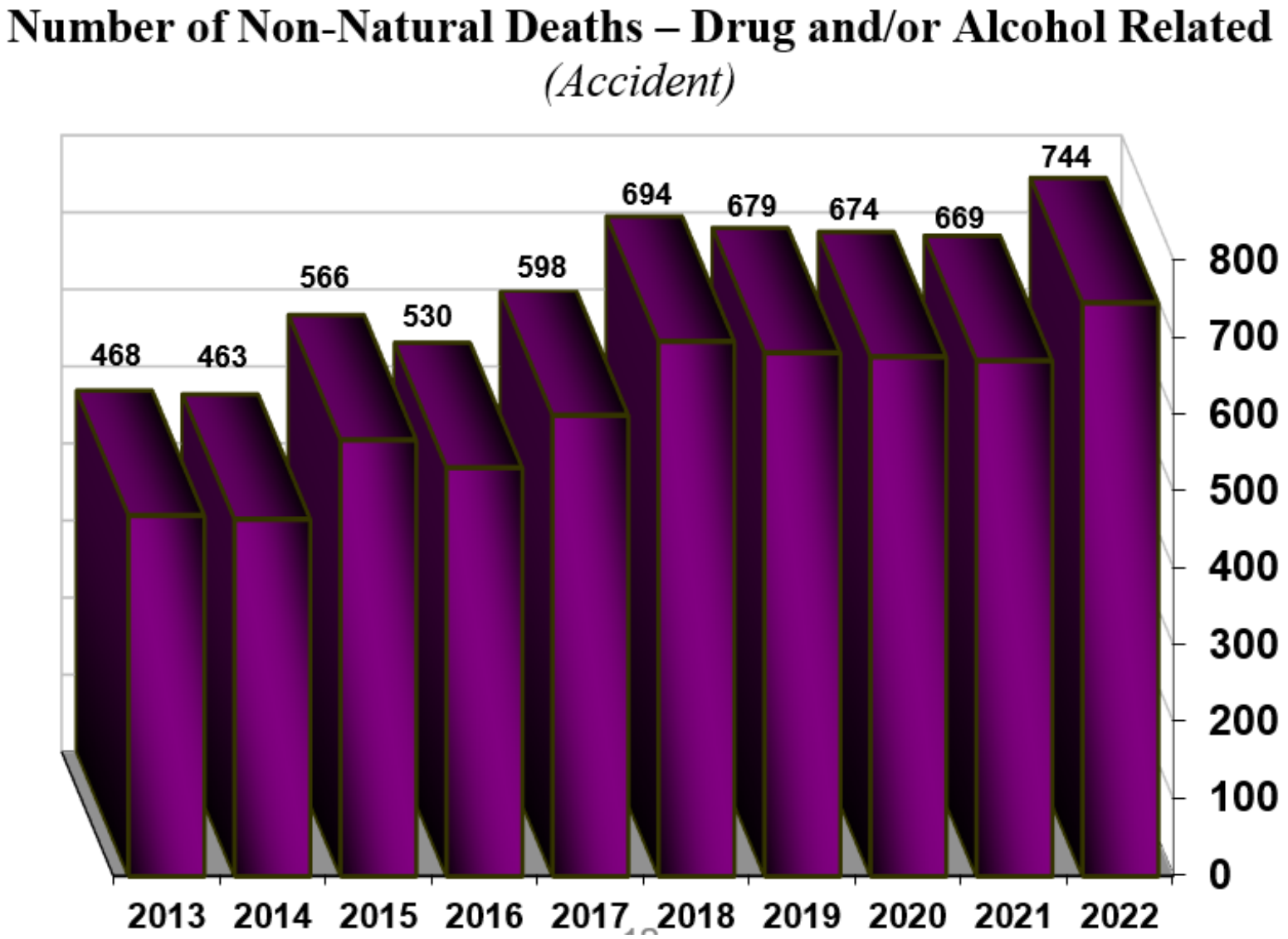
- >90% of cases are completed in 90 days
- Case complexity
- Requests for documents and records
  - Medical Records
  - Police Reports
  - Other agency requests
- Requests for ancillary testing
  - Toxicology
  - Histology
  - Genetics
  - Special Consultations

Volume (2022)

- 22,452 total deaths in Clark County
- ~7894 Deaths reported
- ~5343 Jurisdictional cases
- ~3524 Postmortem examinations
- ~10000+calls/month
- >453 Social Service referrals
- >371 organ donation approvals, 254 tissue, 287 ocular donors


Trends by Month 2017-2021
450
400
350
300
250
200
150
100
50
0
January
February
March
April
May
June
July
August
September
October
November
December
2017
2018
2019
2020
2021

Accidental Deaths



Worldwide Shortage of Forensic Pathologists

- Worldwide Shortage of these Medical Experts
- Job Openings vs. Qualified Applicants
- The combination of these issues has pushed the profession to its capacity.
- Retiring professionals.
- Funding
- **Result is More locums (contractors) than ever**
  - 142/933 or 15% of practicing FPs are part-time per 2023 NAME data.

Comprehensive Death Investigations

- Examination (Autopsy, Medical Exam)
- Investigation
- Toxicology
- Review of full investigation
- Certification of Death
- Issuance of a report

National Association of Medical Examiners (NAME)

- Autopsy provides the best information about a decedent's medical condition for optimal interpretation of toxicology results, circumstances surrounding death, medical history, and scene findings
- Scene investigation includes reconciling prescription information and medication counts. Investigators should note drug paraphernalia or other evidence of using intoxicating substances.
- When death is attributed to a drug or combination of drugs (as cause or contributing factor), the certifier should list the drugs by generic name in the autopsy report and death certificate

Investigative Process

- **Thorough and Systematic Medicolegal Death Investigation of the body and the incident scene,** *to include but not limited to:*
- **Prescription medication**
  - Prescribed to ? - *i.e. to the decedent or another*
  - Location, relation to other medications/RX
  - Type and amount prescribed/amount on hand
  - Same Rx prescribed by more than one physician
  - Hx of normal ingestion, stockpiling…
  - Recent indicators (suicidal ideations/attempts)
  - Evidence of accidental ingestion or misuse (crushing, paraphernalia, etc.)
- **H&P** – ER records, inpatient admissions, physician notes, etc. to include prescribed/administered Rx (when, type, quantity/means)
- **Pharmacy dispense logs**
- **State prescription drug monitoring database**
- **Illicit Drugs**
- **Toxicology analysis/results**

Scene findings suggesting opioid misuse

- Opioid medications
- Evidence of drug use (Paraphernalia)
- Evidence of insufflation
- Pills not stored in prescription vials or mixed in vials
- Injection sites
- Transdermal patches
- Presence of naloxone

Findings from Autopsy

- Autopsy findings sometimes suggesting a history of illicit drug or substance use
- Lung edema and froth in airway
- Natural Disease Burden
- NOTHING

What's Next?

- Quick urine analysis
  - quick screening test of urine
  - Screening tests alone offer generally incomplete evidence,
  - Are subject to false positives and negatives
  - Lack confirmation
  - Thus, inadequate for establishing a cause of death (NAME, 2019)
- Toxicology testing must be performed

Toxicology

- Qualitative and Quantitative is required
- Screening typically performed initially, often with ELISA or other qualitative technique
- Confirmation testing with gas or paper (thin layer) chromatography, mass spectrometry, or combination (GC-MS most common)
- Confirmation testing also quantitative as indicated

Toxicology: Specimens

Routine Specimens

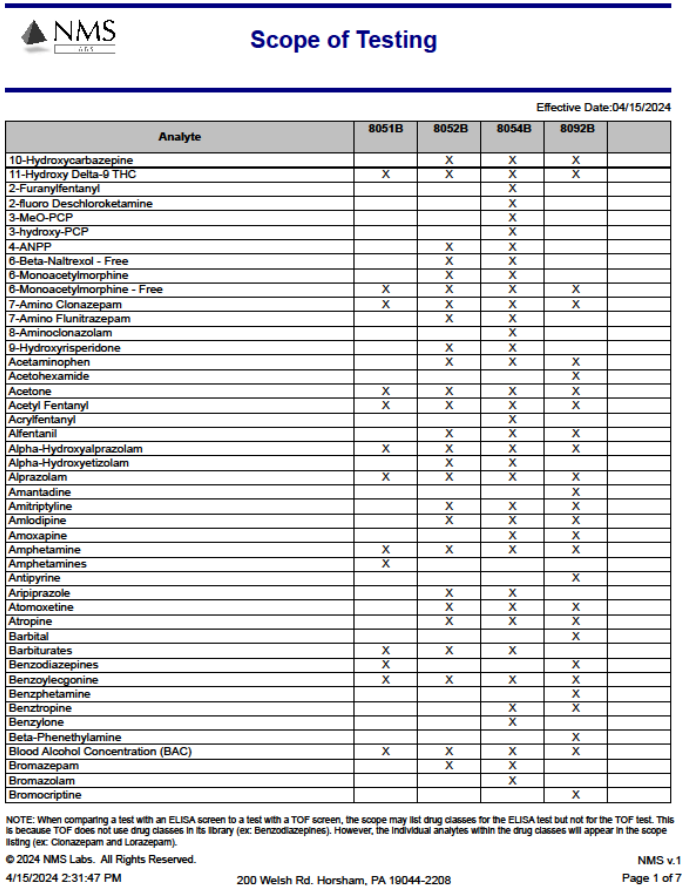
- Blood
- Vitreous fluid
- Bile
- Urine
- Liver
- Gastric contents

Alternative Specimens

- Muscle
- Spleen
- Lung
- Brain
- Kidney

Scope of Testing

- Basic
- Expanded
- Total Tox



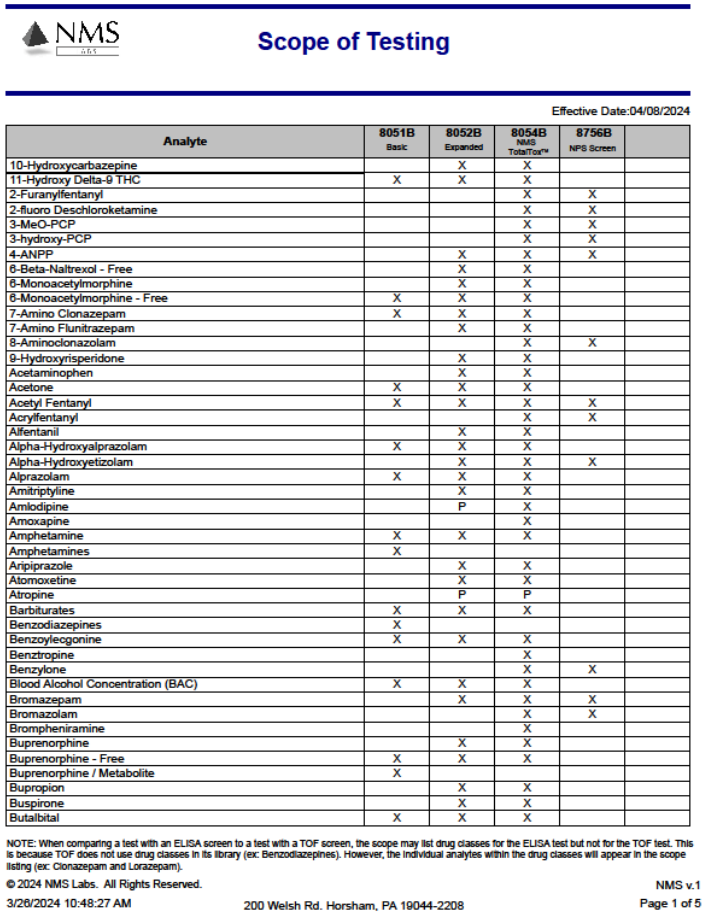
NMS

Scope of Testing

Effective Date:04/15/2024

Analyte	8051B	8052B	8054B	8092B	
10-Hydroxycarbazepine		X	X	X	
11-Hydroxy Delta-9 THC	X	X	X	X	
2-Furanylfentanyl			X		
2-fluoro Deschloroketamine			X		
3-MeO-PCP			X		
3-hydroxy-PCP			X		
4-ANPP		X	X		
6-Beta-Naltrexol - Free		X	X		
6-Monoacetylmorphine		X	X		
6-Monoacetylmorphine - Free	X	X	X	X	
7-Amino Clonazepam	X	X	X	X	
7-Amino Flunitrazepam		X	X		
8-Aminoclonazolam			X		
9-Hydroxyrisperidone		X	X		
Acetaminophen		X	X	X	
Acetohexamide				X	
Acetone	X	X	X	X	
Acetyl Fentanyl	X	X	X	X	
Acrylfentanyl			X		
Alfentanil		X	X	X	
Alpha-Hydroxyalprazolam	X	X	X	X	
Alpha-Hydroxyetizolam		X	X		
Alprazolam	X	X	X	X	
Amantadine				X	
Amitriptyline		X	X	X	
Amlodipine		X	X	X	
Amoxapine			X	X	
Amphetamine	X	X	X	X	
Amphetamines	X				
Antipyrine				X	
Aripiprazole		X	X		
Atomoxetine		X	X	X	
Atropine		X	X	X	
Barbital				X	
Barbiturates	X	X	X		
Benzodiazepines	X			X	
Benzoylecgonine	X	X	X	X	
Benzphetamine				X	
Benztropine			X	X	
Benzylone			X		
Beta-Phenethylamine				X	
Blood Alcohol Concentration (BAC)	X	X	X	X	
Bromazepam		X	X		
Bromazolam			X		
Bromocriptine				X	

NOTE: When comparing a test with an ELISA screen to a test with a TOF screen, the scope may list drug classes for the ELISA test but not for the TOF test. This is because TOF does not use drug classes in its library (ex: Benzodiazepines). However, the individual analytes within the drug classes will appear in the scope listing (ex: Clonazepam and Lorazepam).



NMS

Scope of Testing

Effective Date:04/08/2024

Analyte	8051B Basic	8052B Expanded	8054B NMS TotalTox™	8756B NPS Screen	
10-Hydroxycarbazepine		X	X		
11-Hydroxy Delta-9 THC	X	X	X		
2-Furanylfentanyl			X	X	
2-fluoro Deschloroketamine			X	X	
3-MeO-PCP			X	X	
3-hydroxy-PCP			X	X	
4-ANPP		X	X	X	
6-Beta-Naltrexol - Free		X	X		
6-Monoacetylmorphine		X	X		
6-Monoacetylmorphine - Free	X	X	X		
7-Amino Clonazepam	X	X	X		
7-Amino Flunitrazepam		X	X		
8-Aminoclonazolam			X	X	
9-Hydroxyrisperidone		X	X		
Acetaminophen		X	X		
Acetone	X	X	X		
Acetyl Fentanyl	X	X	X	X	
Acrylfentanyl			X	X	
Alfentanil		X	X		
Alpha-Hydroxyalprazolam	X	X	X		
Alpha-Hydroxyetizolam		X	X	X	
Alprazolam	X	X	X		
Amitriptyline		X	X		
Amlodipine		P	X		
Amoxapine			X		
Amphetamine	X	X	X		
Amphetamines	X				
Aripiprazole		X	X		
Atomoxetine		X	X		
Atropine		P	P		
Barbiturates	X	X	X		
Benzodiazepines	X				
Benzoylecgonine	X	X	X		
Benztropine			X		
Benzylone			X	X	
Blood Alcohol Concentration (BAC)	X	X	X		
Bromazepam		X	X	X	
Bromazolam			X	X	
Brompheniramine			X		
Buprenorphine		X	X		
Buprenorphine - Free	X	X	X		
Buprenorphine / Metabolite	X				
Bupropion		X	X		
Buspirone		X	X		
Butalbital	X	X	X		

NOTE: When comparing a test with an ELISA screen to a test with a TOF screen, the scope may list drug classes for the ELISA test but not for the TOF test. This is because TOF does not use drug classes in its library (ex: Benzodiazepines). However, the individual analytes within the drug classes will appear in the scope listing (ex: Clonazepam and Lorazepam).

Now What?

- Toxicological test results must be interpreted by a Board-Certified Forensic Pathologist
- In the context of the circumstances surrounding death, the medical history, the scene of the death, and the autopsy findings (NAME, 2019)
- Awareness to postmortem redistribution
- Tolerance
- Drug Interactions
- Other variables

How the Death Certificate is Certified

- Evaluating other contributing factors
- Determining if it is a primary, secondary, or tertiary cause of death
- Determining it is an OSC (Other significant condition contributing to death)

CAUSE OF DEATH (See instructions and examples)

32. **PART I.** Enter the chain of events – diseases, injuries, or complications that directly caused the death. **DO NOT** enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. **DO NOT ABBREVIATE.** Enter only one cause on a line. Add additional lines if necessary.

		Interval
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____ Due to (or as a consequence of)	_____
Sequentially list condition(s), if any, leading to the cause listed on line a. enter the UNDERLYING CAUSE (disease or injury that initiated the sequence) on the lowest line	b. _____ Due to (or as a consequence of)	_____
	c. _____ Due to (or as a consequence of)	_____
	d. _____ Due to (or as a consequence of)	_____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

33. WAS AN AUTOPSY PERFORMED?

☐ Yes ☐ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

☐ Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?

☐ Yes ☐ Probably
☐ No ☐ Unknown

36. IF FEMALE

☐ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant with the past year

37. MANNER OF DEATH

☐ Natural ☐ Homicide
☐ Accident ☐ Pending Investigation
☐ Suicide ☐ Could not be determined

Purpose of Part I:

- Part I is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line (a)

- And the **underlying cause** of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line

- Also in Part I, the time intervals between onset of condition and death are specified (years, months, minutes or unknown duration)

Purpose of Part II:

- Part II is for reporting all other significant diseases, conditions, or injuries that contributed to death that did not result in the underlying cause of death listed in Part I.

Additional fields to be completed by the medical certifier

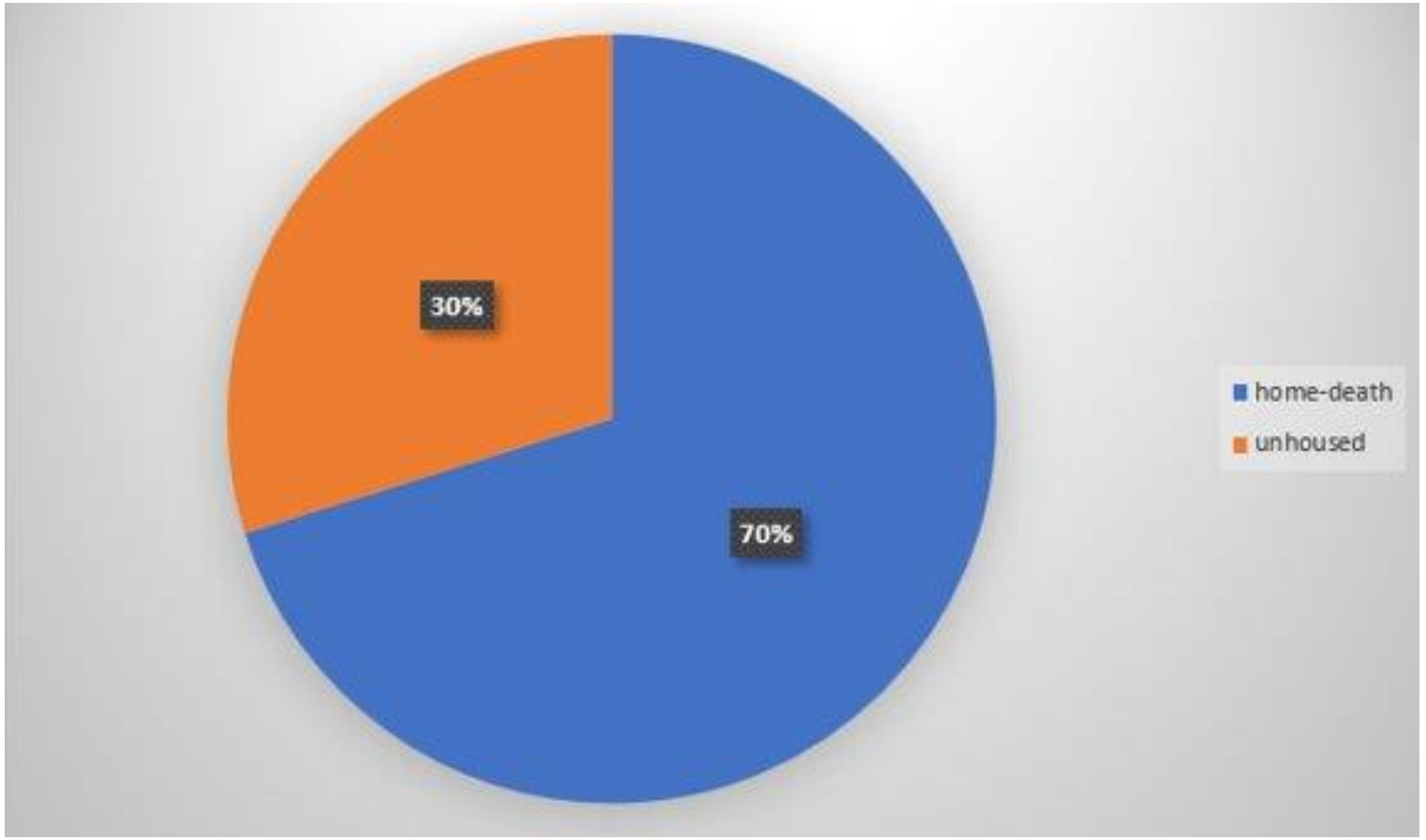
- Did tobacco use contribute to death?
- Was decedent pregnant at any time in the year previous to death?
- Were autopsy results used in the certification?
- Manner of Death – Natural, accident, suicide, homicide or undetermined
  (Most of these deaths, will be classified as “accident”)
- Date and Time of death
- Date and Time of Injury
- Location of Injury
- Signature of certifier and date signed

Data from October 1, 2023 to March 24, 2024

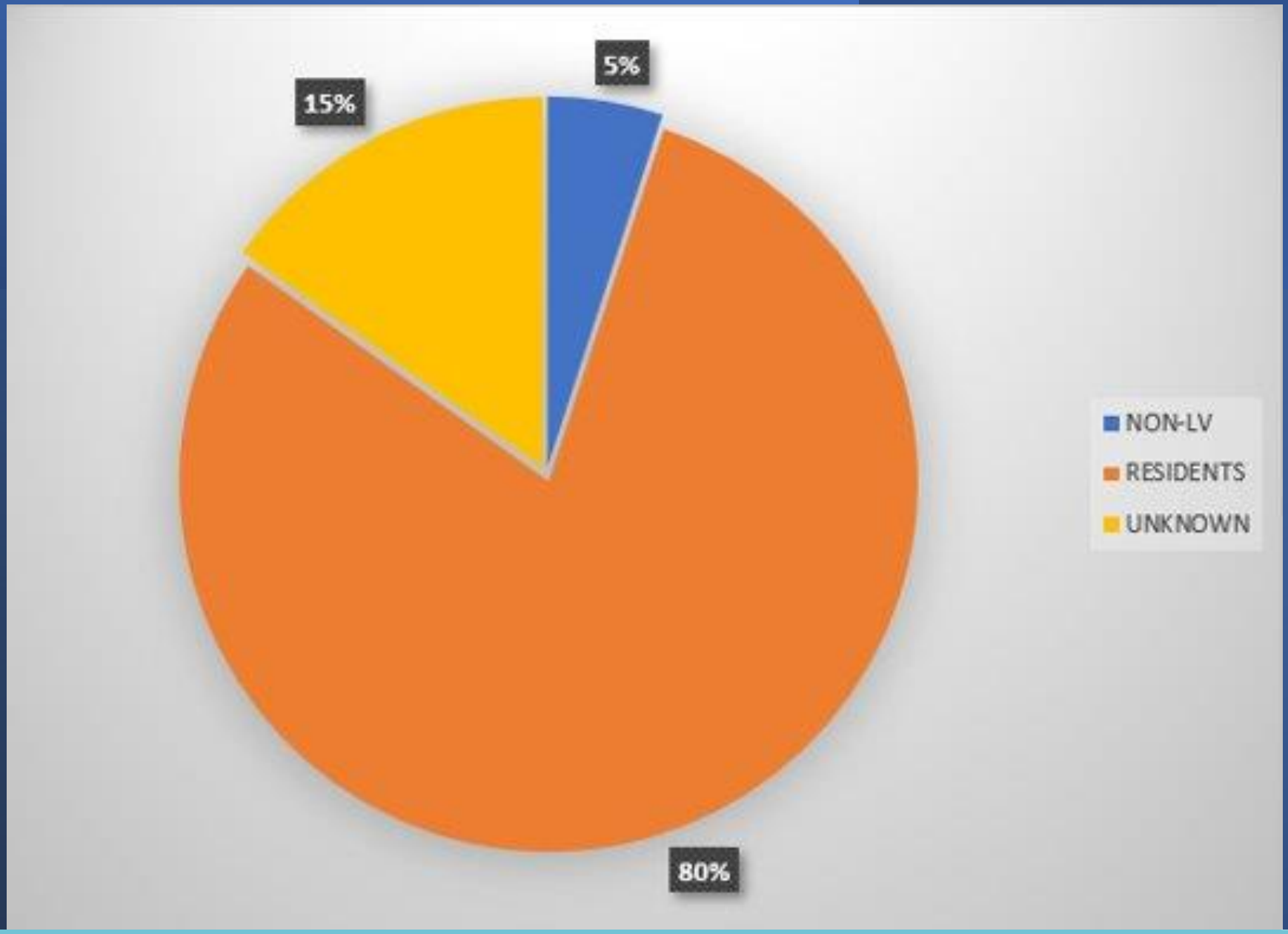
MANNER OF DEATH	COUNT OF CASE NUMBER
Accident	233
Suicide	5
Grand Total	**238**

At Home Deaths:106

Confirmed Unhoused Deaths: 45



Non-NV Residents: 12
Residents: 190

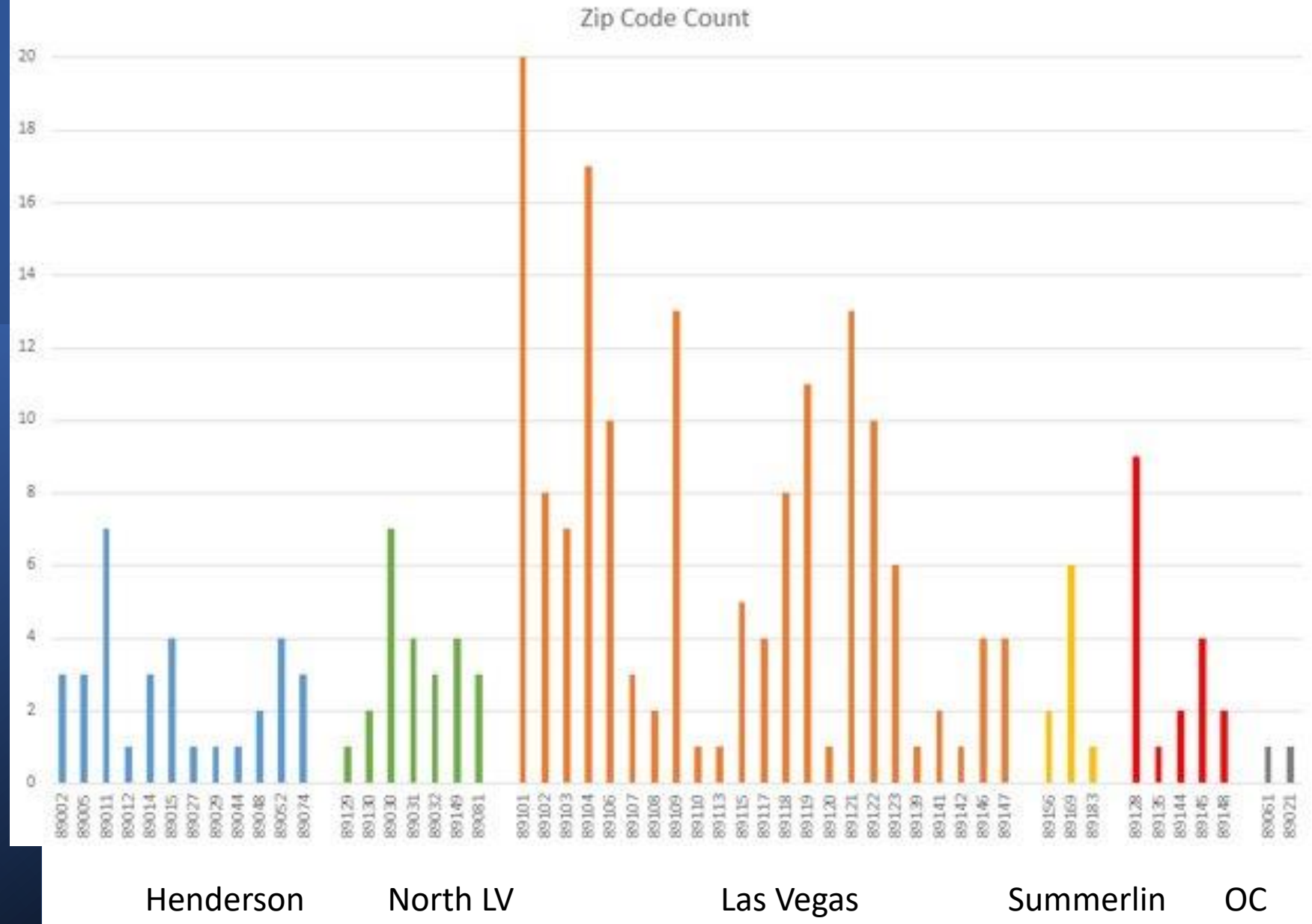


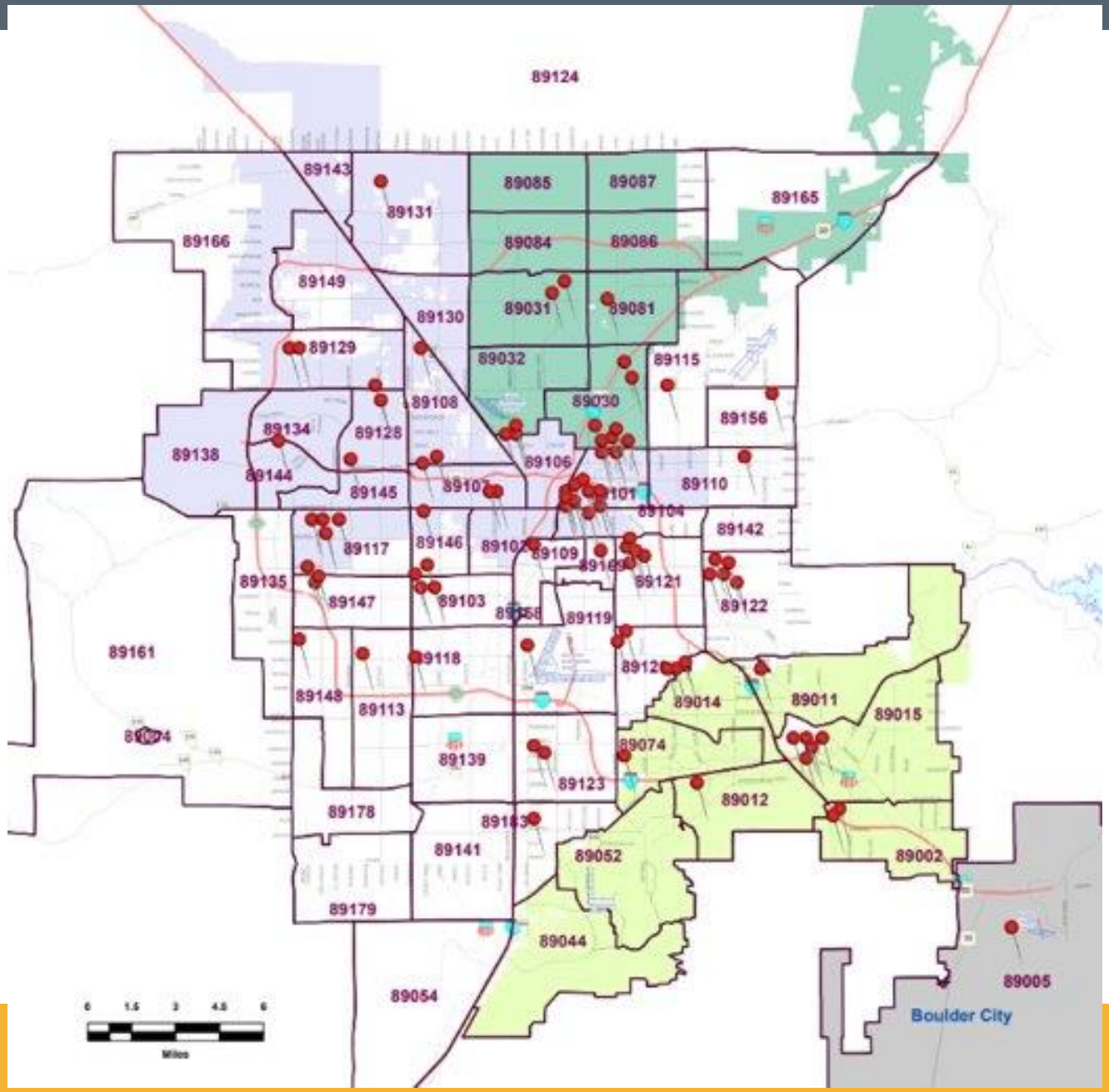
Highest:89101, 89104

High Numbers: Vegas Area

Low Numbers: North Las Vegas and Summerlin Area

Zip Code of Incident Location




89124
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89085
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89074
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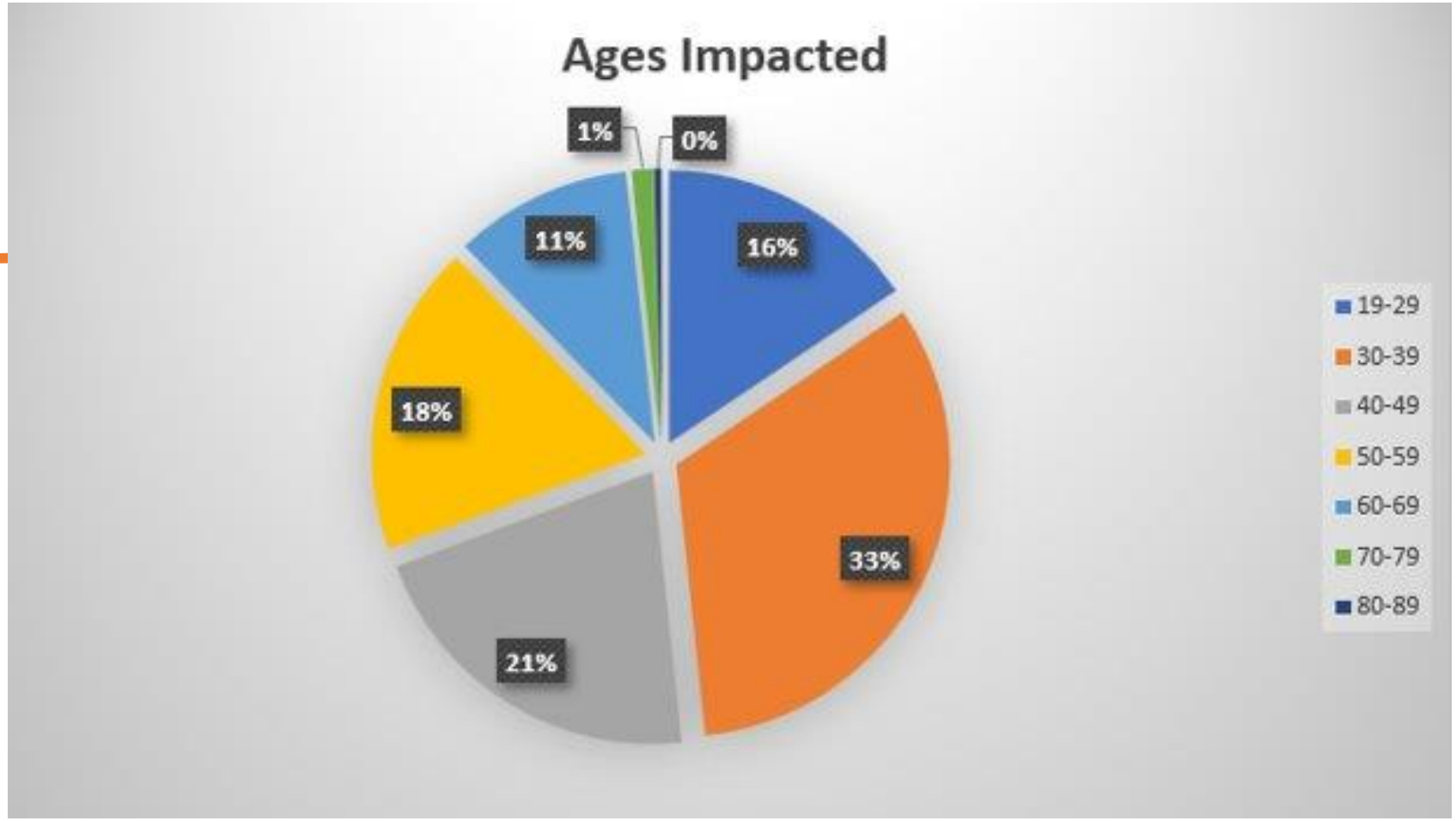
89123
89012
89178
89141
89052
89002
89179
89044
89005
89054
Boulder City
0 1.5 3 4.5 6
Miles

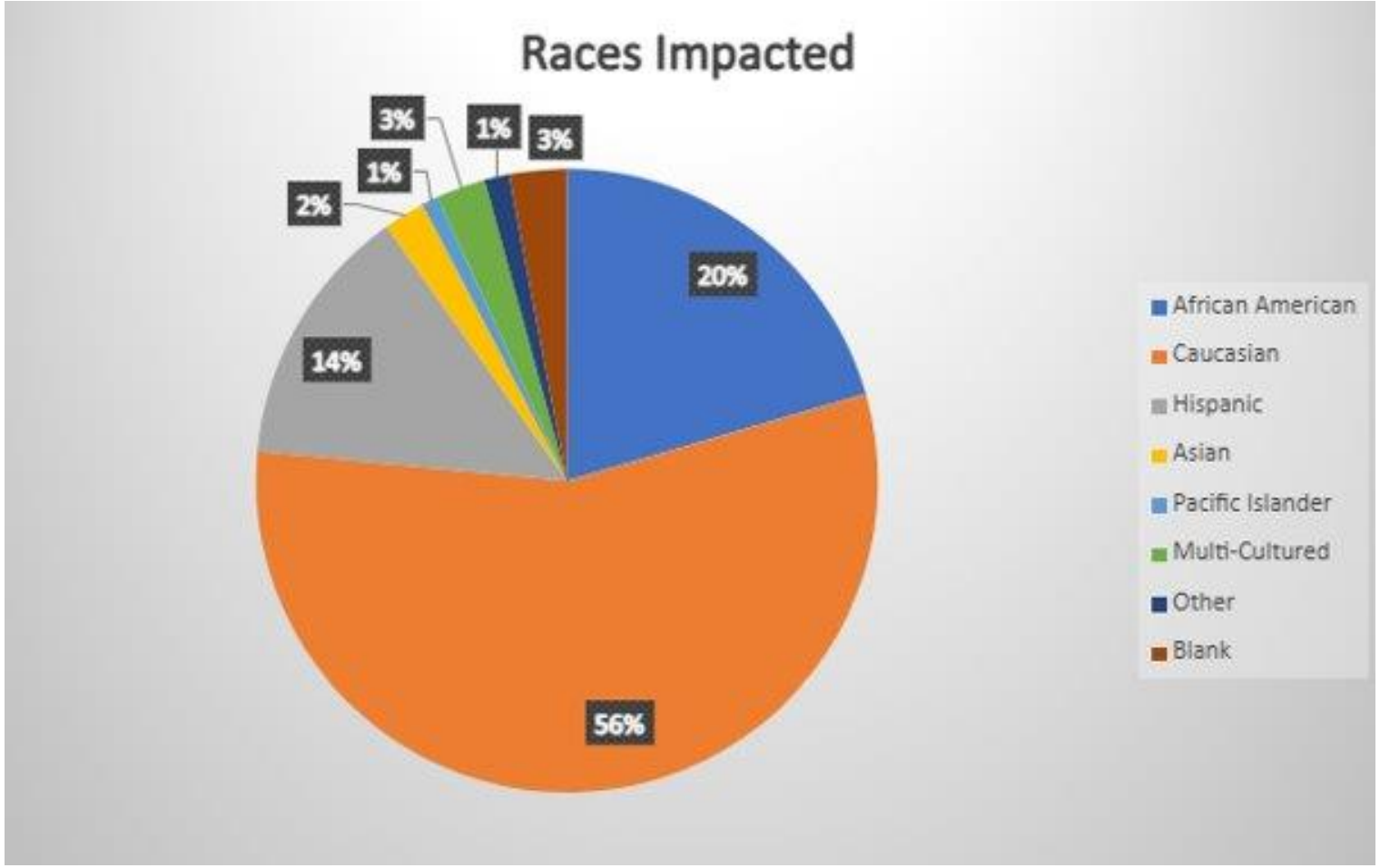
Age at time of death

- Outliers: 75- and 80-year old
- Focus: 30–39-year-old age group & 50-59 age group



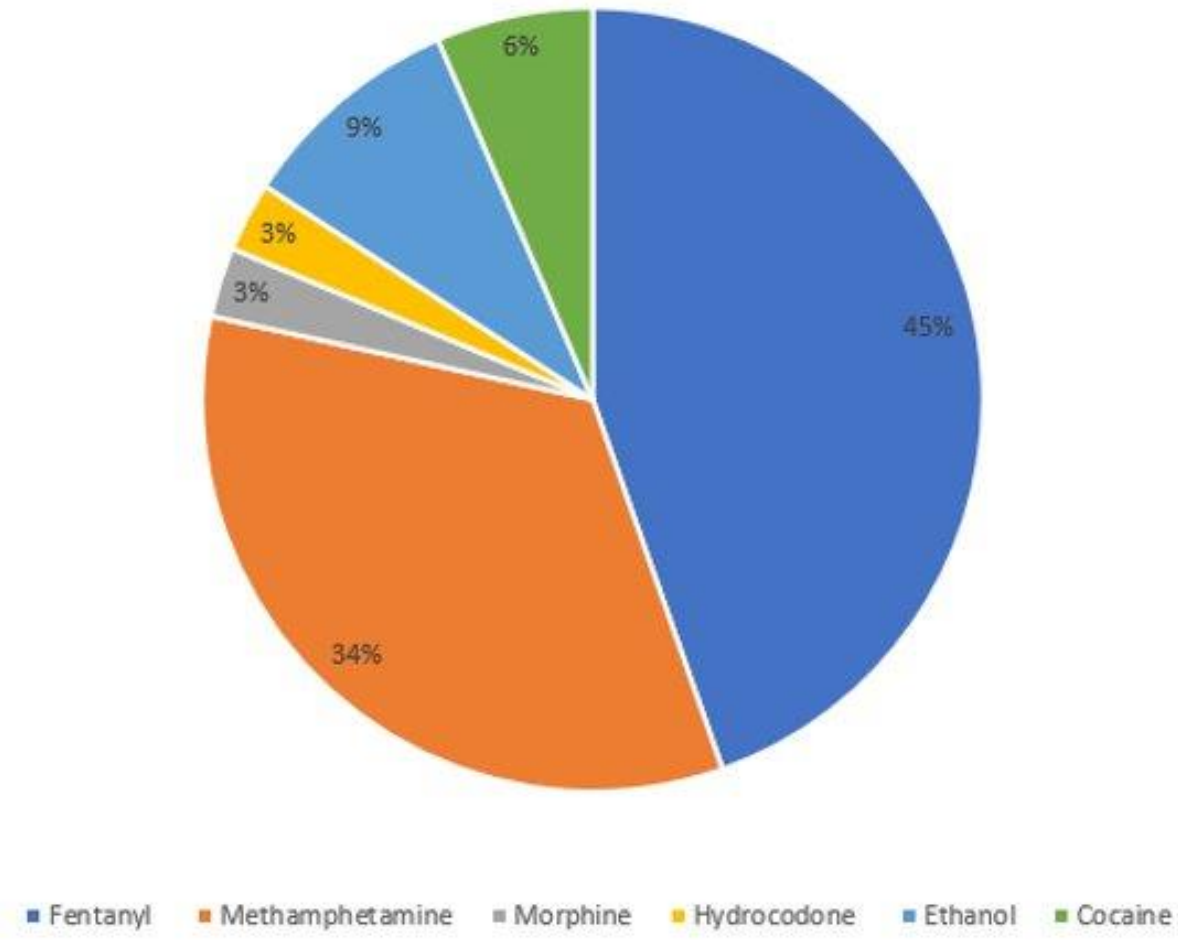
Outliers: Asians & Pacific Islanders

Focus: Caucasians, African Americans and Hispanics



Substances

- These numbers show how many cases include specific substances in the individual's toxicology.
- Most OD cases consist of a combination of multiple substances
- When drugs are not in combination it is usually Fentanyl and Oxycodone.



2024

- Jan-March we completed 5575 tests
- Turnaround time - 11days to 3 weeks
- Add-ons take longer

Highlight Case

- Carfentanil Death 0.35 ng/ml on admission blood
- DOD 3/7/2024
- Zip Code of Incident 89147
- 38 y/o White Female of Las Vegas, NV
- COD: Toxic Effects of Carfentanil
- MOD: Accident
- How Injury Occurred: Consumed illicit drug
- Hx: alcohol or illicit drug abuse, with known use of Fentanyl
- Given 2 doses of Naloxone

References

- Clark County Office of the Coroner/Medical Examiner. (n.d.). *Moon client*. Moon Client. https://clark.vertiq.us/
- Davis, G. G., Cadwallader, A. B., Fligner, C. L., Gilson, T., Hall, E., Harshbarger, K., Kronstrand, R., Mallak, C., McLemore, J., Middleberg, R. A., Middleton, O. L., Nelson, L. S., Rogalska, A., Tonsfeldt, E., Walterscheid, J., & Winecker, R. E. (2019b, December 17). Opioid position paper final 12-17-2019.PDF. https://www.thename.org/assets/docs/Opioid%20position%20paper%20Final%2012-17-2019.pdf

CLARK COUNTY REGIONAL OPIOID TASK FORCE INDICATORS

AN OVERVIEW OF OPIOID OVERDOSE INDICATORS IN CLARK COUNTY, NV

BRANDON DELISE

SR. EPIDEMIOLOGIST

SOUTHERN NEVADA HEALTH DISTRICT

Data Sources

Fatal Drug Overdose Indicators

EDRS: Electronic Death Registry System

Non-Fatal Drug Overdose Indicators

ESSENCE: Electronic Surveillance System for the Early Notification of Community-Based Epidemics

ESO: Emergency Medical Services Outcome Data

Other Indicators

High Intensity Drug Trafficking Areas (HIDTA) Seizures

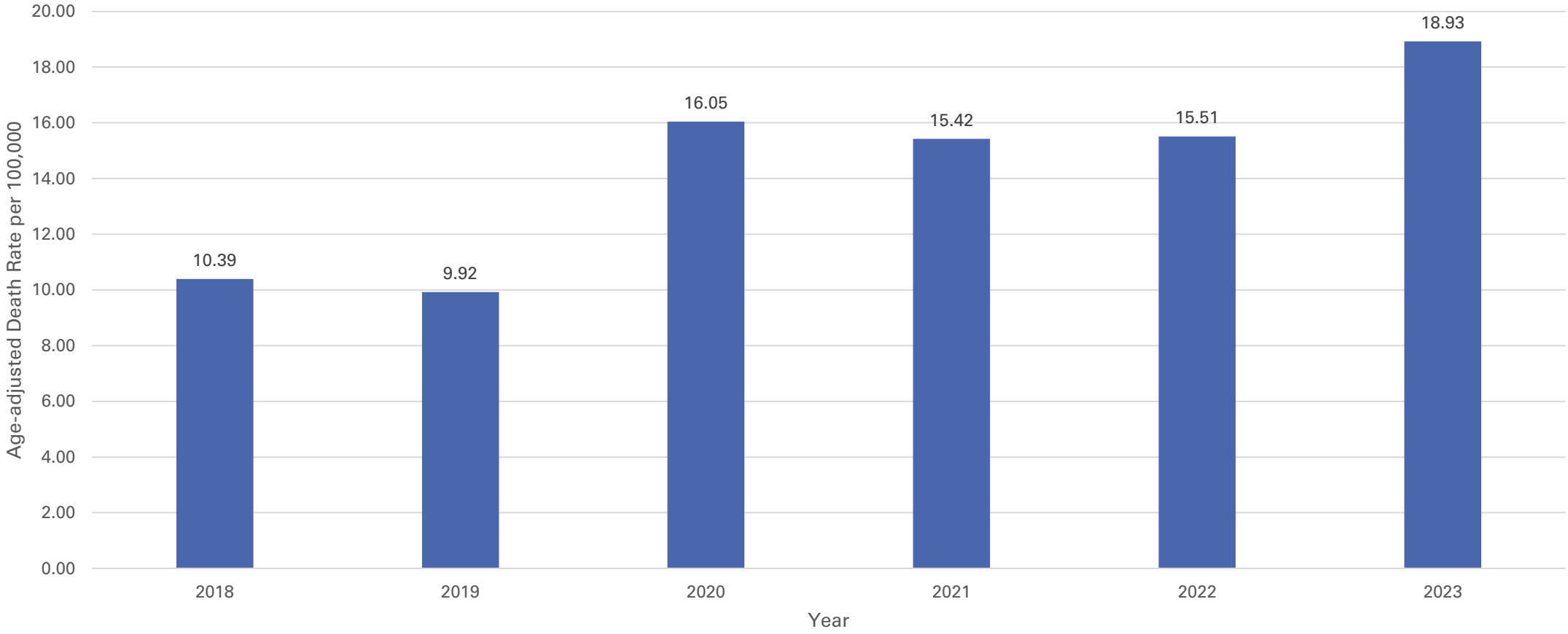
Naloxone Distributions & Administrations

Social Vulnerability Index

SECTION I: FATAL DRUG OVERDOSE INDICATORS

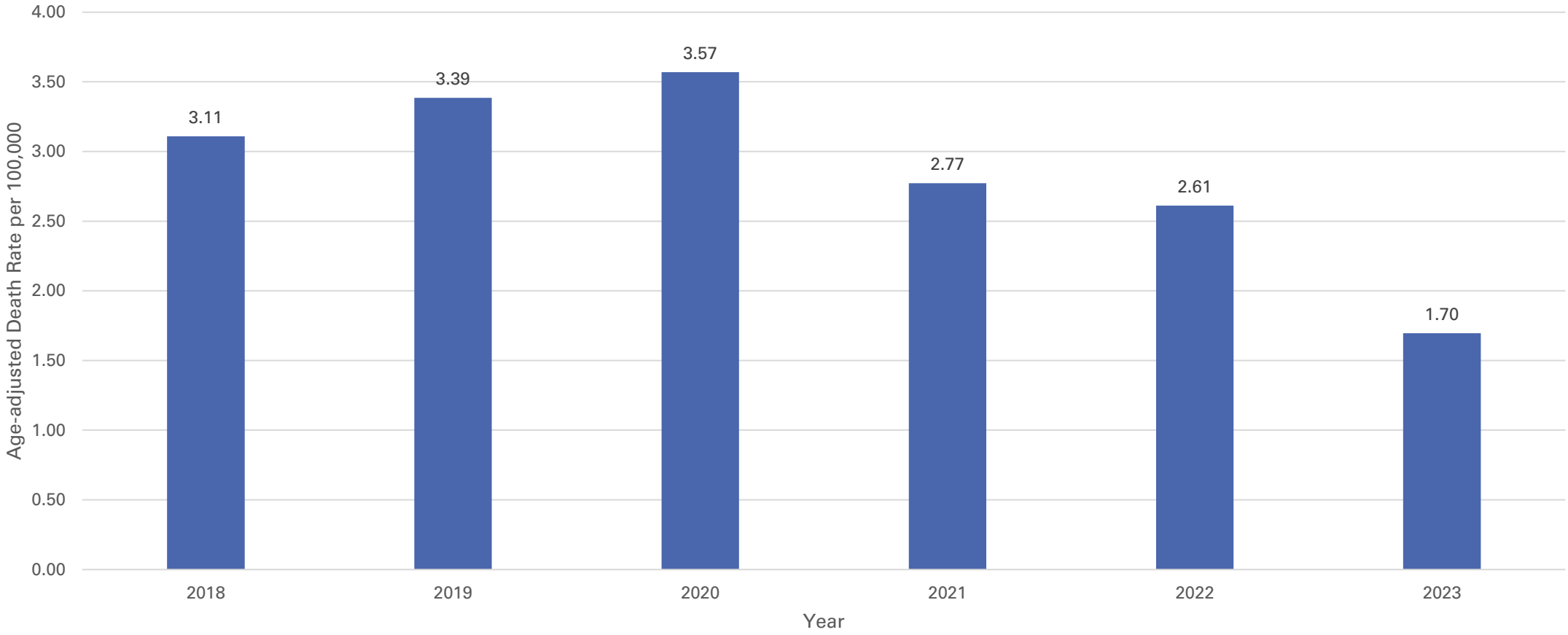
- Electronic Death Registry System
- HIDTA Seizure Reports

Age Adjusted Overdose Death Rate Involving **Any Opioid** Per 100,000 Clark County Residents, 2018 - 2023



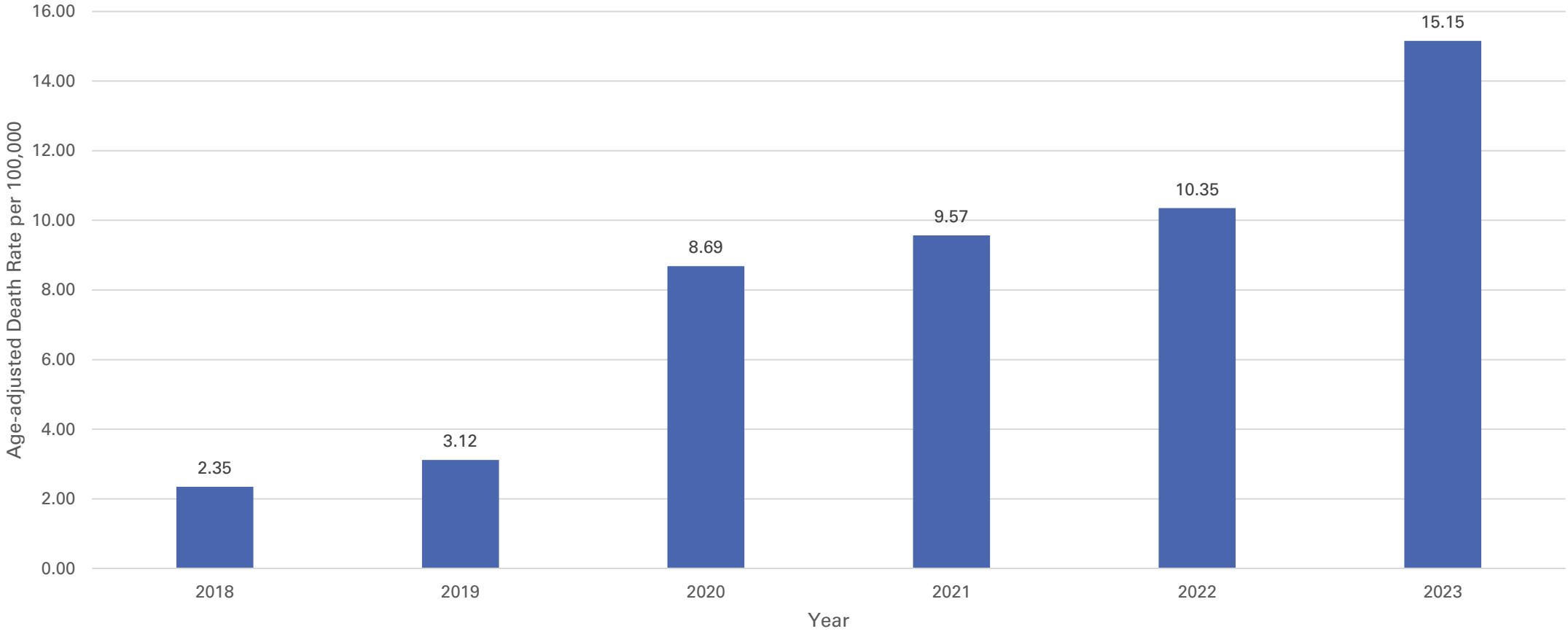
Percent change 2018-2023: Overdose death rate per 100,000 Clark County residents involving any opioid – **82.19% increase.** Data Source: Electronic Death Registry System

Age Adjusted Overdose Death Rate Involving **Heroin** Per 100,000 Clark County Residents, 2018 - 2023



Percent change 2018-2023: Overdose death rate per 100,000 Clark County residents involving heroin – **45.34% decrease.** Data Source: Electronic Death Registry System

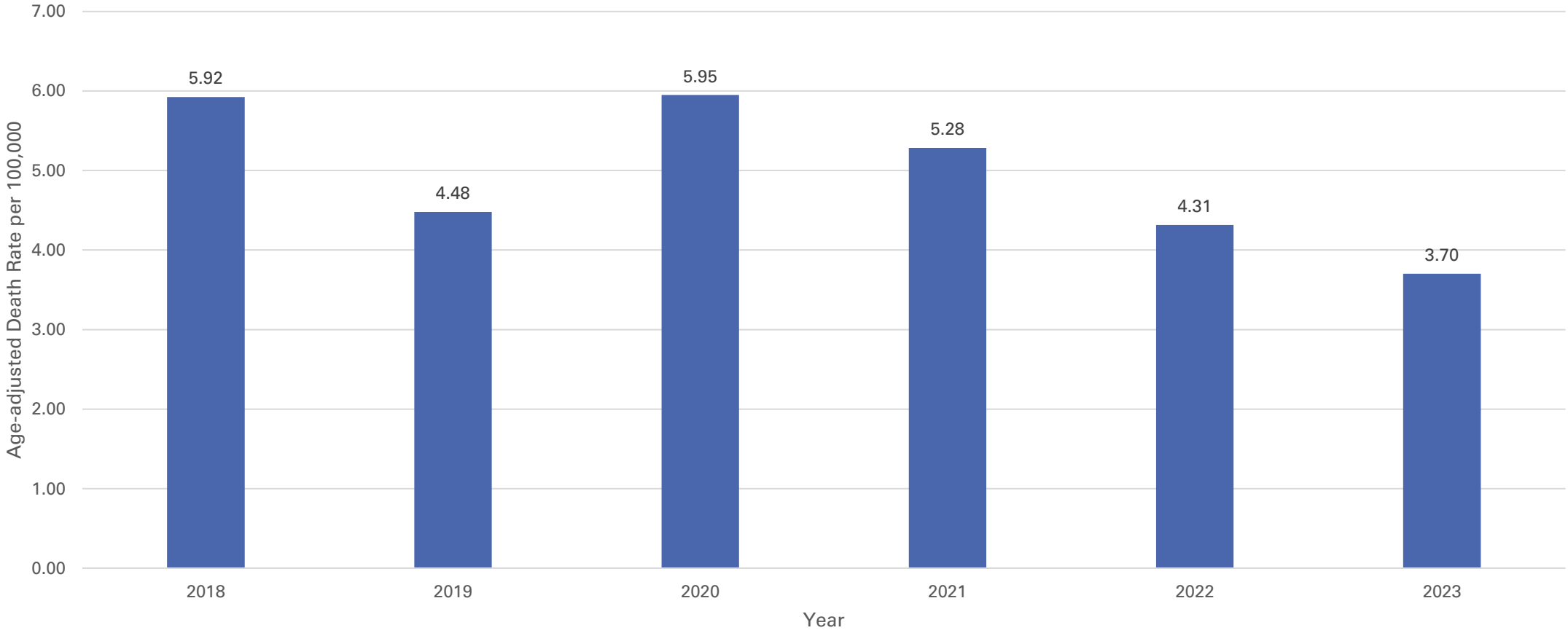
Age Adjusted Overdose Death Rate Involving **Fentanyl** Per 100,000 Clark County Residents, 2018 - 2023



Percent change 2018-2023: Count of overdose deaths involving fentanyl – **544.68% increase.**

Data Source: Electronic Death Registry System

Age Adjusted Overdose Death Rate Involving **Rx Opioids** Per 100,000 Clark County Residents, 2018 - 2023



Percent change 2018-2023: Count of overdose deaths involving Rx opioids – **37.5% decrease.**

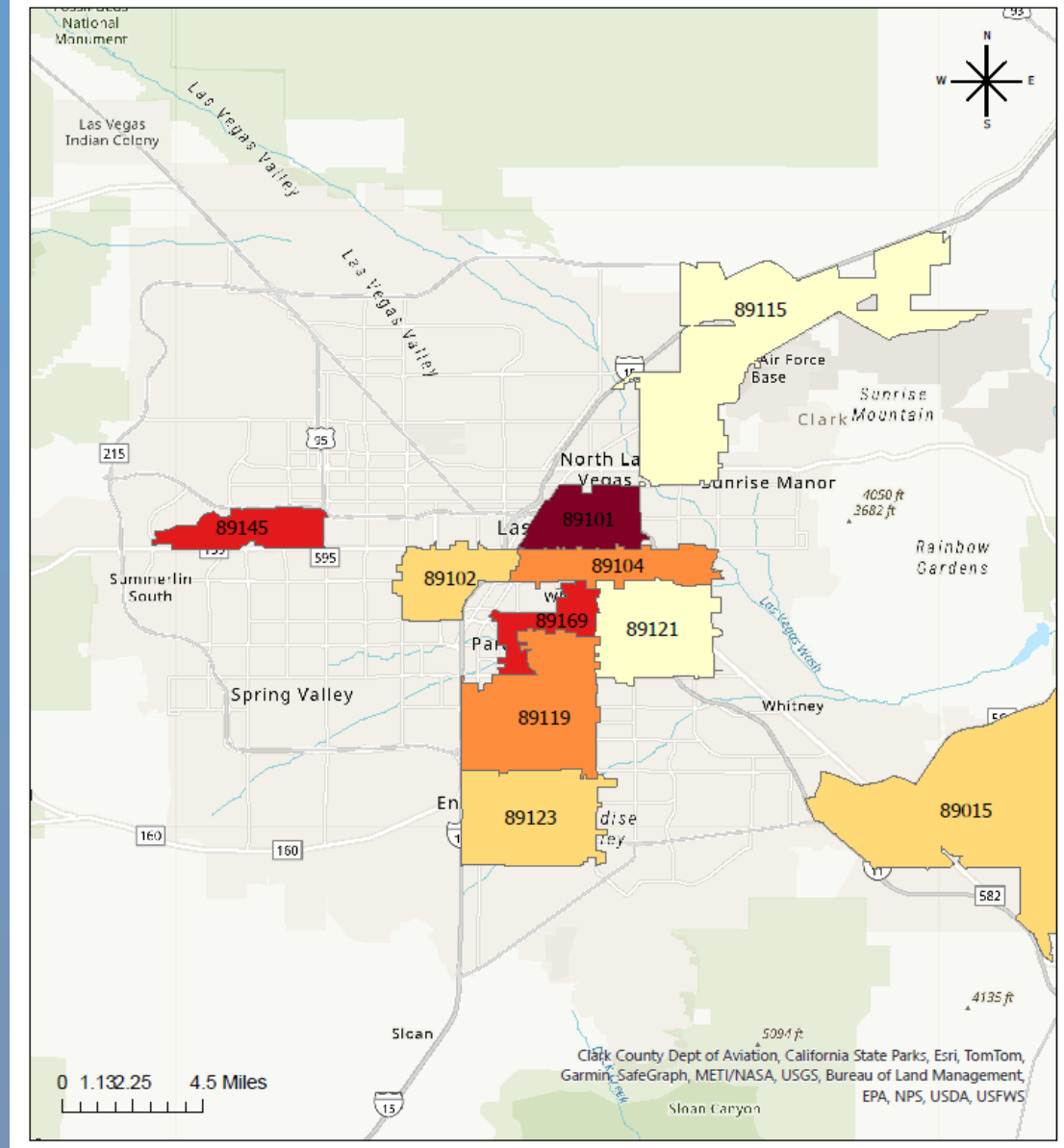
Data Source: Electronic Death Registry System

Crude Opioid Overdose Death Rate per 100,000 by Resident ZIP Code, 2023

Top 5 ZIP Codes with the Highest Crude Opioid Overdose Death Rate per 100,000, 2023	
ZIP	Death Rate per 100,000
89101	62.68
89145	46.58
89169	46.40
89104	41.00
89119	37.82
Population estimates from Southern Nevada Consensus Population Estimate, August - Roll Close 2022	

Data Source: Electronic Death Registry System

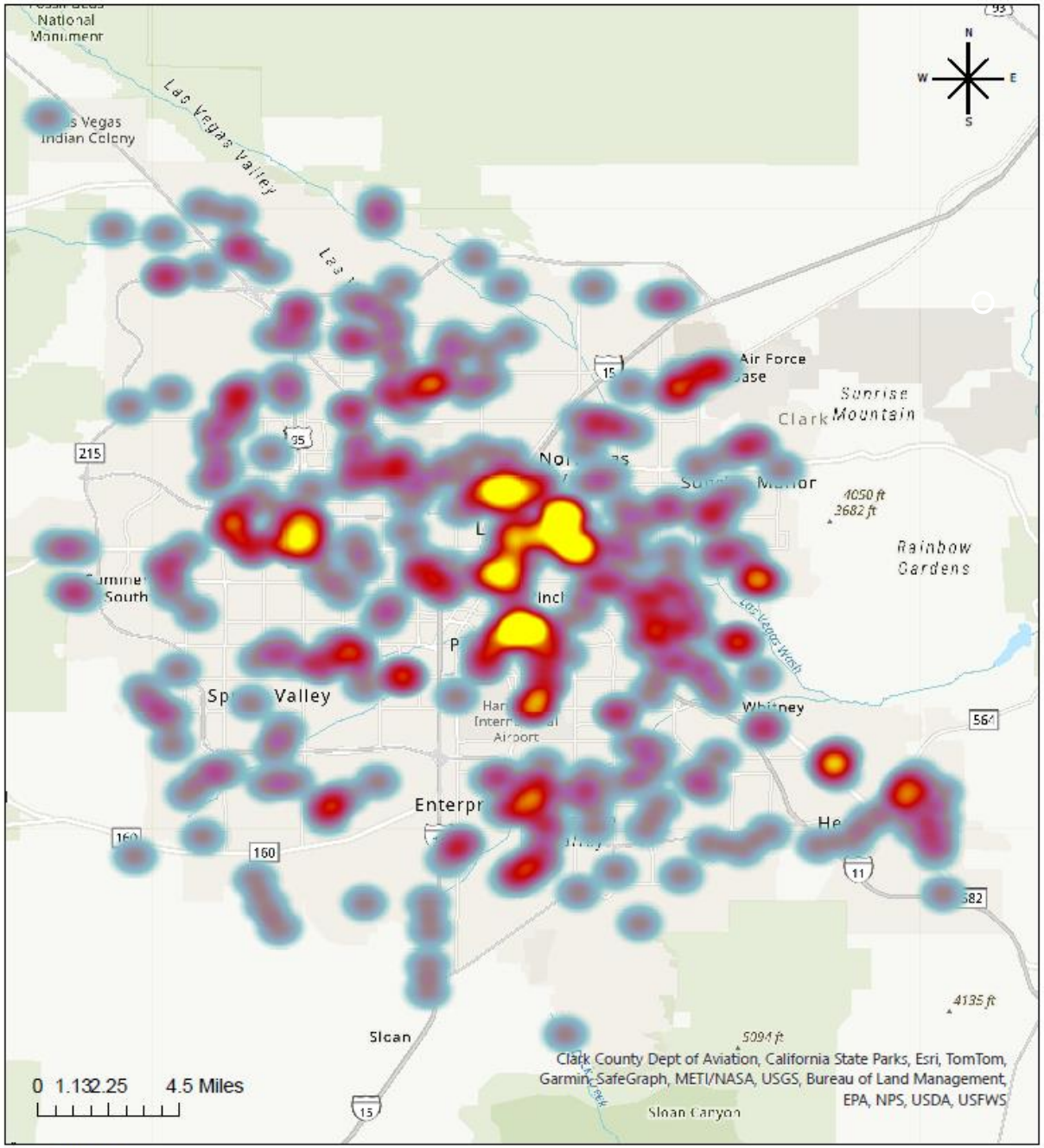
CRUDE OPIOID OVERDOSE DEATH RATE PER 100,000 BY ZIP CODE USING RESIDENTIAL ZIP CODE, 2023



Note: Rates with a numerator less than 12 have been suppressed for stability.

Data Source: Electronic Death Registry System

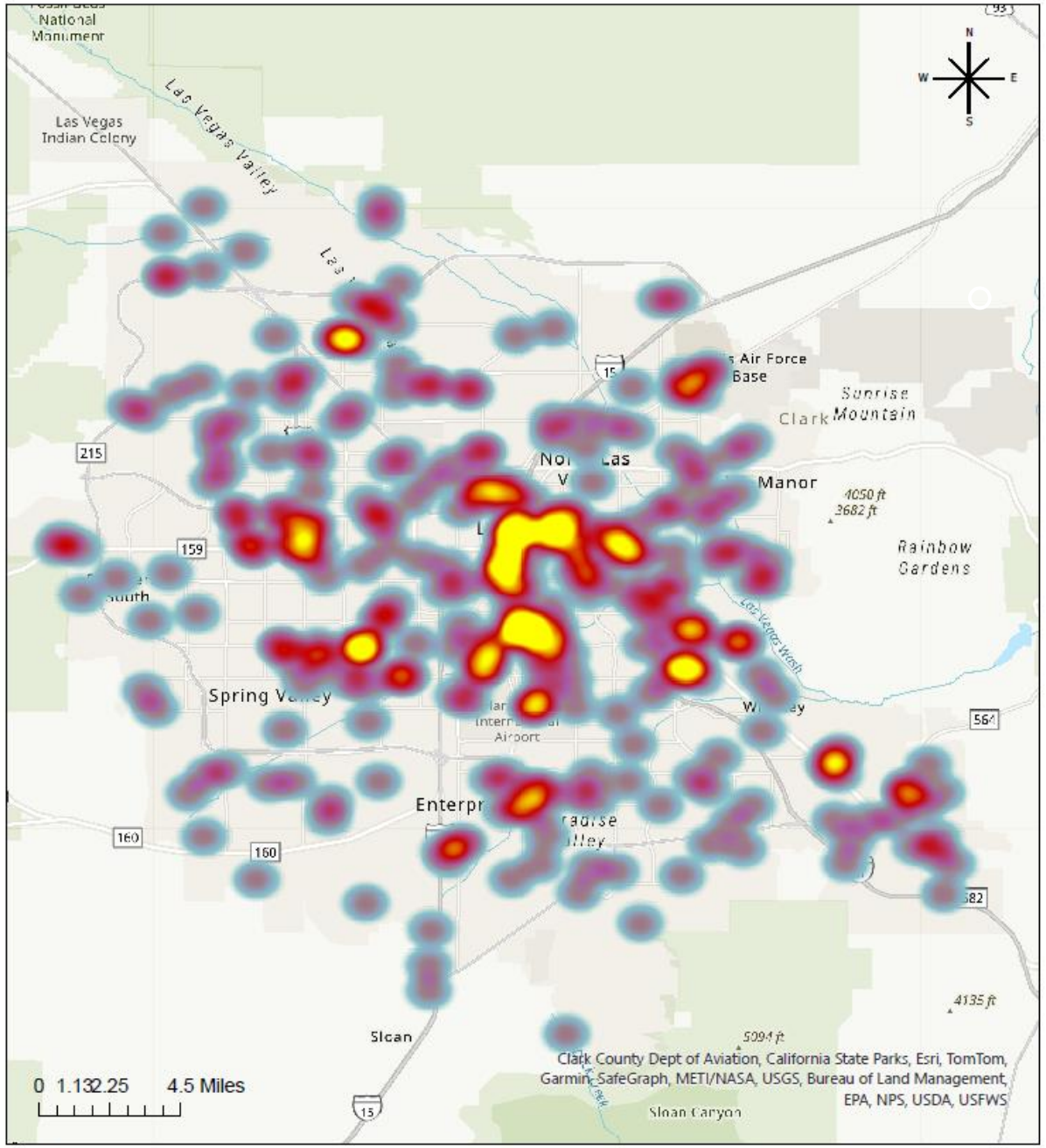
FATAL OPIOID OVERDOSE HEAT MAP USING RESIDENTIAL ADDRESS, 2023



Clusters are located Downtown, Washington & H St, and UNLV (Flamingo & Paradise).

Data Source: Electronic Death Registry System

FATAL OPIOID OVERDOSE HEAT MAP USING INJURY LOCATION, 2023



Clusters are located Downtown, 13th & Stewart, Naked City/Arts District, and UNLV.

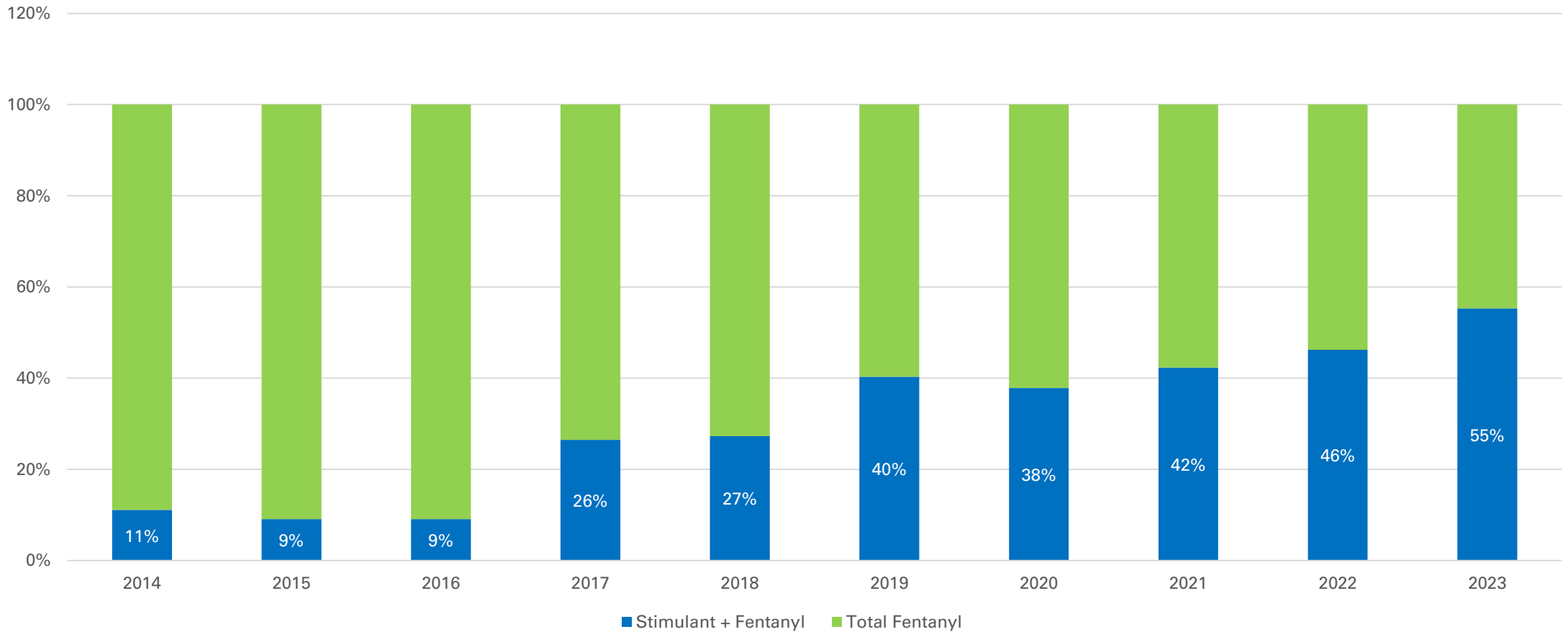
Data Source: Electronic Death Registry System

Cross Tabulation of Fatal Drug Overdoses (Counts) Involving Multiple Substances Among Clark County Residents, 2023

Drug Overdose Death Crosstabulation by Substance Among Clark County Residents, 2023							
	All Opioid	Fentanyl	Heroin	Rx Opioids	Meth	Cocaine	Benzos
All Opioid	388	302	39	81	155	48	64
Fentanyl		302	13	31	135	44	37
Heroin			39	5	18	-	-
Rx Opioids				81	15	6	28
Meth					290	25	13
Cocaine						75	5
Benzos							74
Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.							

Data Source: Electronic Death Registry System

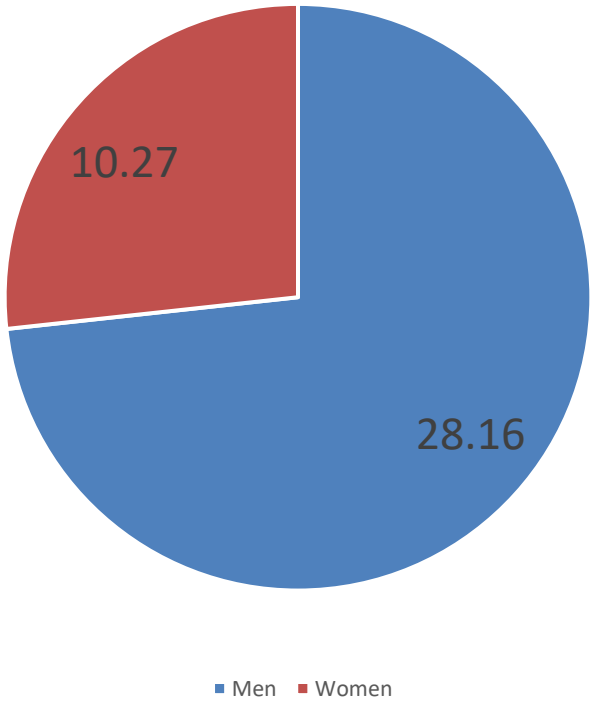
Proportion of Fentanyl Overdose Deaths Co-occurring with Stimulants (Methamphetamine and/or Cocaine) by Year, Among Clark County Residents, 2014-2023



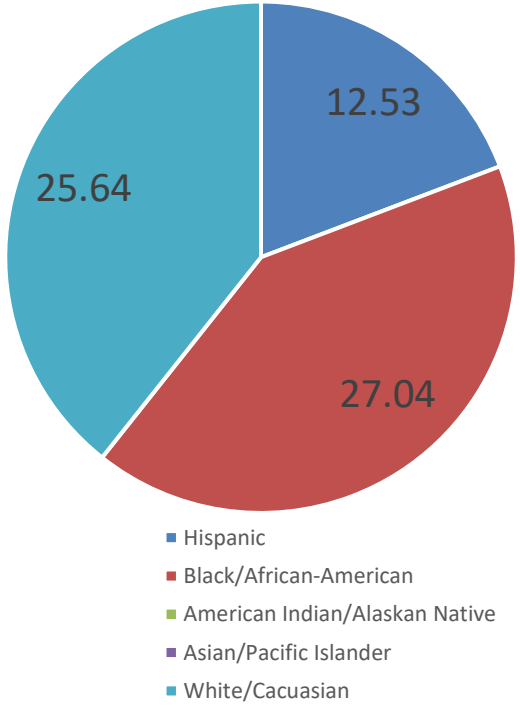
Data Source: Electronic Death Registry System

Opioid Overdose Death Descriptive Statistics Among Clark County Residents, 2023

Crude Opioid Overdose Death Rate by Gender per 100,000 Clark County Residents, 2023



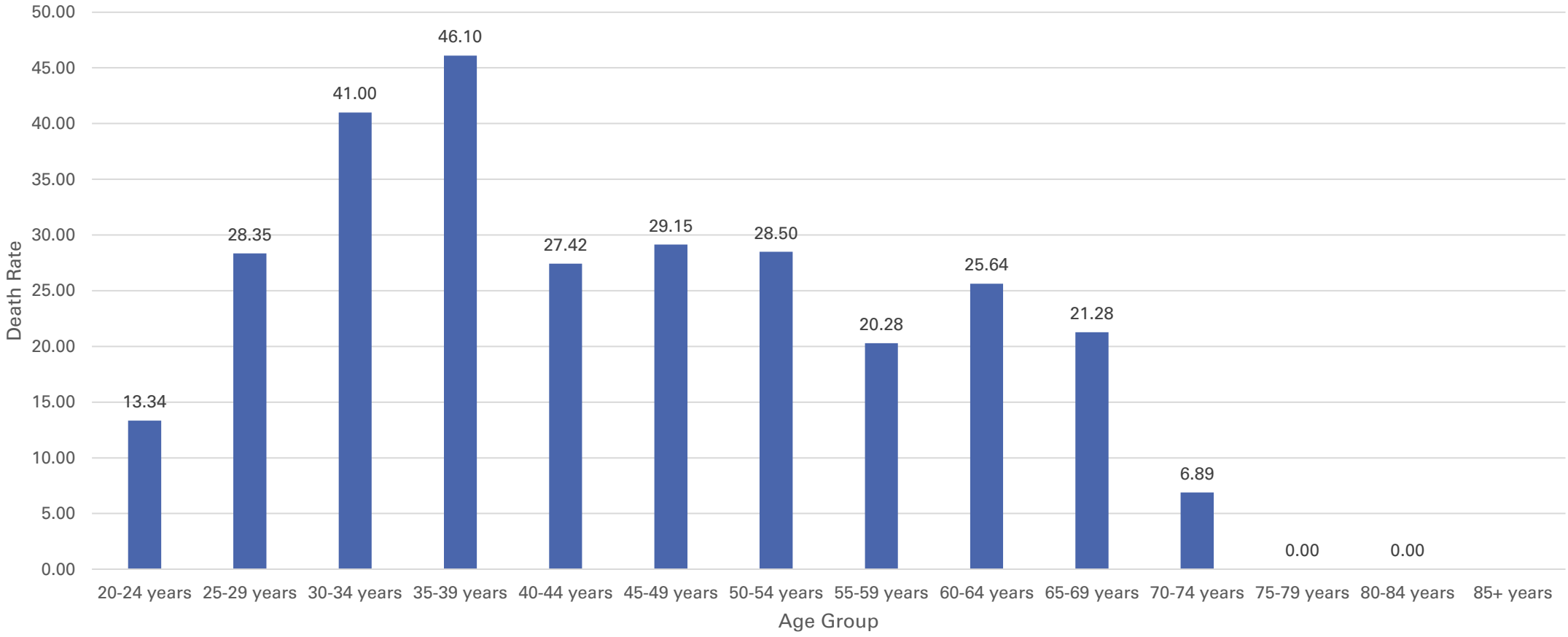
Crude Opioid Overdose Death Rate by Race/Ethnicity per 100,000 Clark County Residents, 2023



Note: Rates with a numerator less than 12 have been suppressed for reliability

Data Source: Electronic Death Registry System

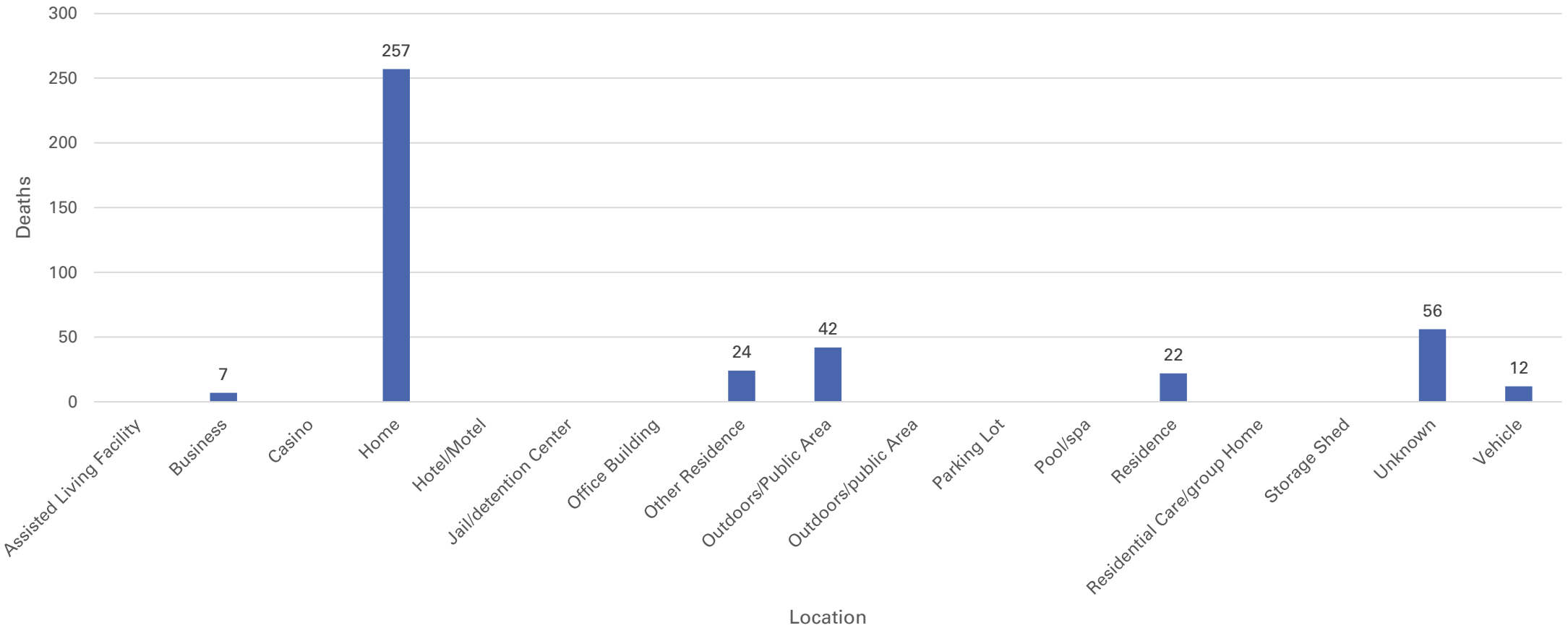
Age Specific Opioid Overdose Death Rate per 100,000 Clark County Residents, 2023



Note: Rates with a numerator less than 12 have been suppressed for reliability.

Data Source: Electronic Death Registry System

Count of Fatal Opioid Overdose Location Among Clark County Residents, 2023



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

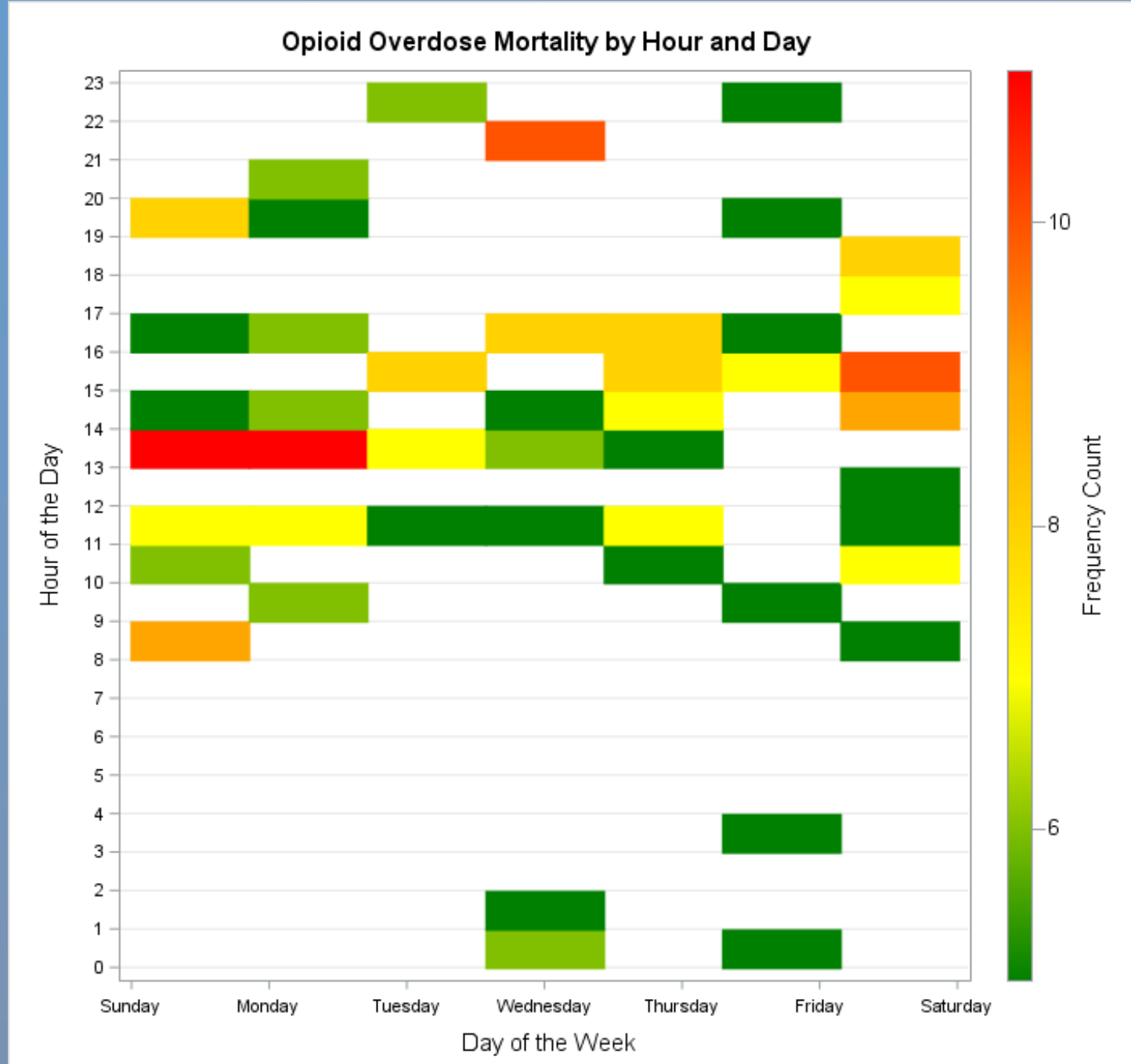
Data Source: Electronic Death Registry System

Drug Overdose Death Descriptive Data (Counts) Involving Select Substances Among Clark County Residents, Comparing 2023 Vs. 2022

	All Opioid			Fentanyl			Meth		
Date	2022	2023	% Change	2022	2023	% Change	2022	2023	% Change
Age									
Under 1 year	-	-	-	-	-	-	-	-	-
1 to 4 years	-	-	-	-	-	-	-	-	-
5 to 9 years	-	-	-	-	-	-	-	-	-
10 to 14 years	-	-	-	-	-	-	-	-	-
15 to 19 years	10	-	-	10	-	-	-	-	-
20 to 24 years	20	16	-20	16	15	-6.25	9	-	-
25 to 29 years	33	37	12.12	30	36	20.00	18	15	-16.67
30 to 34 years	46	61	32.61	33	51	54.55	31	34	9.68
35 to 39 years	64	70	9.38	39	58	48.72	47	45	-4.26
40 to 44 years	52	34	-34.62	33	30	-9.09	33	21	-36.36
45 to 49 years	28	40	42.86	17	28	64.71	39	27	-30.77
50 to 54 years	25	38	52	13	25	92.31	26	40	53.85
55 to 59 years	32	24	-25	19	19	0.00	37	34	-8.11
60 to 64 years	15	30	100	8	19	137.50	32	38	18.75
65 to 69 years	18	22	22.22	7	13	85.71	15	27	80.00
70 to 74 years	7	5	-28.57	6	-	-	6	-	-
75 to 79 years	-	-	-	-	-	-	-	-	-
80 to 84 years	-	-	-	-	-	-	-	-	-
85 years and over	-	-	-	-	-	-	-	-	-
Race									
Hispanic	74	84	13.51	58	75	29.31	54	58	7.41
Black	60	66	10	45	57	26.67	47	54	14.89
AI/AN	-	-	-	-	-	-	-	-	-
Asian/PI	8	5	-37.5	5	-	-	8	11	37.50
White/Caucasian	203	221	8.87	118	156	32.20	174	156	-10.34
Other	-	-	-	-	-	-	-	-	-
Multi-racial	6	7	16.67	-	5	-	6	6	0.00
Gender									
Female	128	103	-19.53	74	66	-10.81	87	65	-25.29
Male	229	285	24.45	162	236	45.68	207	225	8.70

Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information. Data Source: Electronic Death Registry System

OPIOID OVERDOSE MORTALITY BY HOUR AND DAY AMONG CLARK COUNTY RESIDENTS, 2023



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

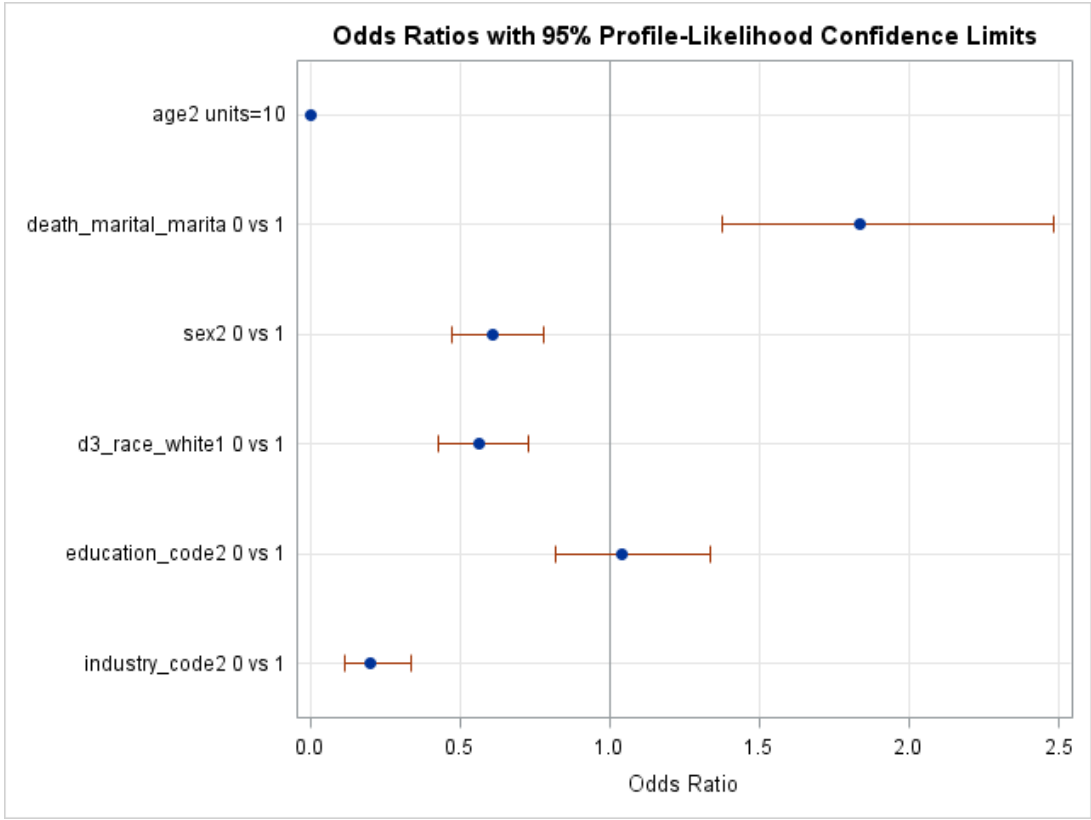
Data Source: Electronic Death Registry System

Adjusted Odds Ratio Estimates for Fatal Opioid Overdose, 2023

Odds Ratio Estimates for Fatal Overdose

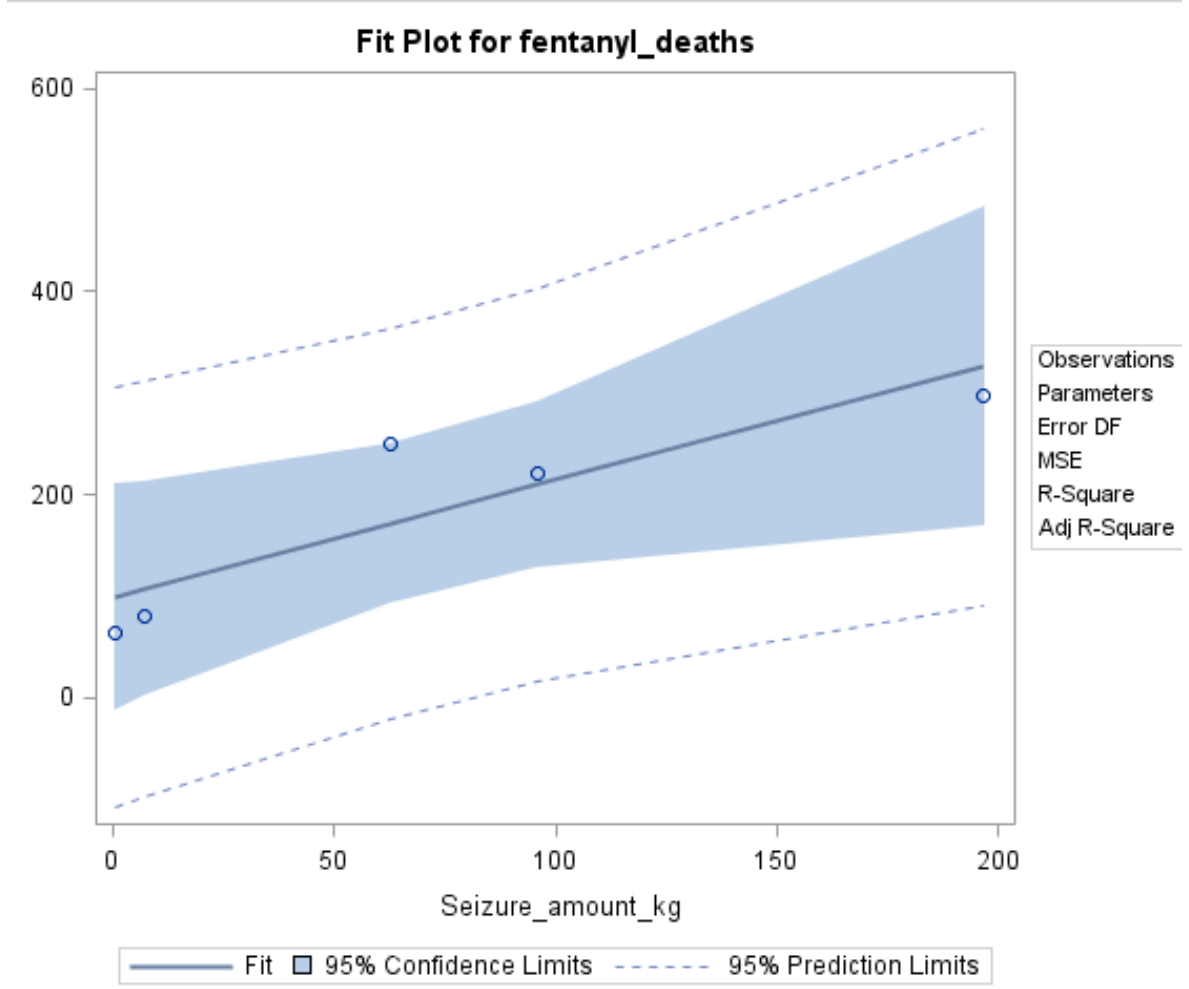
Covariate	N	Odds Ratio	95% Confidence Limits		P Value
Age (unit=10 years)	17,530	<0.00	<0.00		<.0001**
		1	1	<0.001	*
Sex					
Male	9,853	(Ref)	(Ref)	(Ref)	(Ref)
Female	8,051	0.609	0.475	0.777	<.0001**
					*
Employment Status					
Employed	17,083	(Ref)	(Ref)	(Ref)	(Ref)
Not Employed	823	0.202	0.114	0.336	<.0001**
					*
Race					
White	13,512	(Ref)	(Ref)	(Ref)	(Ref)
Non-White	4,394	0.562	0.427	0.73	<.0001**
					*
Marital Status					
Married	6,427	(Ref)	(Ref)	(Ref)	(Ref)
Not Married	11,479	1.835	1.376	2.482	<.0001**
					*
Education					
High School Graduate, GED, or Less School	10,255	1.043	0.819	1.335	.7327
Some College or College Degree (e.g., Associates, Bachelors)	7,651	(Ref)	(Ref)	(Ref)	(Ref)

The estimate for the age variable contains the odds ratio for every change of 10 years.
The White race variable includes both Hispanic White and non-Hispanic White
*p<.05, ** p<.01, *** p<.001



Data Source: Electronic Death Registry System

Linear Regression of Overdose Deaths Involving Fentanyl Among Clark County Residents and Fentanyl Seizures, 2018-2022



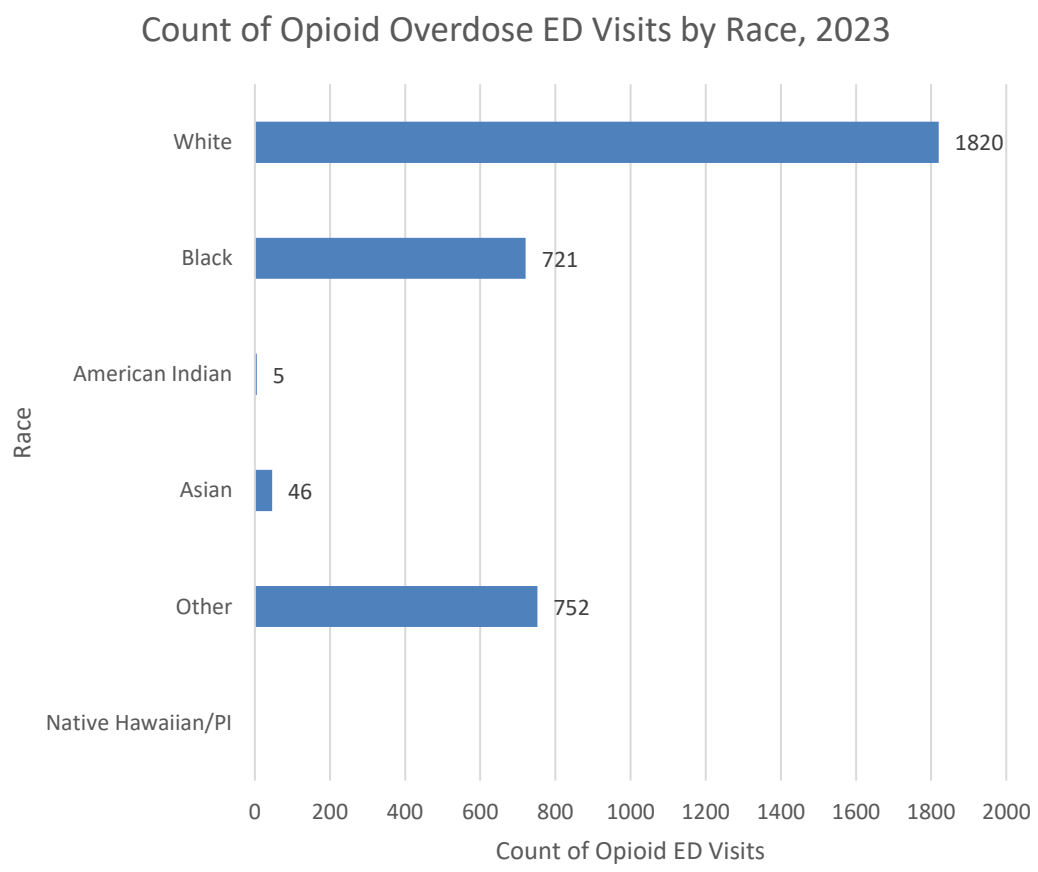
Analysis of Variance					
Source	DF	Sum of Square	Mean Square	F Value	Pr > F
Model	1	34341	34341	11.35	0.0434
Error	3	9076.36105	3025.45368		
Corrected Total	4	43417			

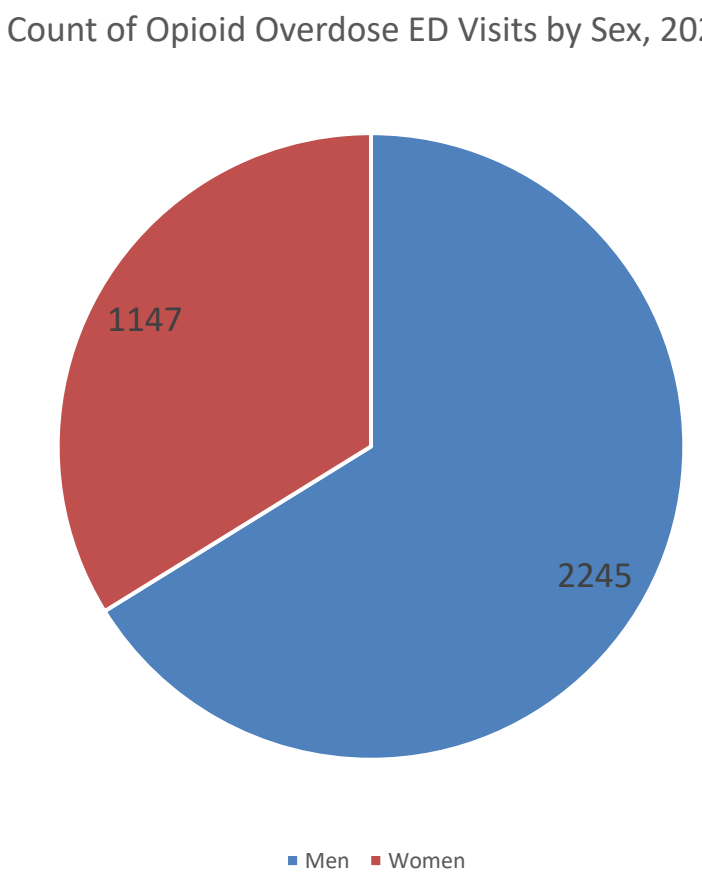
Data Source: Electronic Death Registry System; HIDTA Seizures

SECTION II: NON-FATAL INDICATORS

- ESSENCE (Syndromic Surveillance)
- ESO

Opioid Overdose ED Visit Descriptive Statistics Using ESSENCE Among Clark County Residents & Non-Residents, 2023

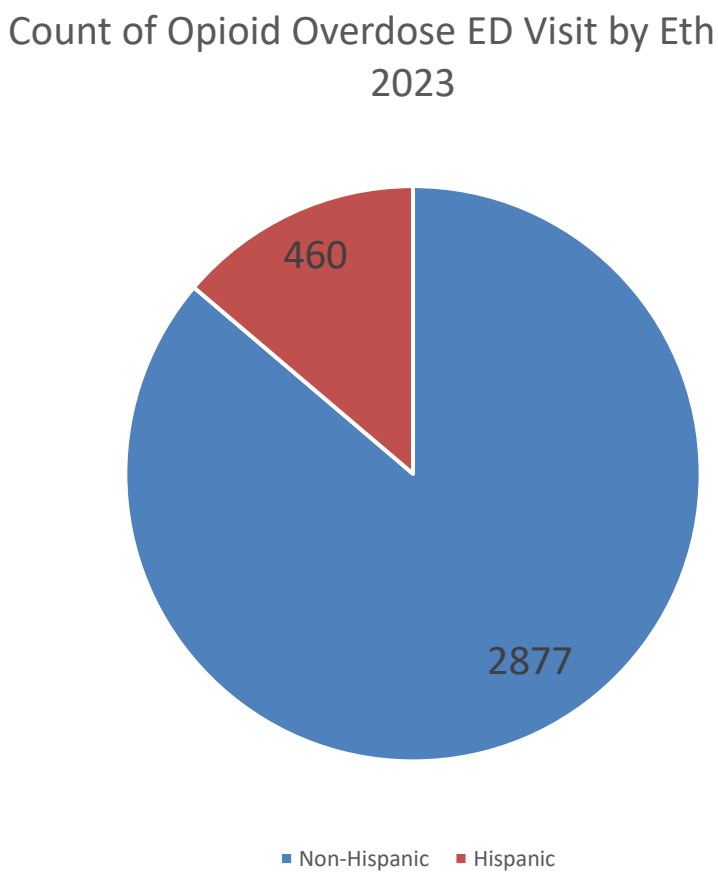


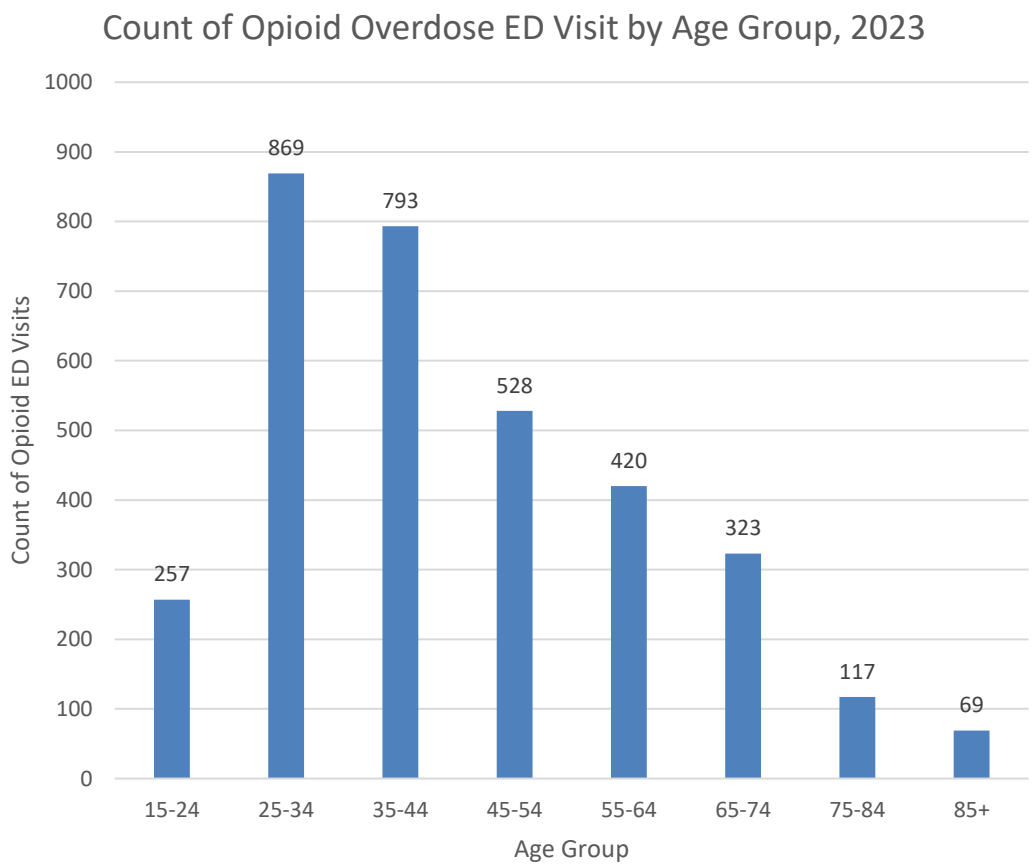


Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: ESSENCE

Opioid Overdose ED Visit Descriptive Statistics Using ESSENCE Among Clark County Residents & Non-Residents, 2023 (Cont.)

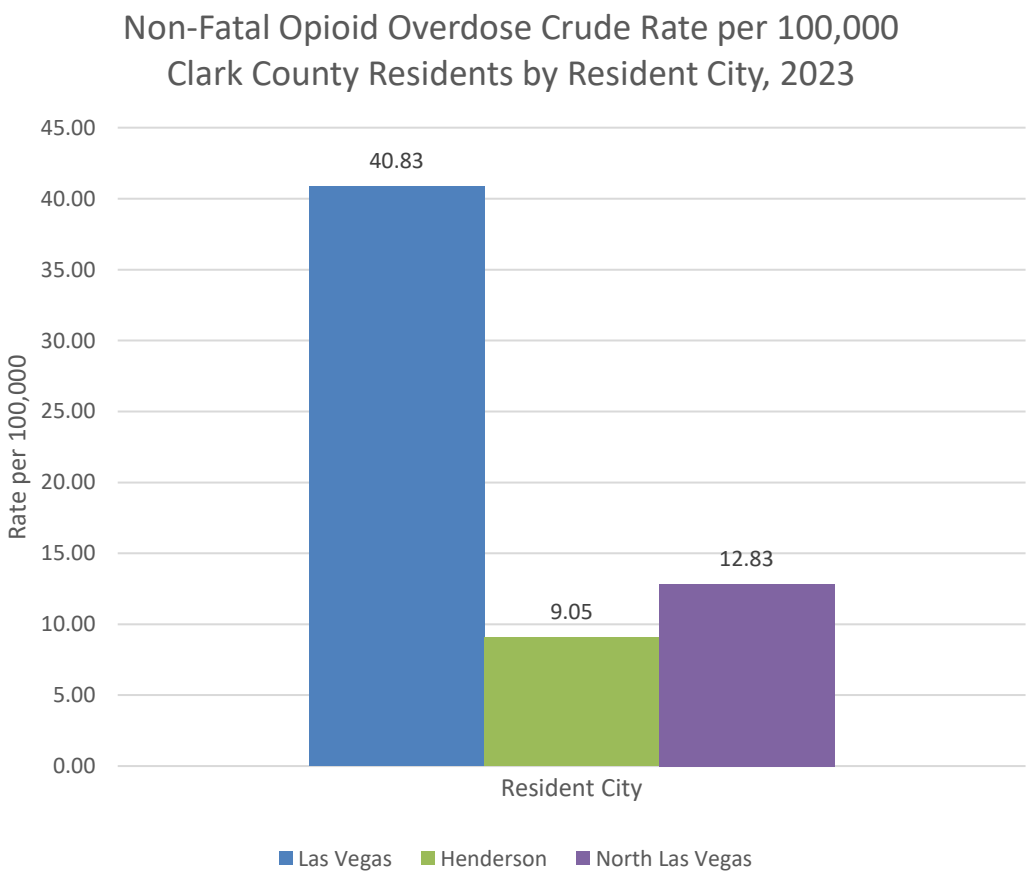


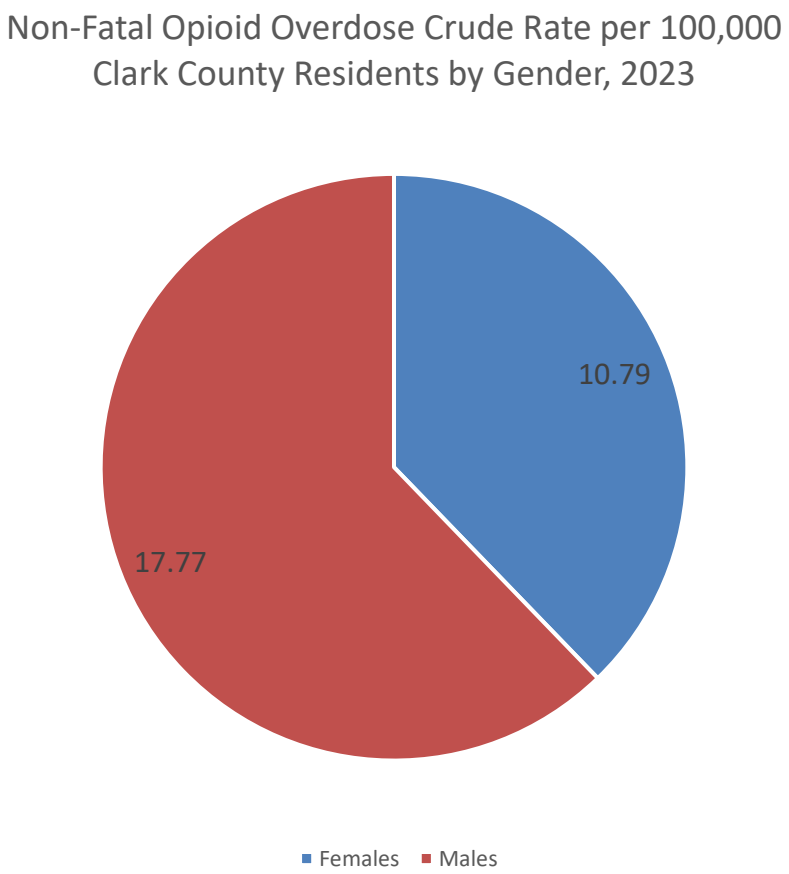


Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: ESSENCE

Non-Fatal Opioid Overdose Descriptive Statistics Using ESO Among Clark County Residents, 2023

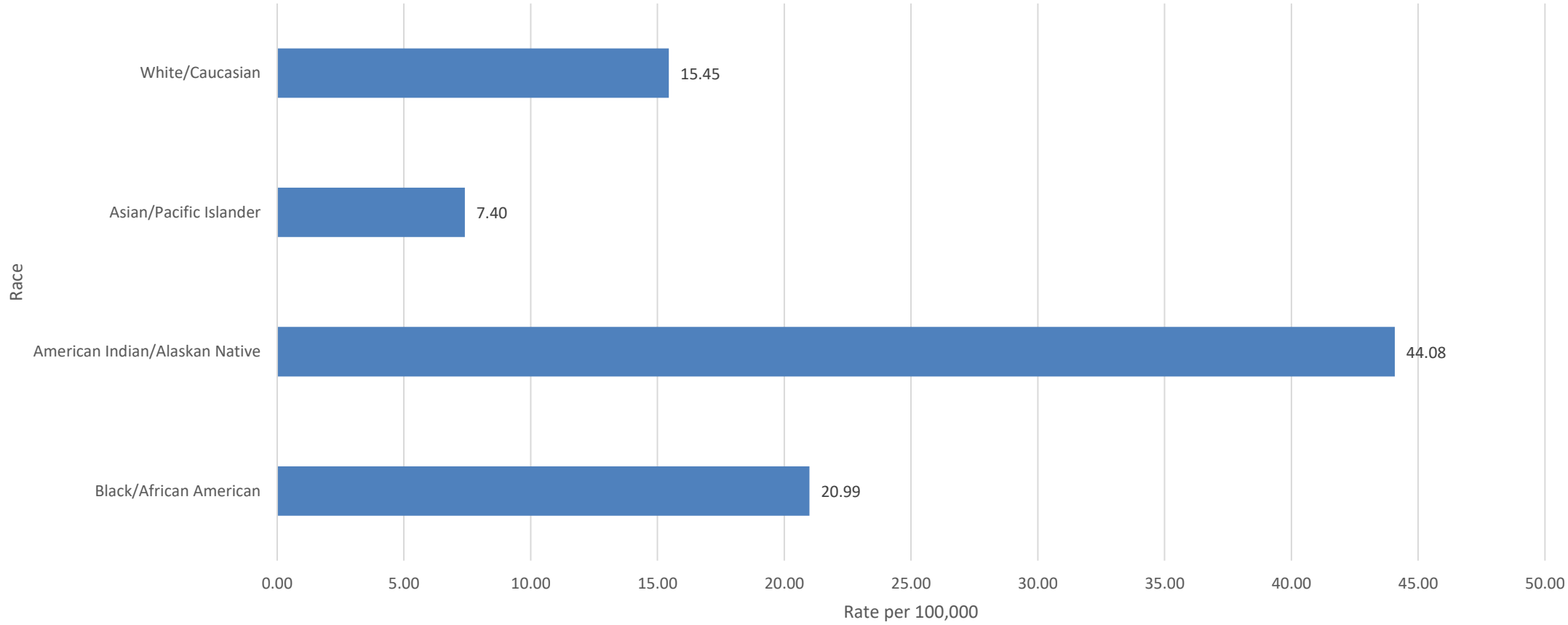




Note: Rates with a numerator less than 12 have been suppressed for reliability.

Data Source: ESO

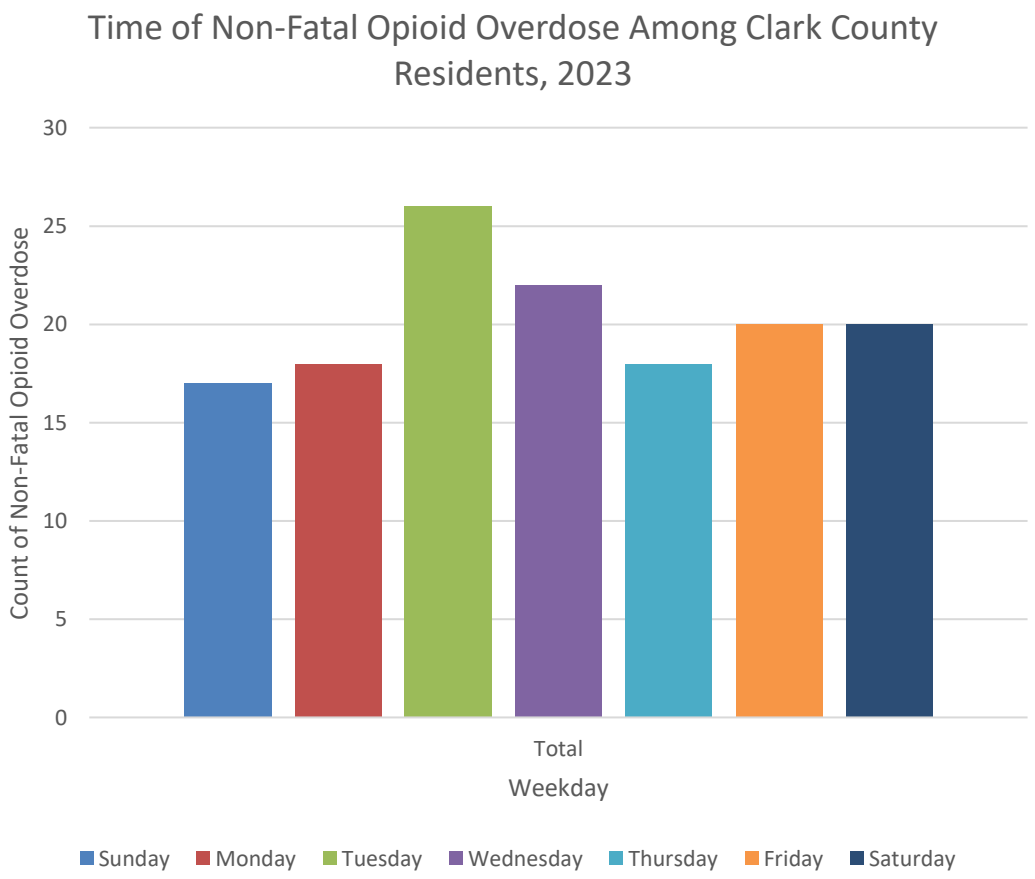
Non-Fatal Opioid Overdose Descriptive Statistics Using ESO Among Clark County Residents, 2023 (Cont.)

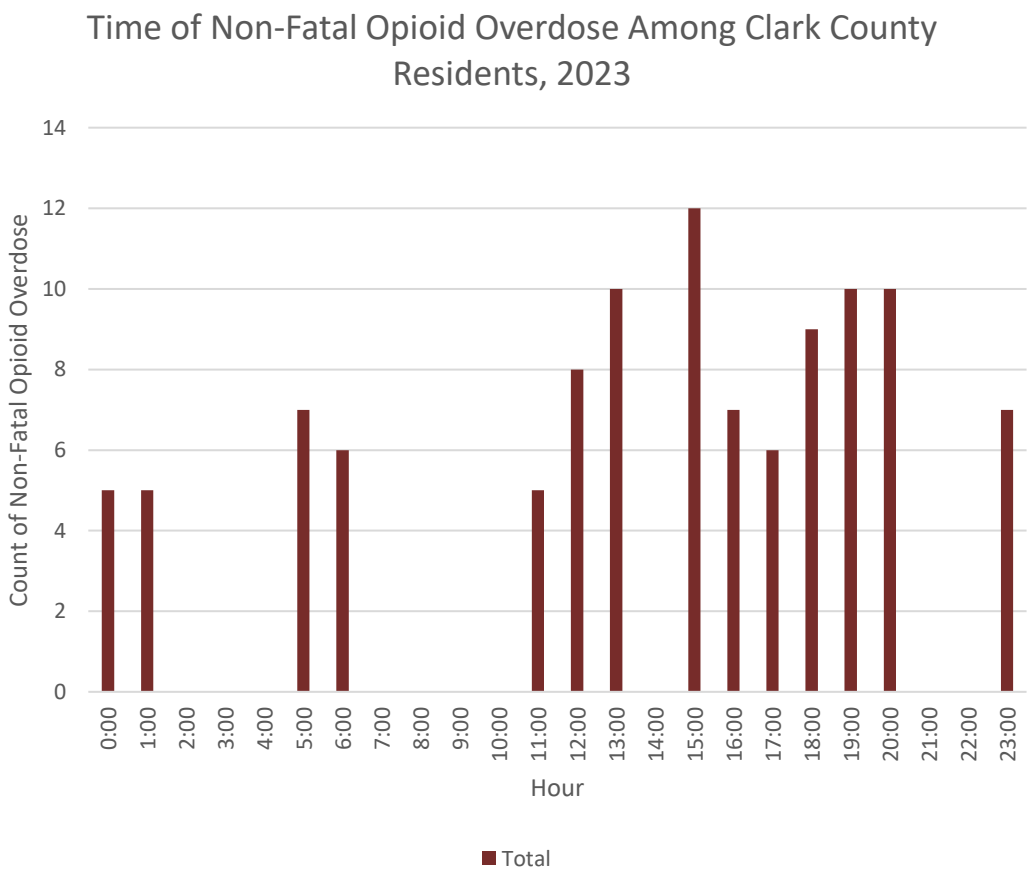


Note: Rates with a numerator less than 12 have been suppressed for reliability.

Data Source: ESO

Non-Fatal Opioid Overdose by Hour and Day Using ESO Among Clark County Residents & Non-Residents, 2023

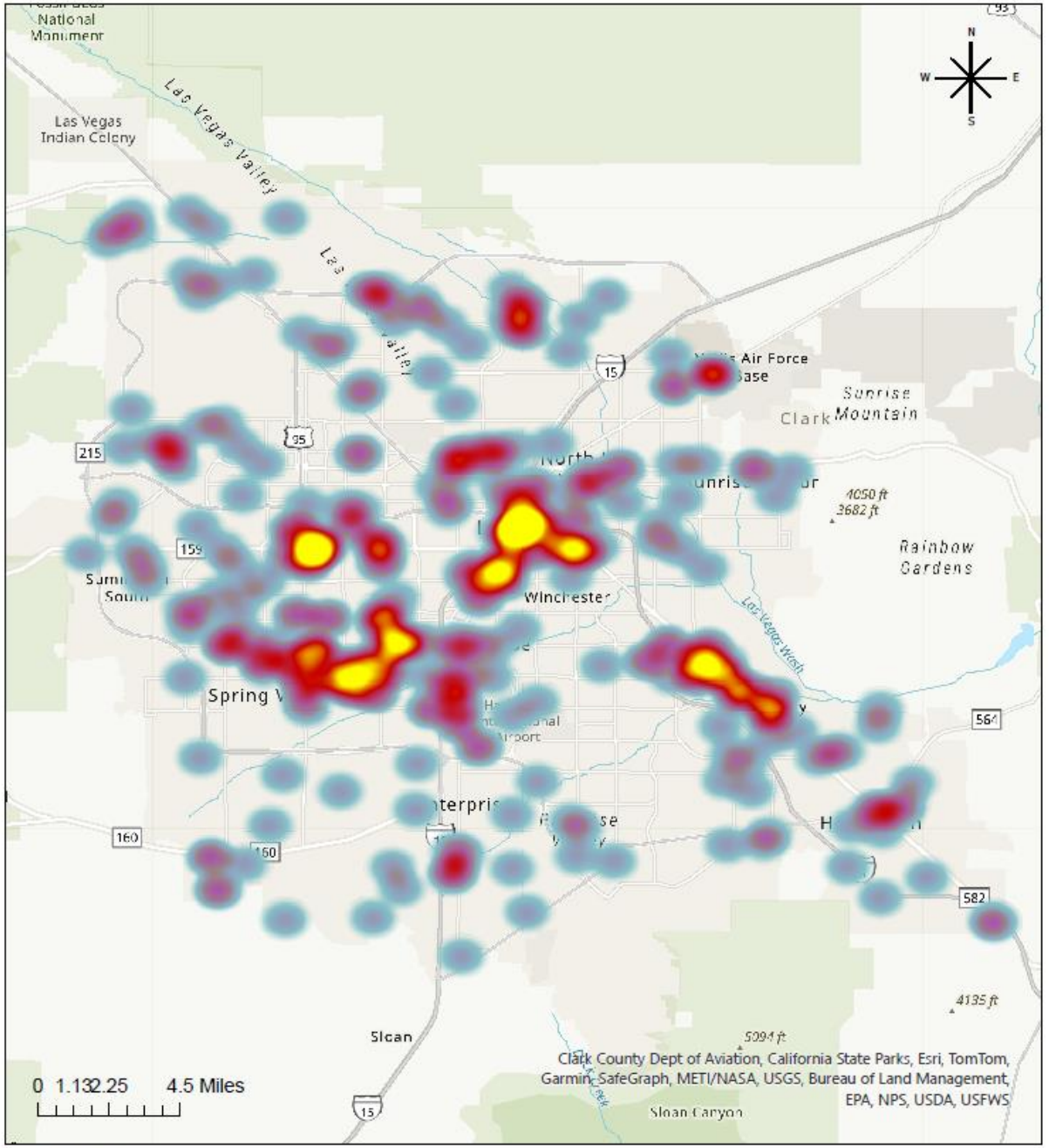




Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: ESO

NON-FATAL OPIOID OVERDOSE HEAT MAP USING INJURY LOCATION AMONG CLARK COUNTY RESIDENTS & NON-RESIDENTS, 2023



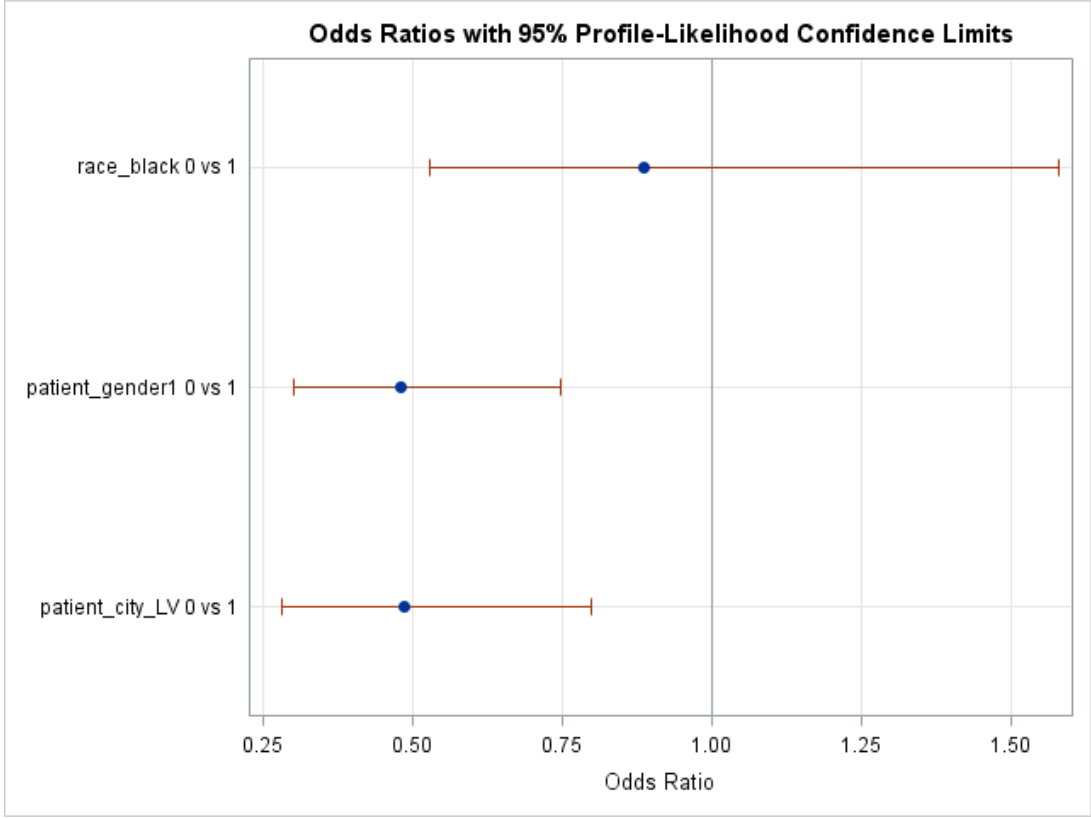
Clusters are located Downtown, Rainbow & Charleston, Naked City, and Boulder Highway.

Data Source: ESO

Adjusted Odds Ratio Estimates for Non-Fatal Opioid Overdose Using ESO Among Clark County Residents & Non-Residents, 2023

Odds Ratio Estimates for Non-Fatal Opioid Overdose

Covariate	N	Odds Ratio	95% Confidence Limits		P Value
Sex					
Male	14,760	(Ref)	(Ref)	(Ref)	(Ref)
Female	14,574	0.386	0.228	0.629	0.0011
Race					
Black	24,241	(Ref)	(Ref)	(Ref)	(Ref)
Non-Black	5,148	0.830	0.484	1.516	0.5183
Patient City LV					
Resided in Las Vegas	19,525	(Ref)	(Ref)	(Ref)	(Ref)
Does not reside in Las Vegas	9,864	0.491	0.269	0.841	0.0137

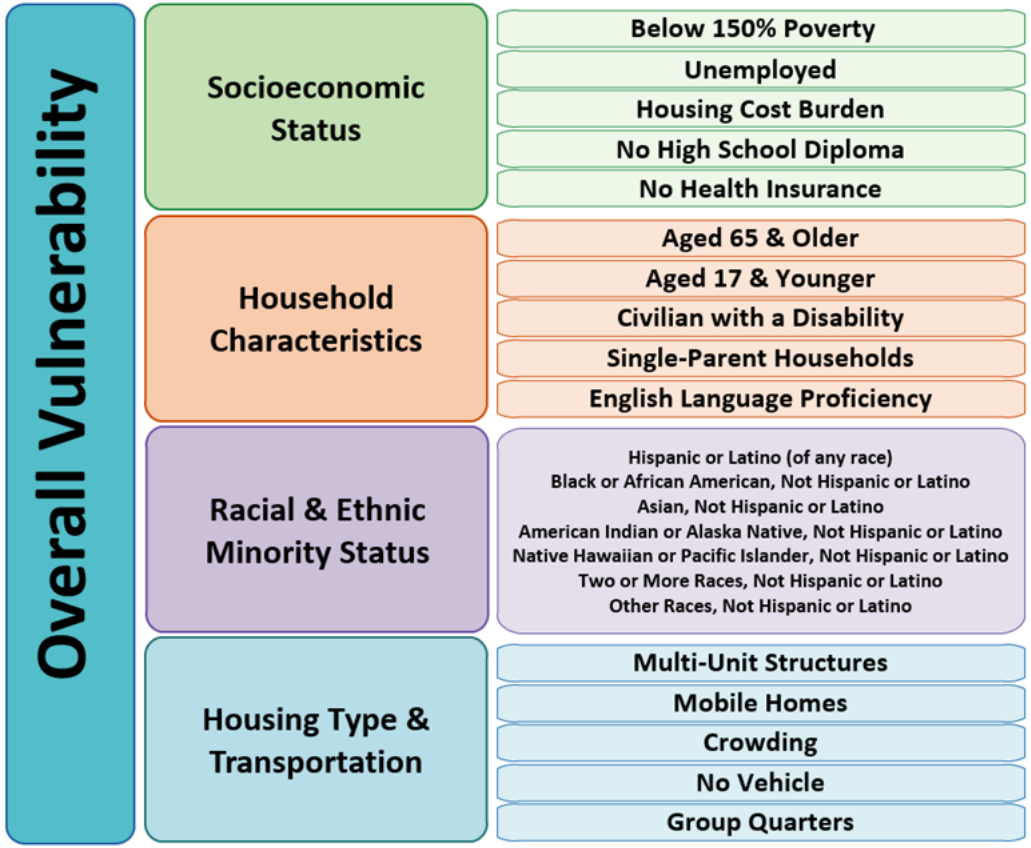


Data Source: ESO

SECTION III: SOCIAL VULNERABILITY INDEX INDICATORS

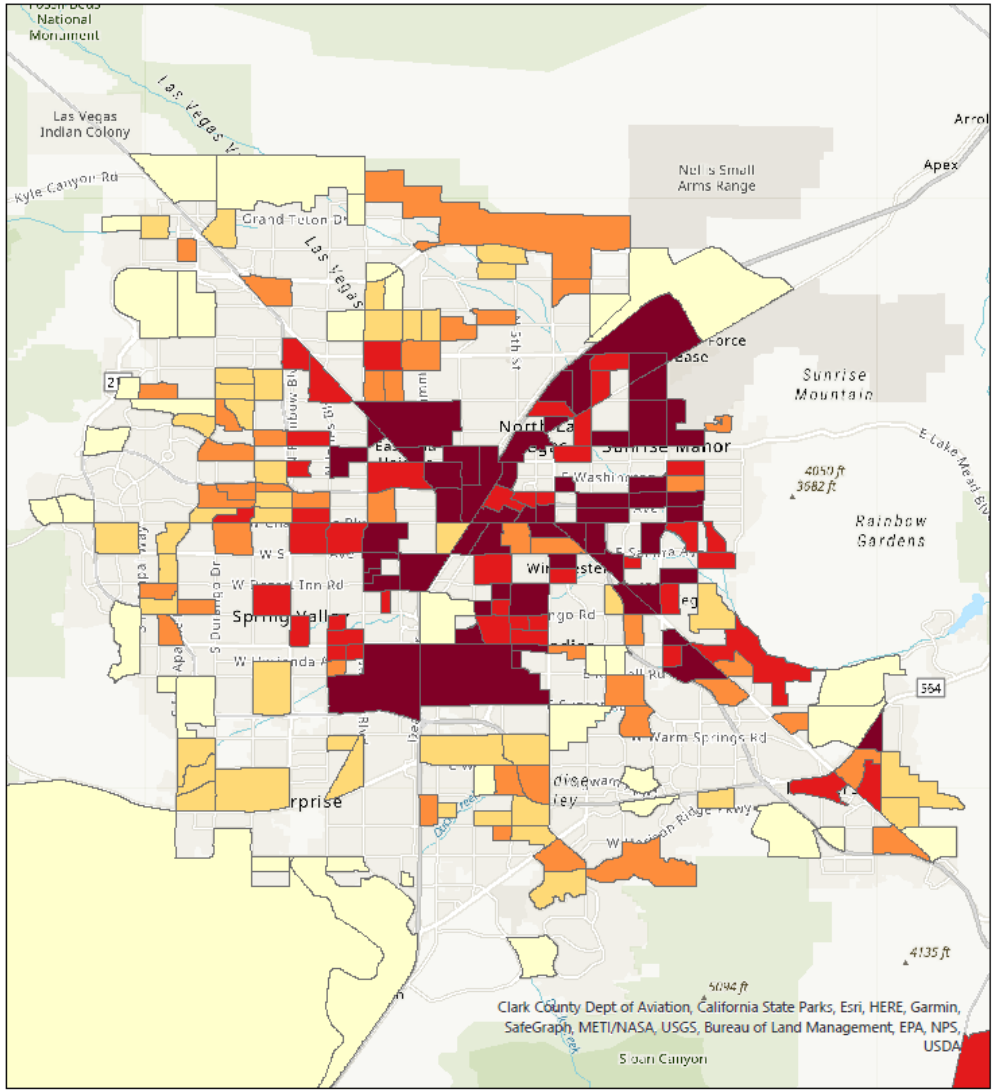
- Electronic Death Registry System
- Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index

Social Vulnerability Index (SVI)



Source: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

LAS VEGAS MAP WITH OVERALL SVI RANKING (GRADUATED COLORS IN CENSUS TRACTS CORRESPONDING TO OVERALL SVI RANKING), 2020



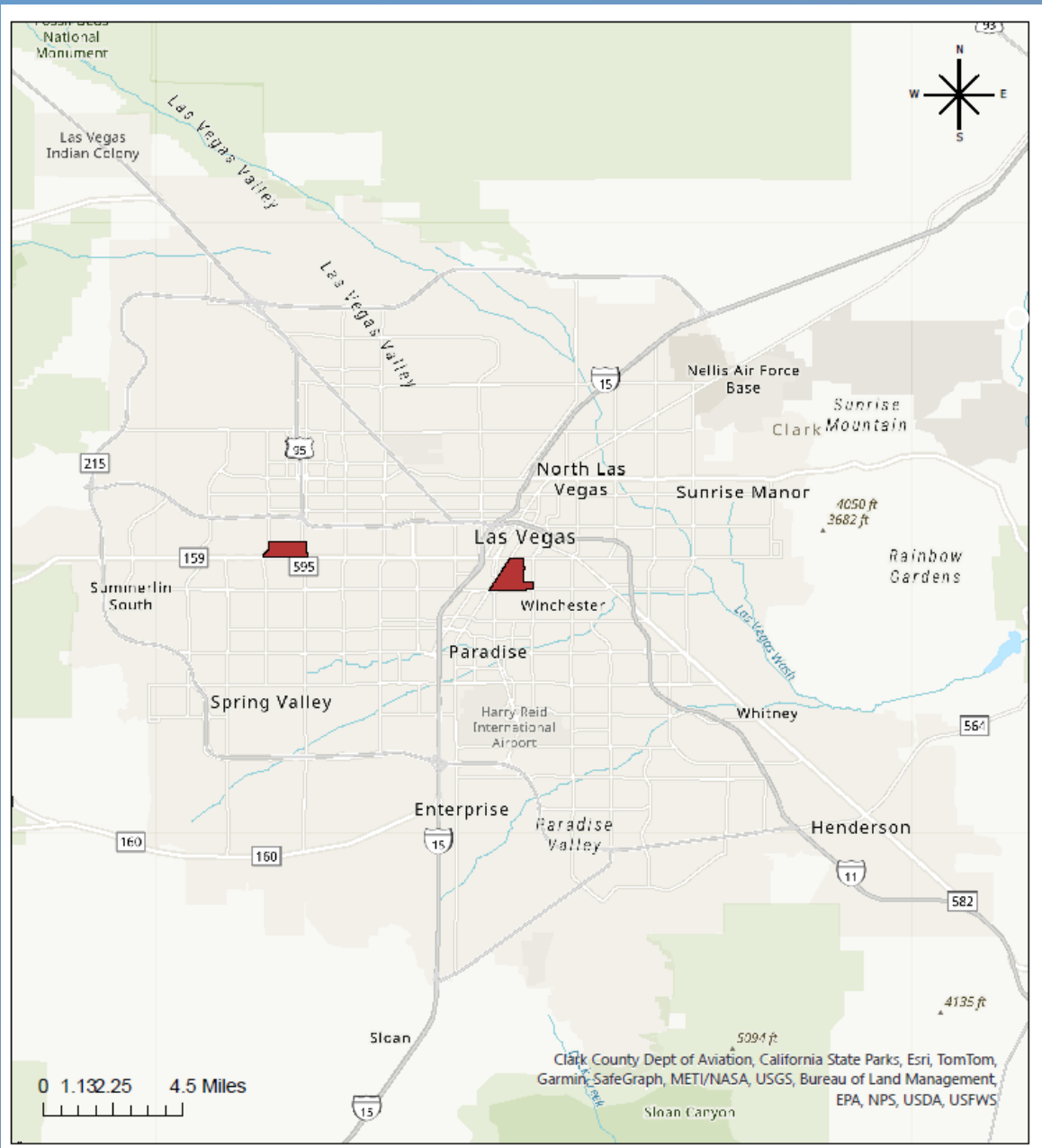
SVI Ranking

RPL_THEMES

- ≤0.258800
- ≤0.488900
- ≤0.689200
- ≤0.855700
- ≤1.000000
- Clark_County_ZCTA_2015

Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index

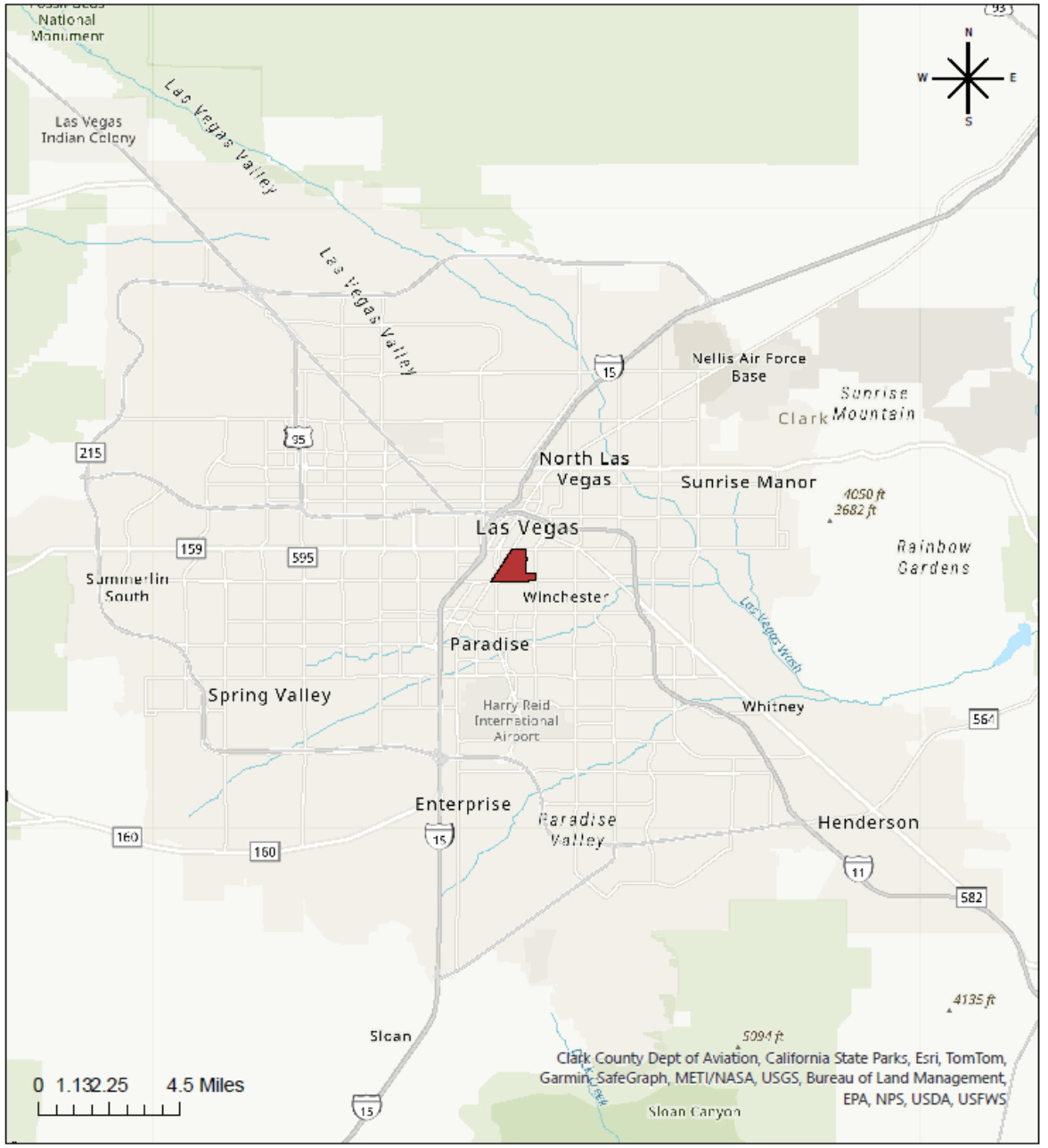
LAS VEGAS MAP WITH OPIOID OVERDOSE DEATH COUNTS AMONG CLARK COUNTY RESIDENTS (GRADUATED COLORS IN CENSUS TRACTS CORRESPONDING TO OVERDOSE COUNTS), 2023



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Electronic Death Registry System

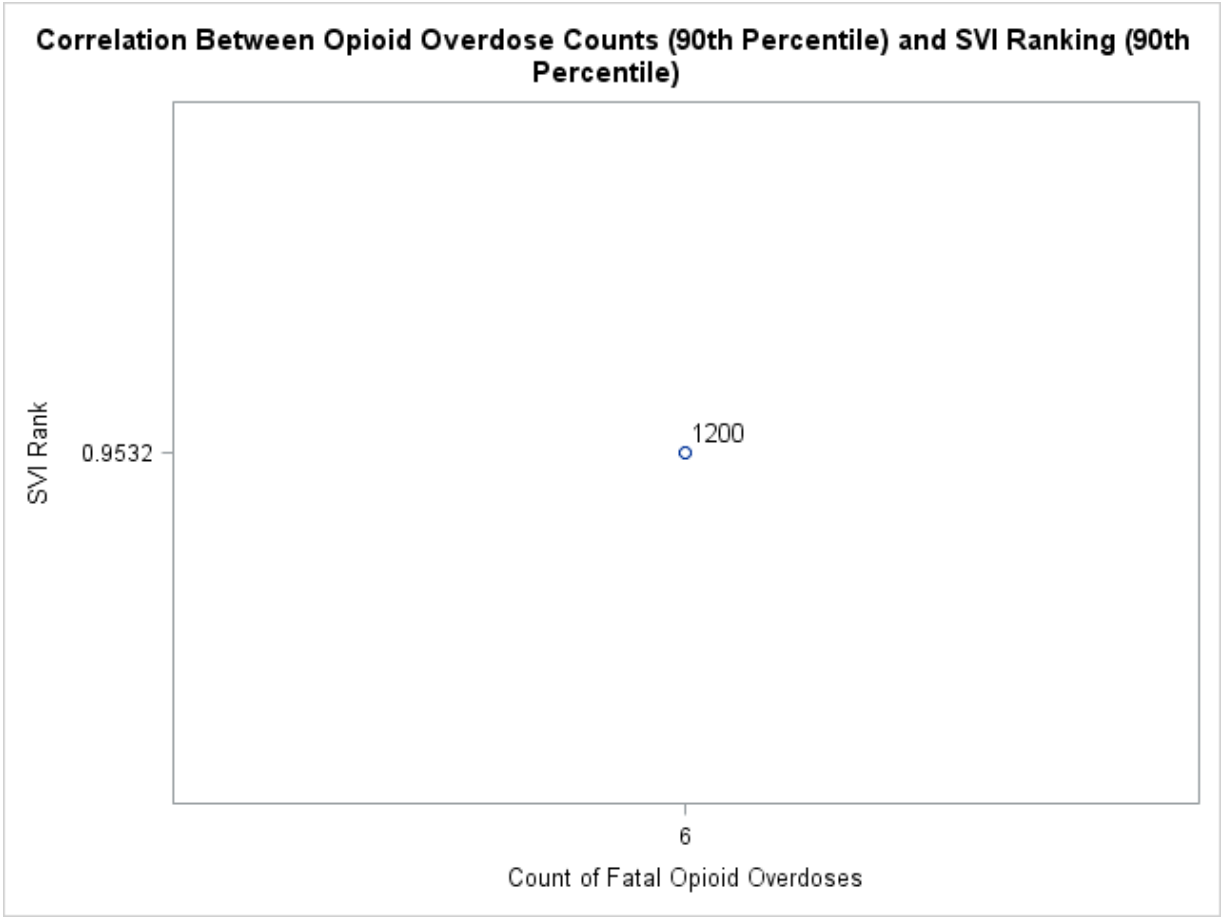
LAS VEGAS MAP WITH OPIOID OVERDOSE COUNTS (90TH PERCENTILE) AND OVERALL SVI RANKING (90TH PERCENTILE) AMONG CLARK COUNTY RESIDENTS (GRADUATED COLORS IN CENSUS TRACTS CORRESPONDING TO SVI RANKING), 2023



Note: 90th percentile is where overdose counts>=**3** and SVI >=**.92**. Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index; Electronic Death Registry System

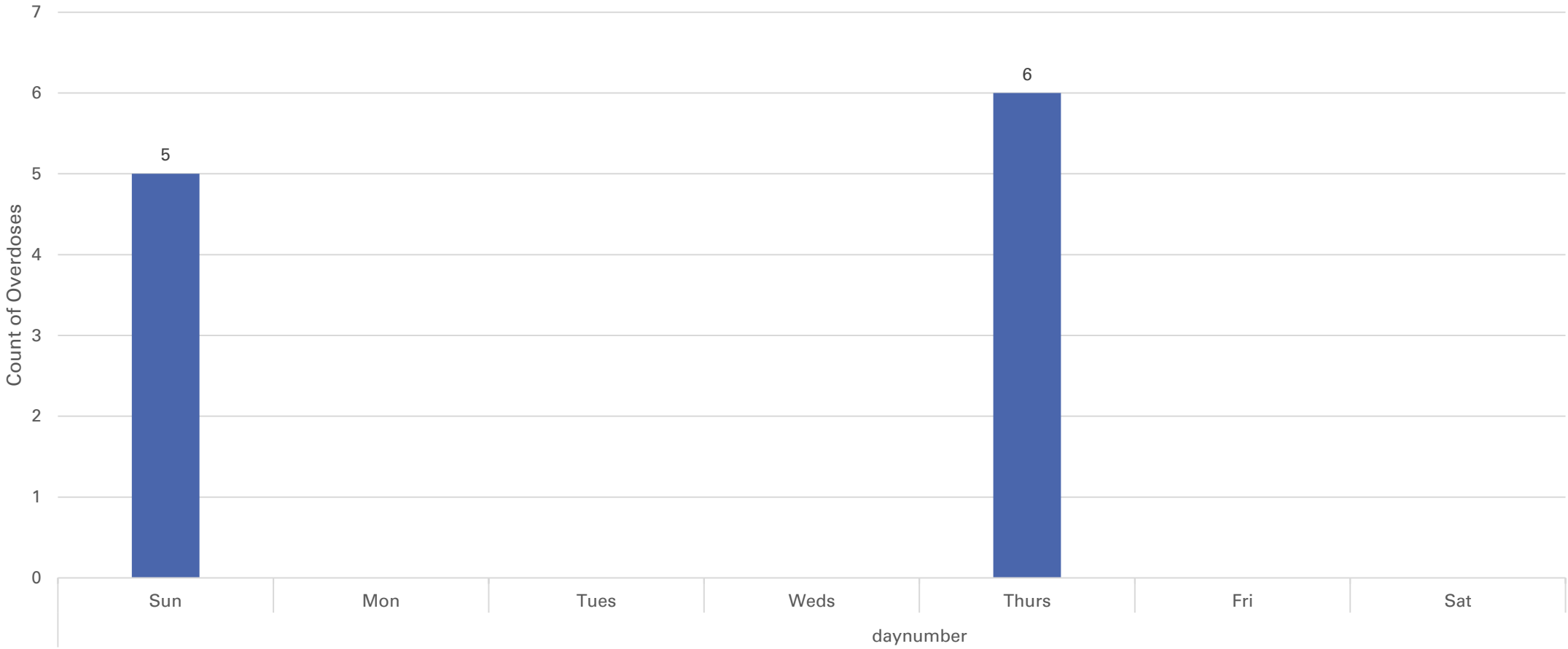
Correlation Between Opioid Overdose Counts (90th Percentile) and Overall SVI Ranking (90th Percentile) by Census Tract, 2023



Note: 90th percentile is where overdose counts>=**3** and SVI >=**.92**. Data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index; Electronic Death Registry System

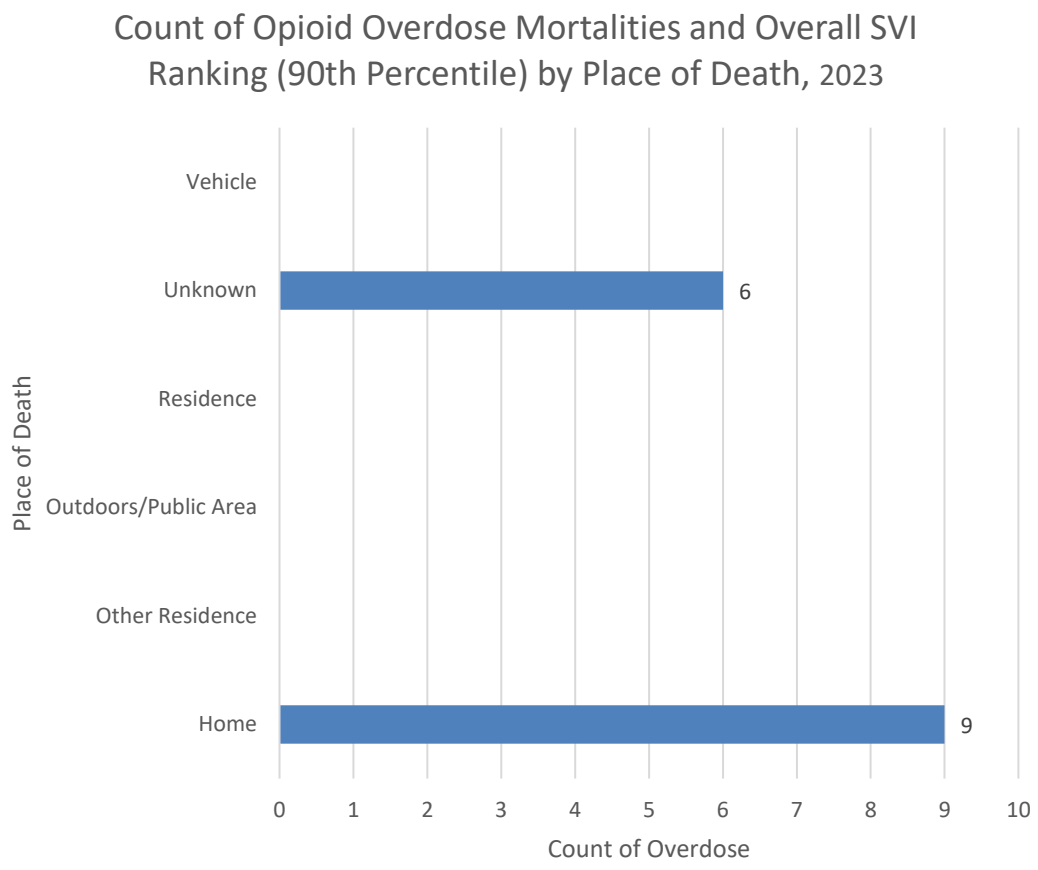
Opioid Overdose Mortality (90th Percentile) and Overall SVI Ranking (90th Percentile) by Day, 2023

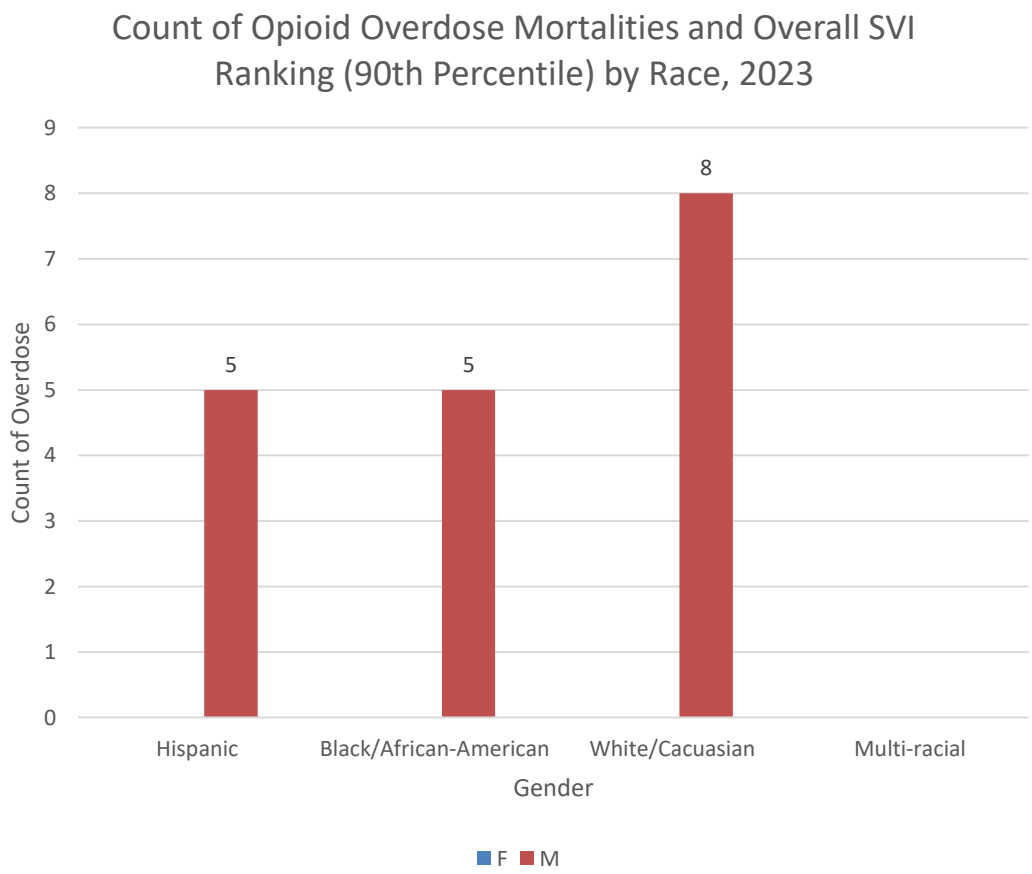


Note: 90th percentile is where overdose counts>=3 and SVI >=.92. Data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index; Electronic Death Registry System

90th Percentile Descriptive Statistics: Opioid Overdose Mortality and Overall SVI Ranking, 2023

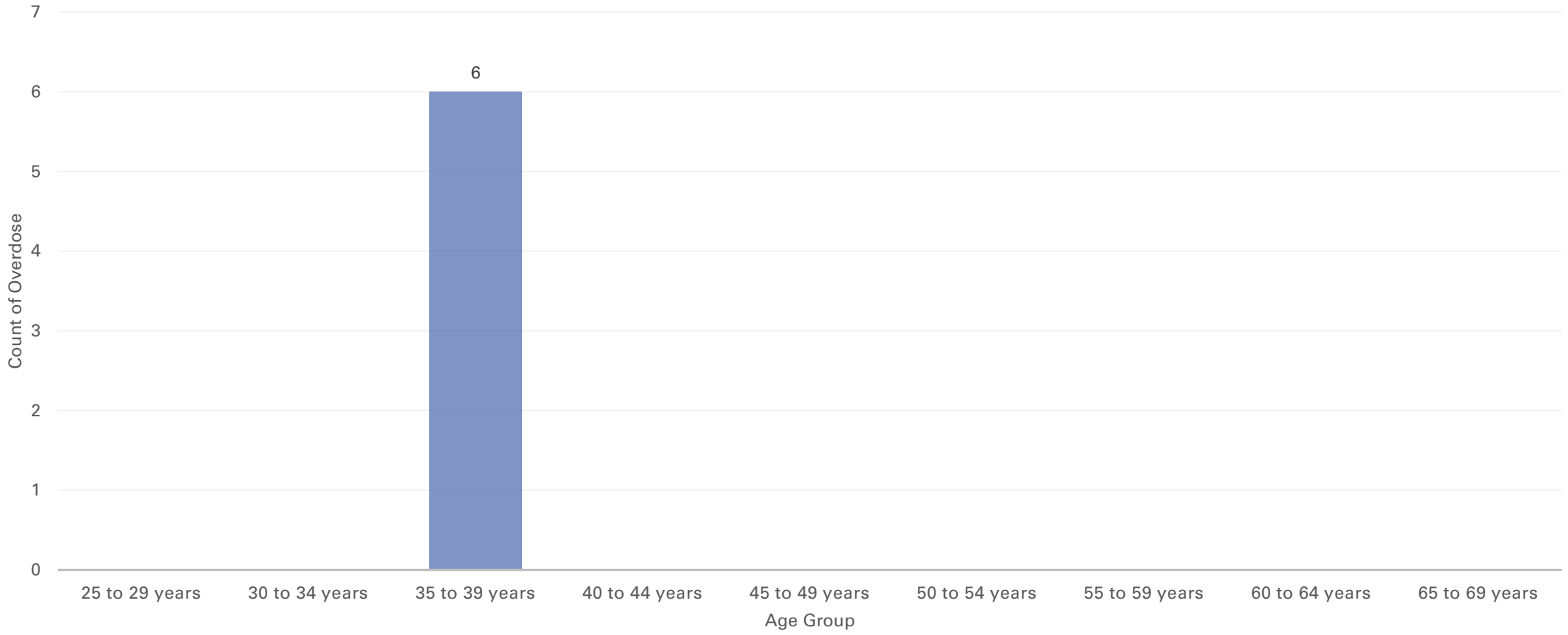




Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index; Electronic Death Registry System

90th Percentile Descriptive Statistics: Opioid Overdose Mortality and Overall SVI Ranking, 2023 (Cont.)



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

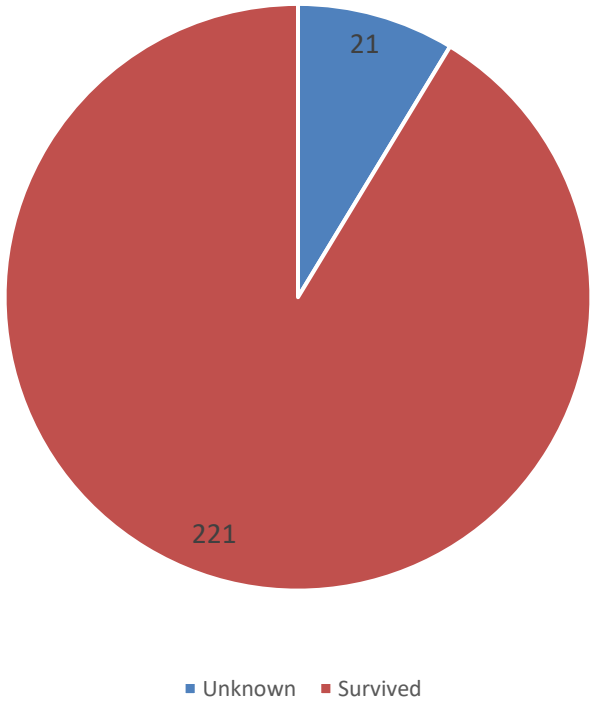
Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index; Electronic Death Registry System

SECTION IV: NALOXONE INDICATORS

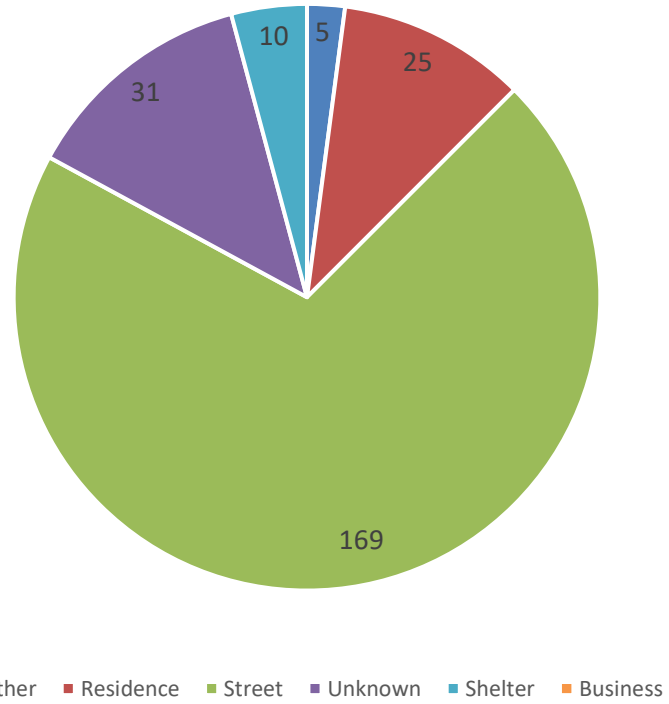
- L2A Naloxone Administration Surveys
- FR-CARA Post-Administration Surveys
- FR-CARA Naloxone Distribution Log

Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through SNHD's Linkage to Action (L2A) Team, 09/2022- 04/2023

L2A: The Outcome of the Individual Receiving Naloxone, 09/2022-04/2023



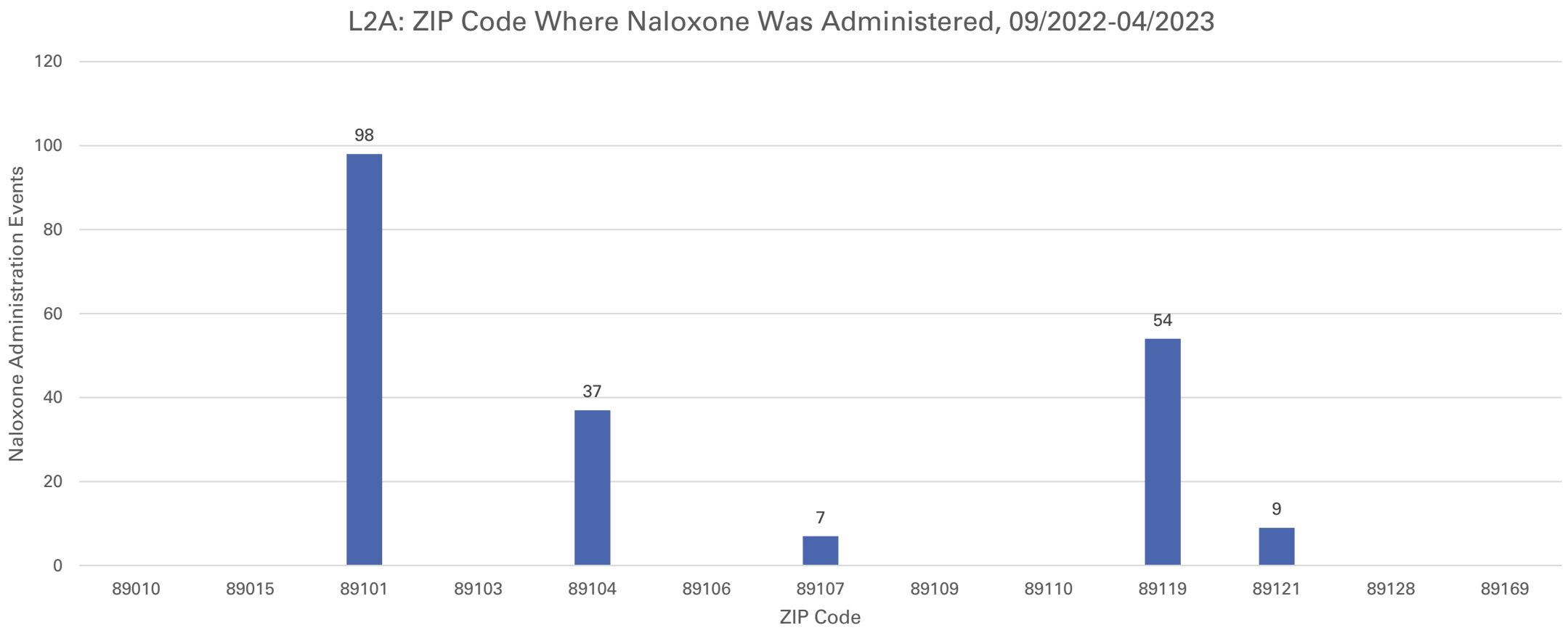
L2A: The Location Type Where the Naloxone Administration Occurred, 09/2022-04/2023



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: L2A Naloxone Administration Surveys.

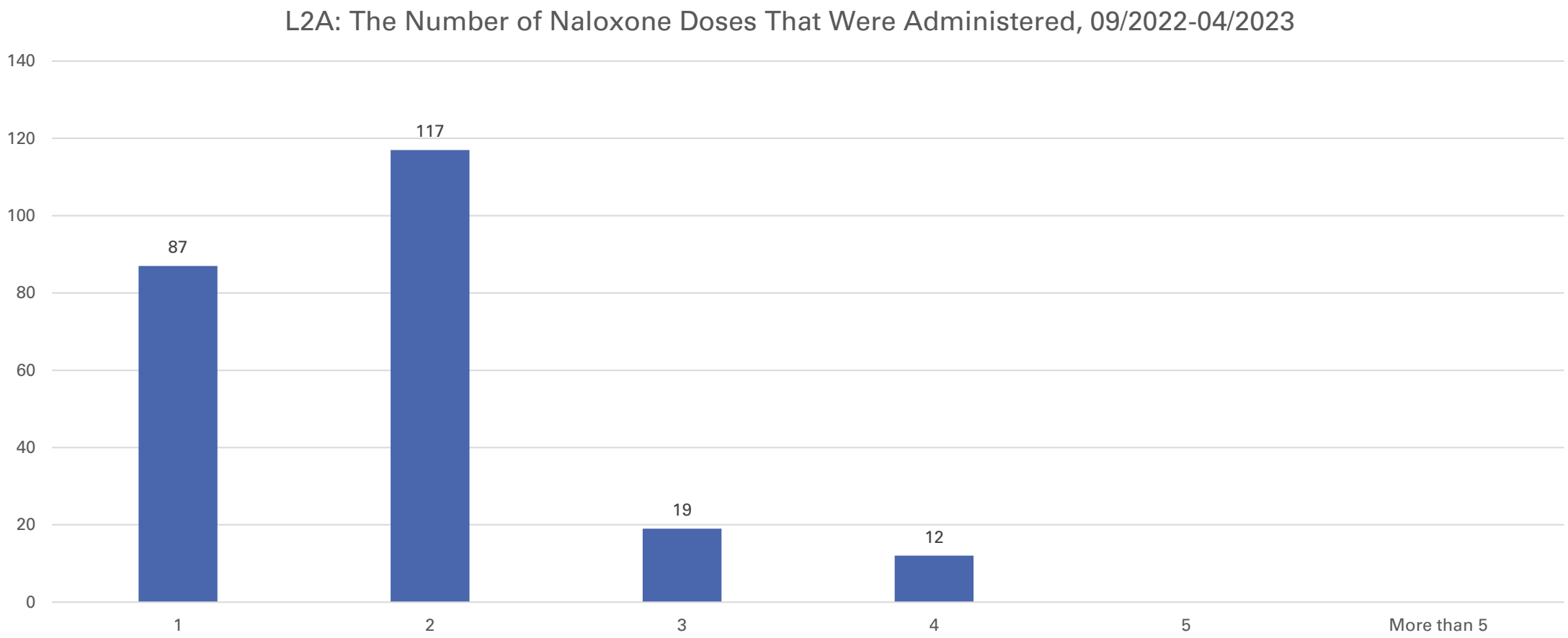
Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through SNHD's Linkage to Action (L2A) Team, 09/2022- 04/2023 (Cont.)



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: L2A Naloxone Administration Surveys.

Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through SNHD's Linkage to Action (L2A) Team, 09/2022- 04/2023 (Cont.)

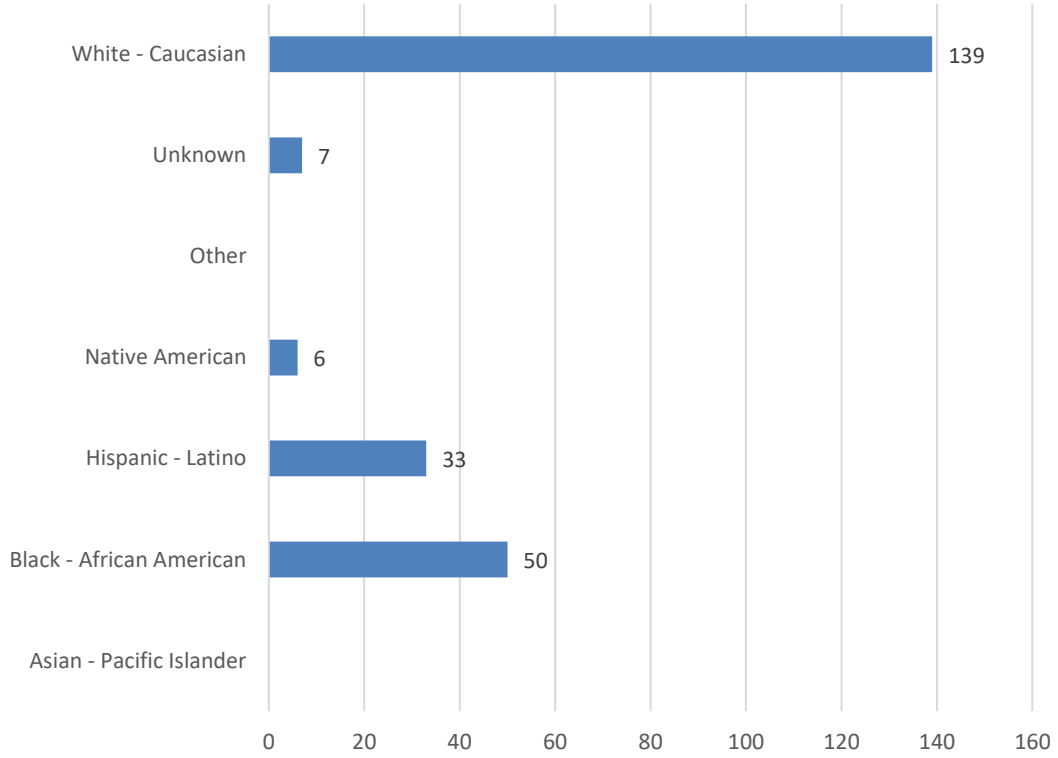


Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

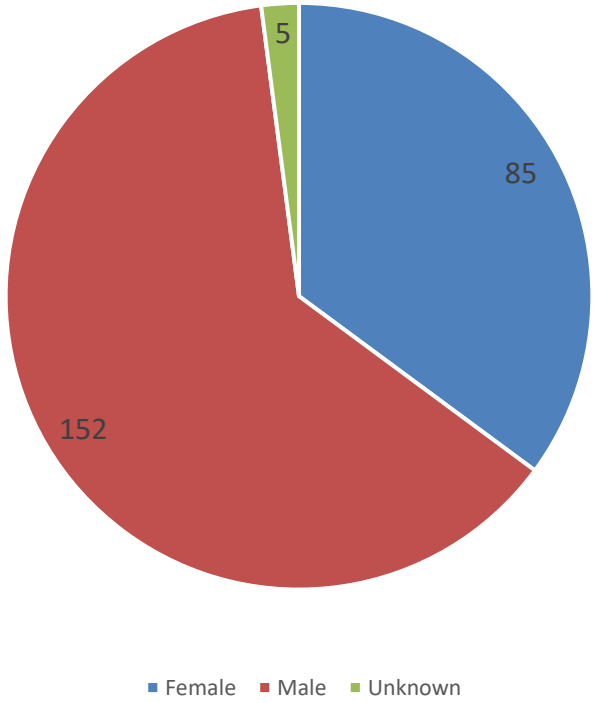
Data Source: L2A Naloxone Administration Surveys.

Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through SNHD's Linkage to Action (L2A) Team, 09/2022- 04/2023 (Cont.)

L2A: The Race/Ethnicity of the Individual Who Received the Naloxone Administration, 09/2022-04/2023



L2A: The Gender of the Individual Who Received the Naloxone Administration, 09/2022-04/2023

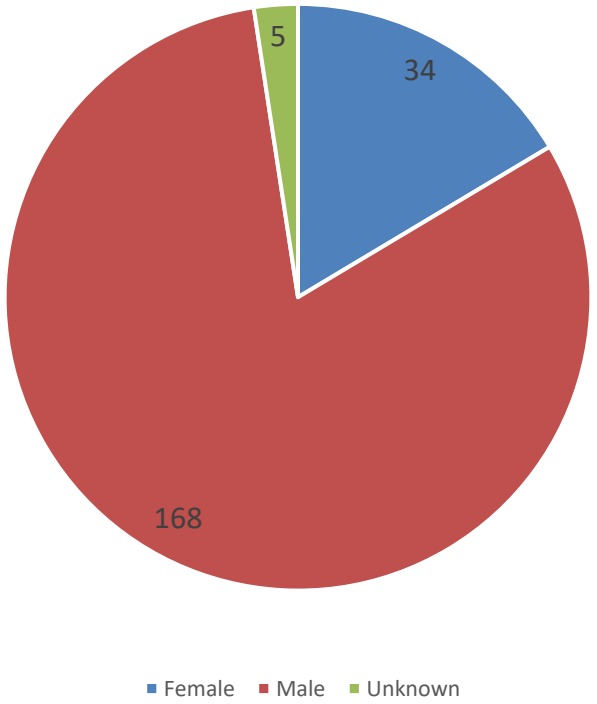


Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

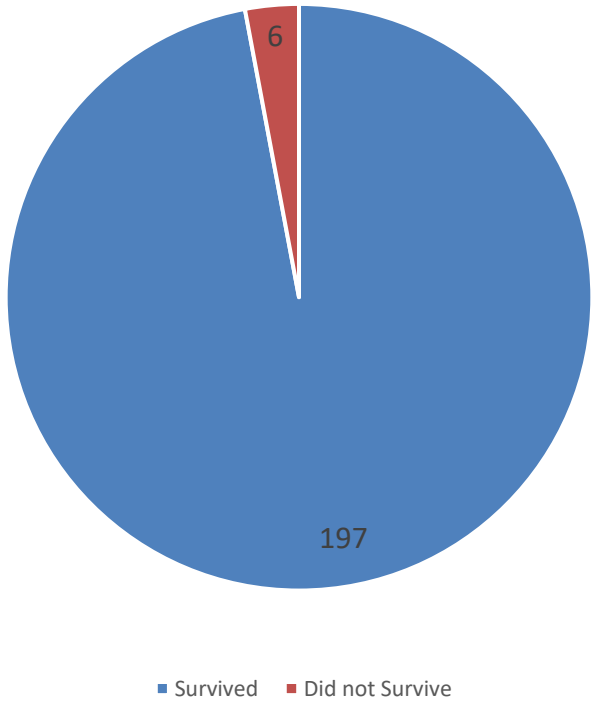
Data Source: L2A Naloxone Administration Surveys.

Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through FR-CARA and SOR Funds, 2019-2024

The Gender of the Individual who Received the Naloxone Administration, 2019-2024



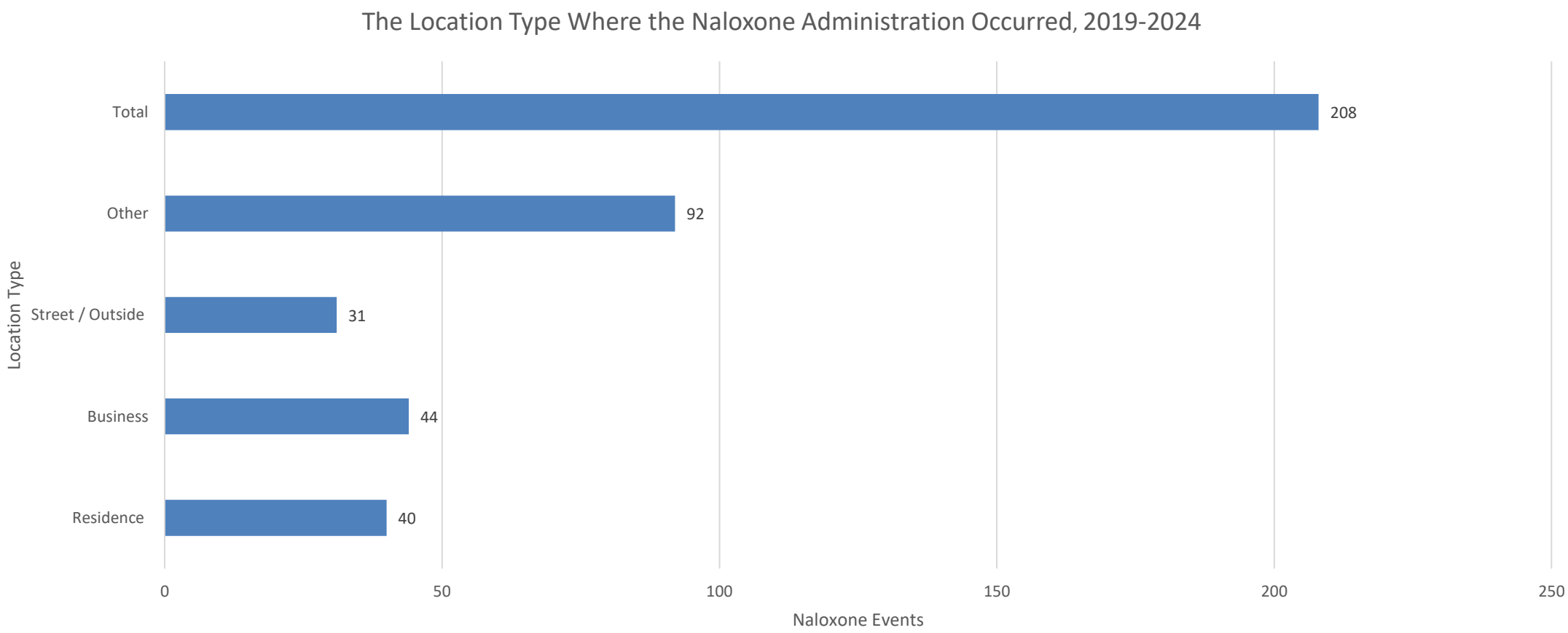
The Outcome of the Individual Receiving Naloxone, 2019-2024



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: FR-CARA Post Administration Surveys.

Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through FR-CARA and SOR Funds, 2019-2024 (Cont.)

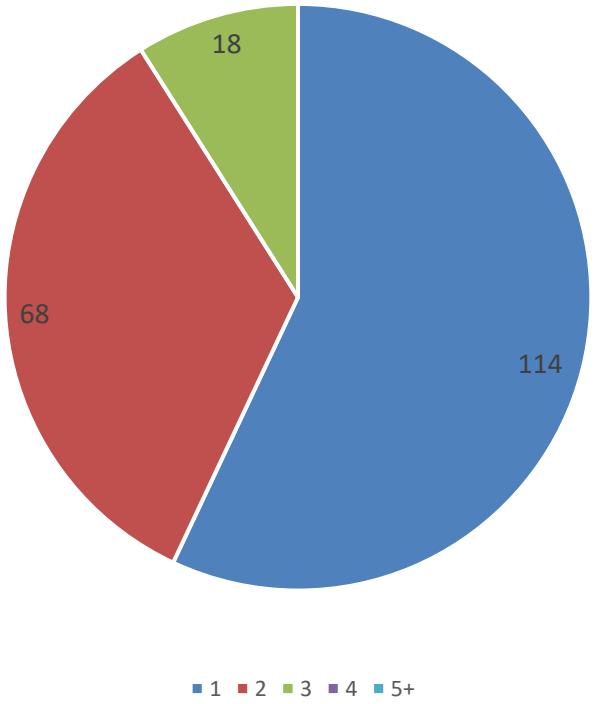


Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

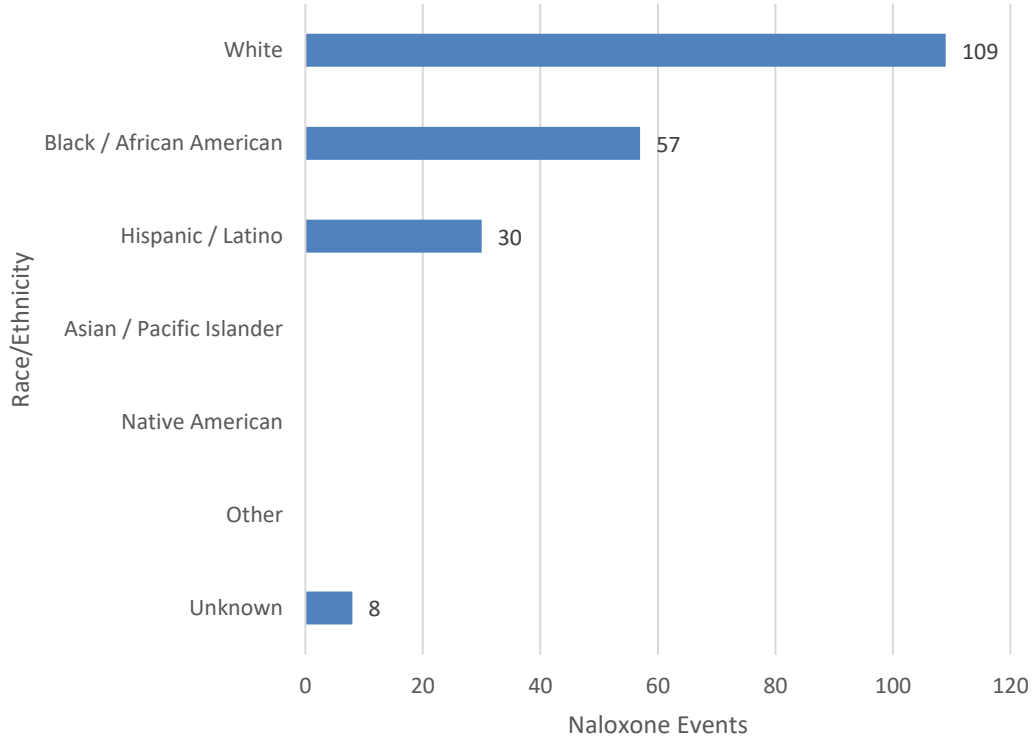
Data Source: FR-CARA Post Administration Surveys.

Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through FR-CARA and SOR Funds, 2019-2024 (Cont.)

The Number of Naloxone Doses That Were Administered, 2019-2024



The Race/Ethnicity of the Individual Who Received the Naloxone Administration, 2019-2024



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: FR-CARA Post Administration Surveys.

SECTION V: GAPS

Data Gaps/Challenges

- PDMP
- Wastewater
- ODMAP
- Health Disparities
- Comprehensive Substance Use Data
- Timely Data
- Data Suppression

SECTION VI: RECOMMENDATIONS

Recommendations

- Formation of Working Group/Subcommittee

SECTION VII: SUMMARY

Summary: Fatal Data

1. **Demographics:**
    a. Target individuals who are men, employed, White, and not married since these individuals have a higher odds of dying from an opioid overdose in 2023 (Slide 19).
    b. Target men as they have a much higher opioid overdose death rate compared to women in 2023 (Slide 14).
    c. Target individuals who are Black and individuals who are White as these race groups have a much higher opioid overdose death rate compared to other race groups in 2023 (Slide 14).
    d. Target individuals who are 35-39, 30-34, and 45-49 as these are the three age groups with the highest opioid overdose death rates in 2023 (Slide 15).
    e. Target individuals who are White, male, and individuals aged 35-39 as these groups have higher opioid death counts compared to other groups in 2023 when factoring in the Social Vulnerability Index and Opioid Overdose Mortality (90th percentile in each) (Slide 36, Slide 37). Data in Slide 36 and Slide 37 are derived from count data; therefore, need to be interpreted with caution.
2. **Substance:**
    a. From 2018-2023, the overdose death rate involving fentanyl increased 544.68% (Slide 6) while the death rate involving heroin and Rx opioids decreased 37.5% and 45.34% respectively during the same time period (Slide 5, Slide 7).
    b. In 2023, fentanyl accounts for 77.8% of opioid overdose deaths which is much higher than prescription opioids (20.88%) and heroin (10.05%) (Slide 12).
    c. In 2023, stimulants are frequently present fentanyl overdose deaths (Slide 13).
    d. The amount of fentanyl seizures in kilograms is associated with the number of overdose deaths involving fentanyl from 2018-2022 (Slide 20).
3. **Location:**
    a. Target those residing in 89101, 89145, 89169, 89104, and 89119 ZIP codes (Slide 8) or 3200300302 and 32003001200 Census Tracts (Slide 32) as these are the locations where a high proportion of individuals lived who have died from an opioid overdose in 2023.
        i. Target those living downtown, Washington & H St, and UNLV (Flamingo & Paradise) as these are the locations where a high proportion of individuals resided who have died from an opioid overdose in 2023 (Slide 10).
    b. Target downtown, 13th & Stewart, Naked City/Arts District, and UNLV as these are the overdose locations where a high proportion of fatal opioid overdoses occurred in 2023 (Slide 11).
    c. Target people residing in homes/residences as these are the locations where the majority of opioid overdose deaths occurred in 2023 (Slide 16).
    d. Target 32003001200 Census Tract (Charleston & LV Blvd) as this is the location that Incorporate Social Vulnerability Index and Opioid Overdose Mortality (90^{th} percentile in each) in 2023 (Slide 33).
4. **Time:**
    a. Target initiatives/interventions on Saturday & Sunday around 2:00 PM as those days/times register the most opioid overdose deaths in 2023 (Slide 18). It's important to note that it may take many hours before an individual is pronounced dead.
    b. Target Thursday (across the week) as the day with the highest frequency of fatal opioid overdoses in 2023, when factoring in the Social Vulnerability Index and Opioid Overdose Mortality (90th percentile in each) (Slide 35). It's important to note that it may take many hours before an individual is pronounced dead.

Summary: Non-Fatal Data

1. **Demographics:**
    a. Target individuals who are men and reside in the city of Las Vegas since these individuals have a higher odds of dying from an opioid overdose in 2023 (Slide 28).
    b. Target individuals who are men (Slide 22, Slide 24), people who are White (Slide 22), American Indian/Alaskan Native (Slide 25), non-Hispanic (Slide 23), and individuals aged 25-34, 35-44, and 45-54 (Slide 23) as these groups have much higher opioid ED visits compared to other groups in 2023. Note: Data in Slide 22 and Slide 23 are derived from count data; therefore, need to be interpreted with caution.
2. **Location:**
    a. Target individuals who reside in Las Vegas as this group has much higher rate for opioid ED visits compared to other groups in 2023 (Slide 24).
    b. Target the downtown, Rainbow & Charleston, Arts District/Naked City, and Boulder Highway as these are the locations where clusters of non-fatal opioid overdose occurred in 2023 (Slide 27).
3. **Time:**
    a. Target initiatives/interventions on Tuesdays as this is the day throughout the week with the highest frequency of non-fatal opioid overdose throughout 2023. Additionally, target initiatives/interventions around 1:00 PM and 3:00 PM (Slide 26).

Summary: Naloxone Data

a. Due to the fact that men have a higher burden of opioid overdose compared to women (Slide 14, Slide 19, Slide 22, Slide 24, Slide 28), naloxone is being used on men more frequently than women.
b. SNHD's outreach team distributes naloxone to populations that administer naloxone primarily to people on the street/outside whereas SNHD's distribution to first responders and community agencies administer naloxone to people in residences, businesses, and people on the street/outside. As a result, it is essential to distribute naloxone across diverse agencies, organizations, and outreach teams to effectively reach a broad spectrum of populations requiring naloxone (Slide 39, Slide 44).
c. From the data collected by SNHD, greater than 84% of opioid overdose events requiring naloxone needed 1-2 4mg doses of naloxone (Slide 41, Slide 45).

References

- CDC/ATSDR social vulnerability index (SVI). (2024). Retrieved from https://www.atsdr.cdc.gov/placeandhealth/svi/index.html
- HIDTA (2023). (rep.). Nevada HIDTA Drug Threat Assessment 2023.
- Southern Nevada Health District (2024). Drug overdose data prepared by Office of Informatics and Epidemiology (OIE) using Nevada Electronic Death reporting System (NV-EDRS).
- Southern Nevada Health District (2024). Drug overdose data prepared by Office of Informatics and Epidemiology (OIE) using ESO.
- Southern Nevada Health District (2024). Drug overdose data prepared by Office of Informatics and Epidemiology (OIE) using Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE).
- Southern Nevada Health District (2024). Drug overdose data prepared by Office of Informatics and Epidemiology (OIE) using Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index (SVI).

Southern Nevada Opioid Advisory Council

PRESENTED BY Jessica Johnson and Jamie Ross

Overview

- Introduction to the SNOAC
- The Four Pillar Structure
- Gaps and Recommendations

Structure of the SNOAC

Last updated April 15th, 2024

Leadership

Group leadership sets the agenda coordinates meeting speakers, meeting locations and develops and sends out Ad-Hoc Updates

Executive Committee

The Executive committee meets monthly and guides the priorities and discussion points of the SNOAC

General

Meets quarterly to learn from each other and converses on topics surrounding substance use and overdose in our community. Also asks questions of programs presenting and encourages accountability

Mission and Leadership

Mission

The mission of the Southern Nevada Opioid Advisory Council (SNOAC) is to develop a systems-level response to the Southern Nevada substance use crisis through evidence-based strategies and unique community collaborations

Group Leadership:

Co-Chairs

Jessica Johnson

Southern Nevada Health District

Jamie Ross

PACT Coalition

Secretary

Katarina Pulver

Southern Nevada Health District

Executive Committee

- Southern Nevada Health District
- NV HIDTA
- PACT Coalition
- Chamberlain University
- LGBTQ Center of Southern Nevada
- LVMPD
- Office of Attorney General
- Desert Hope
- There is No Hero In Heroin (TINHIH)
- CrossRoads of Southern Nevada
- Behavioral Health Group
- Foundation for Recovery

General Committee

The Four Pillars

The SNOAC has a four-pillar approach to addressing the substance use crisis in Southern Nevada that is rooted in our guiding principles.

Prevention

Aim to apply interventions in our community that reduce risk factors and increase protective factors surrounding substance use and prevention

Examples of Community Prevention:

- Reduce barriers to comprehensive, evidence-based preK-12 primary prevention education
- Identify and fund alternative activities for youth
- Engage in overdose prevention and education strategies in higher education and faith communities
- Targeted media campaign on fentanyl risk
- ACES Prevention
- Expanding childcare
- Improve neighborhood conditions
- Improve reading ability before 5th grade

Rescue

Interventions and approaches that are implemented after substance misuse has already developed and are aimed at preventing overdose and improving quality of life and health while using substances

Examples of Community Rescue Response:

- Purchase naloxone to expand rapid access
- Need a sustainable source of funding
- Purchase harm reduction supplies and expand syringe service programs
- Support housing first approach
- Community-wide media campaign on stigma
- Harm reduction in nightclubs
- Expand drug testing and peer mentorship

Treatment

Aimed at helping individuals to end their chaotic relationship with substance use and reduce drug seeking behaviors.

Examples of Community Treatment:

- Support state-led treatment initiatives
- Support providers to move to a "treatment on demand" model
- Develop targeted media strategy on evidence-based treatment and linkage to care
- Fund drug court to incorporate evidence-based practices
- Improve policies and procedures for FQHC or primary care
- Increase number of mental health professionals
- *No wrong door approach*
- Timely/ quick access to MOUD
- Expand MOUD access to incarcerated populations

Recovery

Interventions and approaches that support a person-centered model building on the strengths and resilience of individuals, families, and communities to achieve and maintain self-defined recovery through improved health, wellness, and quality of life.

Examples of Community Recovery:

- Expand sober living/ recovery housing
- Review neighborhood and community policies to ensure they support people in recovery
- Develop media campaign on reducing stigma for people in recovery
- Expand recovery-friendly workplace initiatives
- Alumni group expansion

Guiding Principles

The SNOAC develops its systems-level approach on a foundation of health equity, community, data, evaluation, social determinants of health, and accountability.

Health Equity	Everyone deserves a chance to be healthy by addressing barriers like poverty, discrimination, powerlessness, and lack of access to good jobs, education, housing, safe environments, and healthcare.
Community	People organized around a shared interest or reducing substance use and overdose in the community. This community is mobilized and advocating for change in Clark County though traditional and non-traditional grassroots partnerships.
Data	The Southern Nevada Opioid Advisory Council believes in science and supports strategies that address substance use and overdose that are evidence-based, peer-reviewed approaches
Evaluation	Projects that are supported by SNOAC are empowered to collect and share out data on the results of their projects so that our community can learn about successful approaches in the Clark County community

Guiding Principles

The SNOAC develops its systems-level approach on a foundation of health equity, community, data, evaluation, social determinants of health, and accountability.

Social Determinants of Health

Nonmedical factors such as employment, income, housing, transportation, childcare, education, discrimination, and the quality of the places where people live, work, learn, and play, which influence health.

The SNOAC defines the Social Determinants of Health as:

- Structural and Institutional Racism and Discrimination
- Housing
- Neighborhood Conditions
- Education
- Income

Accountability

SNOAC engages in three types of accountability- democratic accountability, performance accountability and financial accountability.

Identified Community Projects – 2023

Pre-K through 12 evidence-based primary prevention education- equip all schools in Clark County with the resources and staffing to implement evidence-based primary prevention education

Harm Reduction Supplies- prioritize purchase of harm reduction supplies unallowable through federal funds

Public health co-response for overdose prevention- Support law enforcement real-time overdose efforts with a 24/7 public health team to address overdose prevention and referral for services

Service provider loop- comprehensive transit system drives around the service provider route continuously and picks people up at designated loading and unloading zones

One-Stop Shop/No Wrong Door- Create a person-centered community education plan and "service directory" ensuring every substance use resource knows where to access what clients need

Recommendations

Continue to support evidence-based community efforts to drive change

---

Utilize best practice frameworks for task force structure and decision making

---

Prioritize approaches and interventions that save lives

SAVE THE DATE

2024
SOUTHERN NEVADA SUBSTANCE MISUSE AND OVERDOSE PREVENTION SUMMIT

Thursday, August 1
8:00a-5:00p

Tuscany Suites & Casino
255 E Flamingo Rd.
Las Vegas, NV 89169

Be a part of the 2024 Southern Nevada Substance Misuse and Overdose Prevention Summit where we will focus on addressing and prioritizing the evolving needs of the community in response to the changing landscape of the overdose crisis.

Stay up to date with this event by registering your interest at https://bit.ly/SNSMOPSInterest or contact Katarina Pulver, the Event Coordinator, at pulver@snhd.org

Call for Workshops Now Open!

Learn more and submit proposals at https://bit.ly/2024SNSMOPSCallforWorkshops

Fentanyl Awareness Summit

May 9, 2023

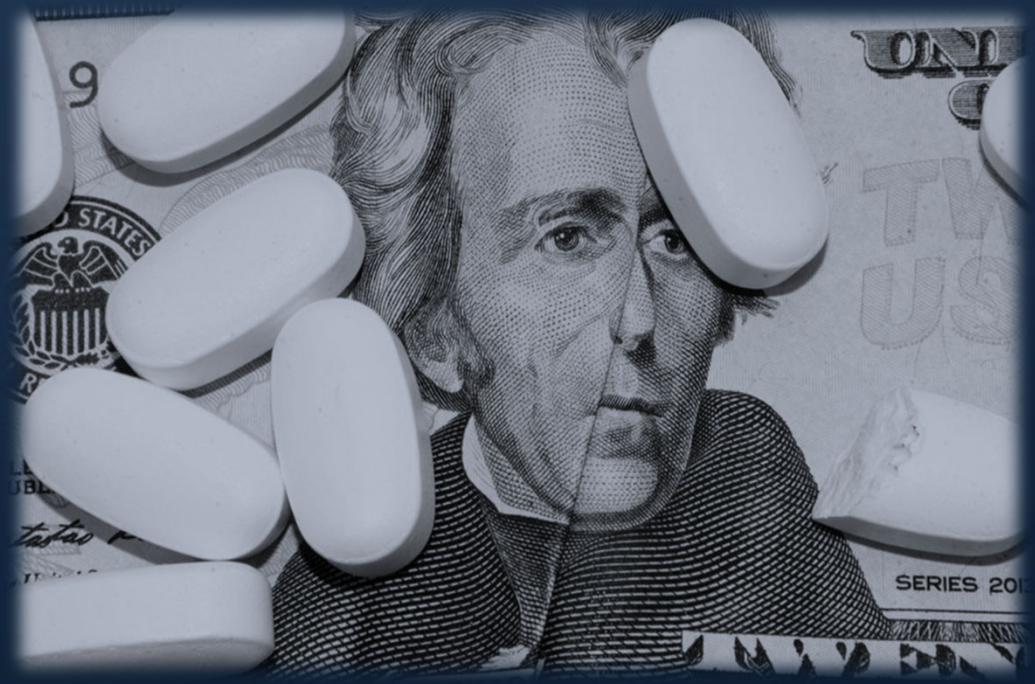
#RiskItAllWithFentanyl

The Opioid Epidemic

Principles for Opioid Settlement Spending

1. Save Lives
2. Use evidence to guide spending
3. Invest in youth prevention
4. Focus on racial equity
5. Develop a fair and transparent process

****Don't use the funds for something Medicaid can cover; use it for things Medicaid and other federal funds can't pay for ****



Source: Bloomberg Overdose Prevention Initiative

#RiskItAllWithFentanyl

HENDERSON

The State's Funding Priorities

- Capacity Building
- Prevent the Misuse of Opioids
- Reduce Harm Related to Opioid Use
- Provide Behavioral Health Treatment
- Implement Recovery Communities across Nevada
- Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems
- Provide High Quality and Robust Data and Accessible, Timely Reporting

HENDERSON™

City Needs:

- **Youth Prevention** ☑
- Case management and discharge planning
- Sober living facilities
- Housing assistance
- **Treatment & Peer Support** ☑
- Drug testing
- **Crisis Intervention, Harm Reduction Training & Supplies** ☑

YOUTH PREVENTION

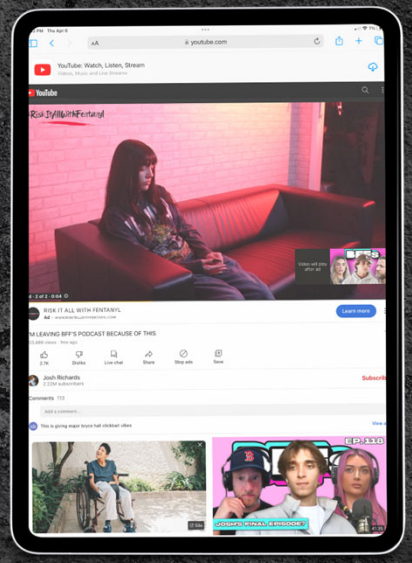
HENDERSON™

Fentanyl is Changing Everything Video

#RiskItAllWithFentanyl

TT/YT/TikTok, YouTube and In Game Ads

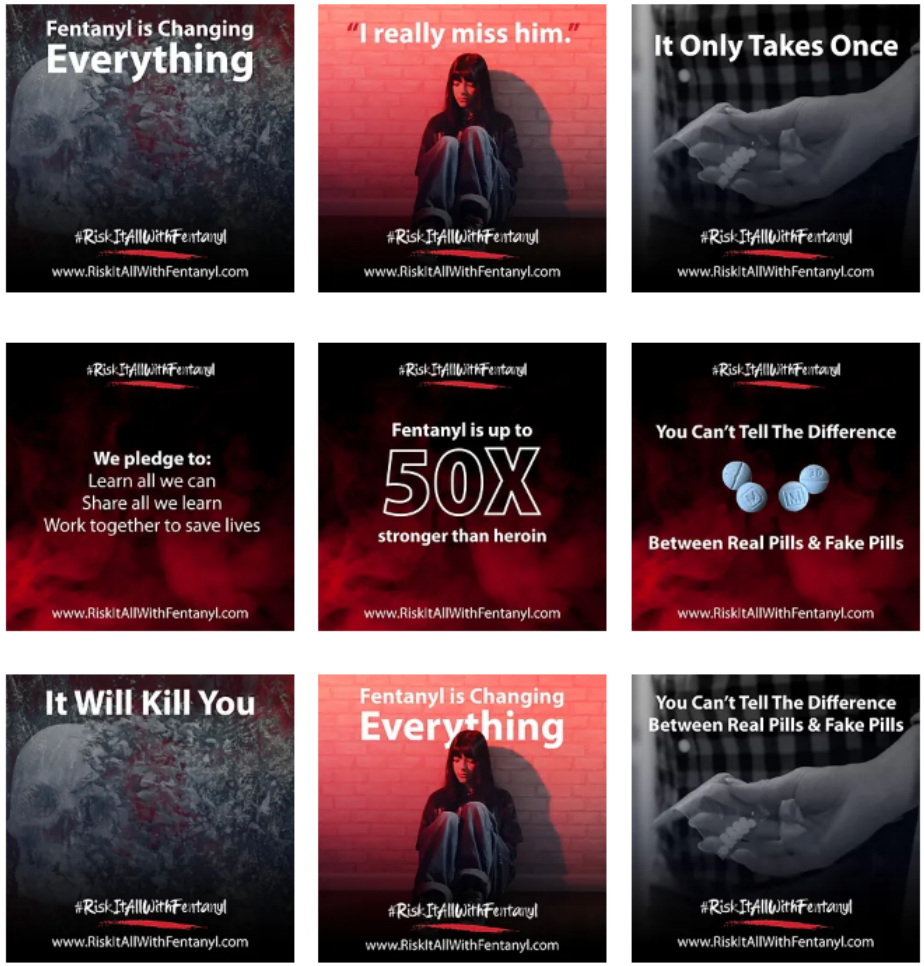
In Game Advertising



YouTube Advertising

TikTok Advertising

#RiskItAllWithFentanyl



RiskItAllWithFentanyl.com

Digital Toolkit Dissemination

Additional Strategies

- Organic marketing placements
- Earned media placements
- Grassroots activations
- Community collaboration

#RiskItAllWithFentanyl

Crisis Intervention & Harm Reduction

Henderson Mobile Crisis Intervention Team (MCIT)


Questions?

#RiskItAllWithFentanyl

Risk It All with Fentanyl Awareness Campaign
Agenda Item Backup Materials
Opioid Task Force
4.18.24 @ 2p.m.

Awareness Campaign Website:
https://www.riskitallwithfentanyl.com/

Toolkit & Train the Trainer:
https://www.riskitallwithfentanyl.com/toolkit

City of Henderson Background Information:
https://www.cityofhenderson.com/our-city/fentanyl-awareness#ad-image-0