



MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

April 10, 2023 – 8:30 A.M.

Meeting was conducted via Webex Event

- MEMBERS PRESENT:** Kenneth Osgood – Chair, Physician (*in-person*)
Ronald Kline – Member, City of North Las Vegas (*via WebEx*)
Paul Klouse – Member, City of Boulder City (*via WebEx*)
Holly Lyman – Member, City of Henderson (*via WebEx*)
Reimund Serafica – Member, Nurse (*via WebEx*)
Francisco Sy – Member, Environmental Health (*via WebEx*)
Jennifer Young – Member, City of Las Vegas (*via WebEx*)
- ABSENT:** Dick Tomasso – Member, City of Mesquite
- ALSO PRESENT:** N/A
(In Audience)
- LEGAL COUNSEL:** Edward Wynder, Associate General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Malcolm Ahlo, Maria Azzarelli, Tawana Bellamy, Victoria Burris, Andria Cordovez Mulet, Rebecca Cruz-Nanez, Aaron DelCotto, Carmen Hua, Victoria Hughes, Jessica Johnson, Michael Johnson, Josie Llorico, Cassius Lockett, Katarina Pulver, Larry Rogers, Karla Shoup, Ying Zhang

I. CALL TO ORDER AND ROLL CALL

Chair Osgood called the Public Health Advisory Board meeting to order at 8:31 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

IV. ADOPTION OF THE APRIL 10, 2023 MEETING AGENDA (*for possible action*)

A motion was made by Member Klouse, seconded by Member Serafica, and carried unanimously to approve the April 10, 2023 Agenda, as presented.

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING: January 9, 2023 *(for possible action)*

A motion was made by Member Serafica, seconded by Member Young, and carried unanimously to approve the April 10, 2023 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. Presentation on Cannabis and Vaping trends in Southern Nevada; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Member Kline joined the meeting at 8:36 a.m.

Malcolm Ahlo, Tobacco Control Program Coordinator, presented on cannabis and vaping trends in Southern Nevada.

Further to an inquiry from Member Sy on the educational interventions with youth, Mr. Ahlo advised that the Health District partnered with the Clark County School District (CCSD) and was in 32 high schools, providing teen training, teen influencers, along with mass media campaigns dispelling the myths about electronic vaping products.

Further to an inquiry from Member Young on whether COVID-19 influenced the decrease in funding, Mr. Ahlo advised that COVID-19 did not have a role in the decrease in prevalence.

Further to an inquiry from member Serafica regarding the role of behavioral health and the use of vaping and cannabis, Mr. Ahlo advised that the Health District worked with behavioral health facilities and policies that would increase the price and restrict or eliminate the flavors of the vaping products that would decrease the prevalence.

Further to an inquiry from Member Sy regarding restrictions on vaping lounge locations, Mr. Ahlo advised that there was a restriction for vaping lounges to be located more than 1,000 feet away from schools, parks, places of worship, casinos, or other lounges, however the City of Las Vegas had a waiver process, if needed.

2. Presentation on Overdose Data to Action: Addressing Overdose in Clark County; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Katarina Pulver, Health Educator II, presented on the Overdose Data to Action: Addressing Overdose in Clark County.

Further to an inquiry from Chair Osgood, Ms. Pulver advised that the Linkage to Action (L2A) program has a mobile unit that is used to access communities that previously were difficult to reach and staff is working with community partners to identifying area for additional outreach.

Further to an inquiry from Member Sy regarding the types of interventions at the root cause of drug use at the primary level to prevent adopting and use of drugs, Ms. Pulver advised that the PACT Coalition goes out into the community to provide primary prevention education to schools, along with parenting classes which would address any concerns at a familial level. Chair Osgood advised that the Health District has worked with school counsellors to provide resources to students.

Further to an inquiry from Member Young regarding how medical providers are informed of the Health District's activities, Ms. Pulver advised that the Health District partners with the medical community including the UNLV Student Health Center, however staff is looking to expand to medical providers to provide more targeted outreach. Chair Osgood suggested that the Health District connect with the Nevada Hospital Association.

Chair Osgood encouraged Health District staff to connect with the Nevada Psychiatric Association and Nevada Psychology Association, along with the state social workers association.

- VII. BOARD RECORDS:** The Southern Nevada District Board of Health Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health Public Health Advisory Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

There were no items raised.

VIII. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments

There were no items raised.

- Implications for ending the COVID-19 Public Health Emergency for Public Health

Dr. Cassius Lockett, Director of Disease Surveillance and Control, advised that the CDC COVID-19 Public Health Emergency (PHE) will end on May 11, 2023, however, that did not mean that the Health District would end its response to COVID-19.

As of May 11, 2023, there would be no requirement to report COVID-19 test results and immunization data. Dr. Lockett advised that the Health District would continue to follow-up on cluster and outbreak reports, water, and syndromic surveillance, and investigate any COVID-19 related hospitalizations and deaths.

Further to an inquiry from Member Sy regarding the COVID-19 vaccinations, Dr. Lockett suggested that a presentation on the COVID-19 vaccination initiative be brought at the next meeting.

- IX. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

X. ADJOURNMENT

The Chair adjourned the meeting at 9:48 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

April 10, 2023 – 8:30 a.m.

Meeting will be conducted via Webex

NOTICE

WebEx address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=mf0d33a544af0981c4bc48ed7f8d95895>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2556 649 7027](https://snhd.webex.com/snhd/j.php?MTID=mf0d33a544af0981c4bc48ed7f8d95895)

NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
 - The Board may combine two or more agenda items for consideration.
 - The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.
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I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

- III. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:

- **By Webex:** Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

IV. ADOPTION OF THE APRIL 10, 2023 AGENDA *(for possible action)*

V. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** January 9, 2023 (*for possible action*)

VI. **REPORT / DISCUSSION / ACTION**

1. **Presentation on Cannabis and Vaping trends in Southern Nevada;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

2. **Presentation on Overdose Data to Action: Addressing Overdose in Clark County;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

VII. **BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. (**Information Only**)

VIII. **HEALTH OFFICER & STAFF REPORTS (*Information Only*)**

- DHO Comments
- Implications for ending the COVID-19 Public Health Emergency for Public Health

IX. **SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote. **See above for instructions for submitting public comment.**

X. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact Andria Cordovez Mulet at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.



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SOUTHERN NEVADA DISTRICT BOARD OF HEALTH PUBLIC HEALTH ADVISORY BOARD MEETING

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MEMBERS PRESENT: Kenneth Osgood – Chair, Physician (in-person)
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Holly Lyman – Member, City of Henderson (*via WebEx*)
Reimund Serafica – Member, Nurse (*via WebEx*)
Francisco Sy – Member, Environmental Health (*via WebEx*)

ABSENT: Dick Tomasso – Member, City of Mesquite
Jennifer Young – Member, City of Las Vegas

ALSO PRESENT: Linda Anderson, Trey Delap, Timothy Grigsby, Donna Laffey, Bradley Mayer,
(In Audience) Jose Melendrez, Jonathan Rodriguez

LEGAL COUNSEL: Heather Anderson-Fintak, General Counsel

EXECUTIVE SECRETARY: Fermin Leguen, MD, MPH, District Health Officer

STAFF: Maria Azzarelli, Tawana Bellamy, Lori Bryan, Andria Cordovez Mulet, Carmen Hua, Jessica Johnson, Michael Johnson, Matthew Kappel, Cort Lohff, Zuwen Qiu, Chris Saxton, Dave Sheehan, Jennifer Sizemore, Randy Smith, Lei Zhang, Ying Zhang

I. CALL TO ORDER AND ROLL CALL

Chair Osgood called the Public Health Advisory Board meeting to order at 8:34 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

IV. ADOPTION OF THE JANUARY 9, 2023 MEETING AGENDA (*for possible action*)

A motion was made by Member Lyman, seconded by Member Klouse and carried unanimously to approve the January 9, 2023 Agenda, as presented.

- V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- 1. APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** October 3, 2022 (*for possible action*)

A motion was made by Member Klouse, seconded by Member Sy and carried unanimously to approve the January 9, 2023 Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

- 1. Presentation on the Community Health Improvement Plan (CHIP);** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Carmen Hua, Health Educator, and Dr. Timothy Grigsby, UNLV, presented on the Community Health Improvement Plan (CHIP). Ms. Hua provided an overview of the MAPP framework that was utilized for the development of the CHIP. Ms. Hua further outlined the implementation plan, steering committee, goals and process timeline. Dr. Grigsby highlighted the following four priority areas, and the goal of each priority area, that were selected by the community for the CHIP:

1. Chronic Disease – The goal was to decrease the prevalence of heart disease, lower respiratory disease, and cancer related deaths by smoking among the identified target populations by the Chronic Disease Sub-committee (i.e., Non-Hispanic Black/African American, 65+ and by ZIP).
2. Access to Care – The goals were to (i) increase access to care in identified target populations by Access to Care Subcommittee (i.e., LGBTQ+, uninsured and undocumented populations), (ii) increase patient confidence in choosing primary care physicians with assistance of care coordinators, and (iii) fewer undocumented and LGBTQ+ individuals will access emergency departments (ED) for non-urgent health problems.
3. Transportation – The goals were to (i) increase awareness of transportation options that facilitate access to basic needs and services, and (ii) increase availability of general transportation resources available to the community.
4. Funding – The goal was to increase Nevada's public health system's readiness and ability to respond to the health needs of the community.

Dr. Grigsby outlined the next steps in the CHIP process.

Member Serafica commended Ms. Hua and Dr. Grigsby for their efforts and stated that it was a great opportunity for partnership with the community, particularly with access to care.

Further to an inquiry from Member Sy regarding whether any private funding sources were identified, Dr. Grigsby advised that it was discussed in the various meetings as it was determined that connecting with a policy maker to assist in securing funding would be better. Dr. Grigsby advised that individual organizations could look into private funding.

Chair Osgood advised that he was a physician representative on the Council on Food Security that was discussing food insecurity in the community.

- 2. Receive and Discuss a Legislative Update;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Bradley Mayer, Partner with Argentum Partners, provided a brief overview of the upcoming legislative session that related to the Health District. Mr. Mayer highlighted the following appointments:

- Governor's Chief of Staff – Ben Kieckhefer
- Speak of the State Assembly – Steve Yeager
- State Senate Majority Leader – Nicole Cannizzaro
- Assembly Health and Human Services Committee – Chaired by Assemblywoman Sarah Peters
- Senate Health and Human Services Committee – Chaired by Senator Fabian Donate
- Assembly Ways and Means – Chaired by Senator Daniele Monroe-Moreno
- Senate Committee on Finance Subcommittee on Audit – Chaired by Senator Dina Neal
- Senate Committee on Finance Subcommittee on General Government – Chaired by Senator Dina Neal

Mr. Mayer touched upon the following anticipated bills:

- Public Health Improvement Fund
- Street Food Vendor Decriminalization
- Septic Systems
- Tobacco and vaping prevention funds
- Electronic Age Verification
- HIV Modernization
- Electronic health inspection reports
- Fentanyl trafficking crimes
- Loan repayment for behavioral health care
- Loan repayment for health care in underserved communities
- Open Meeting Law
- Unfunded mandates on local government

VII. BOARD RECORDS: The Southern Nevada District Board of Health Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health Public Health Advisory Board unless that subject is on the agenda and scheduled for action. **(Information Only)**

A request was made for an update on the issue of tobacco/vaping in our community.

VIII. HEALTH OFFICER & STAFF REPORTS (Information Only)

- DHO Comments

Dr. Leguen advised that the Health District received an award from the CDC for Public Health Infrastructure that is to support workforce development and public health infrastructure. The grant is for 5 years, with a lump sum award of \$21M upfront and an additional \$3-5M that would be allocated within the next 5 years. This grant would allow the Health District to keep the current workforce, to develop initiatives to improve retention, to hire qualified individuals, and to enhance services.

Further, Dr. Leguen advised that last month was the first anniversary of a collaboration with a local church, All Saints Episcopal Church, where the Health District initially offered sexual health services, which had been expanded to include additional services such as flu immunization and eligibility services for people who were uninsured. Dr. Leguen advised that the Health District's intention was, once ready to implement, to also include behavioral health services.

Dr. Leguen reminded the Advisory Board that, last September, the new Fremont Health Care Center opened and was fully operational and offering primary care services to the community.

Dr. Leguen advised that the Health District has allocated three vending machines for COVID-19 self-test kits, two at the Main Decatur location and one at the Fremont Health Care Center.

Further to an inquiry on whether the Fremont Health Care Center was fully functional, Dr. Leguen advised that the Fremont Health Care Center contains staff from the Community Health Center, Environmental Health and Health Card and has been very effective.

- COVID-19 Pandemic Update

Matthew Kappel, Senior Epidemiologist, advised that since the last Advisory Board meeting in October, the CDC announced a requirement for a negative COVID-19 test from passengers entering the United States from the People's Republic of China. Mr. Kappel advised that the COVID-19 test positivity rate remained with substantial transmission. Mr. Kappel advised that there has been an increase in cases since the last Advisory Board meeting. Mr. Kappel advised that, from December 19, 2022 to January 1, 2023, the 7-day moving average of cases decreased by 30% from 173.1 cases per day to 121.7 cases per day. However, Mr. Kappel advised that true case counts were under-reported due to the availability of at-home test kits. Mr. Kappel advised that during the same timeframe, the 7-day moving average for hospitalizations increased by 36.9%, from 24.9 per day to 32.1 per day, wherein the 7-day moving average for deaths remained relatively stable. Mr. Kappel advised that the test positivity rate increased by 2.5%, from 20.3 to 28.8. Mr. Kappel once again cautioned that the percent positivity rate may be higher than reported due to the underreporting of the at-home test kits. Mr. Kappel concluded that the team currently had 31 internal contact tracers and 100 on contract. Staff continued to conduct testing at the METS clinic and the three CSN testing site locations.

Further to an inquiry from Member Sy, Mr. Kappel advised that the major omicron variants were dominant in our community but that recently the first sequence of the XBB1.5 variant was identified in Clark County.

- Respiratory Syncytial Virus (RSV) Update

Zuwen Qiu, Senior Epidemiologist, provided an overview of Respiratory Syncytial Virus (RSV) in Clark County. Ms. Qiu advised that there was an increase in RSV cases in 2022 compared to 2021., with the largest increase in October and November 2023. However, in November 20230 there was a decrease with similar reporting to previous years. Ms. Qiu advised that Clark County experienced a rapid increase in pediatric infections and hospitalizations from respiratory viruses, including RSV, since September 2022.

- IX. **SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

X. **ADJOURNMENT**

The Chair adjourned the meeting at 10:00 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm



Cannabis & Vaping Trends in Southern Nevada

Malcolm Ahlo

Tobacco Program Coordinator



Vape Prevalence (Nationwide)



Among high school students, current e-cigarette users

1.5% (220,000 students) in **2011**

to

20.8% (3.05 million students) in **2018**

to

27.5% (5.3 million students) in **2019**

to

14.1% (2.14 million students) in **2022**

— National Youth Tobacco Survey, United States, 2011–2022



Vape Prevalence (Nevada)



Among NEVADA high school students, who ever used e-cigarette or vapor products

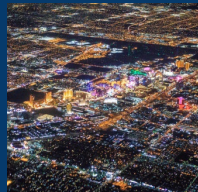
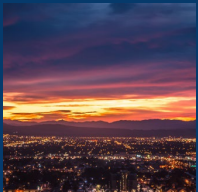
43.5% in 2019

36.6% in 2021
(34.3% in Clark County)

Among NEVADA middle school students, who ever used e-cigarettes

12.8% in 2021
(11.3% in Clark County)

— Nevada YRBS Data, 2015–2022



Vape Prevalence (Nevada)



Among high school students in Nevada, current e-cigarette users

15% in **2017**
(12.9% in Clark County)

22.5% in **2019**
(19.2% in Clark County)

17.5% in **2021**
(15.5% in Clark County)
(2.7% for Cigarettes)

— Nevada YRBS Data, 2015–2021



Cannabis Prevalence (Nevada)



Among NEVADA high school students, who ever used cannabis

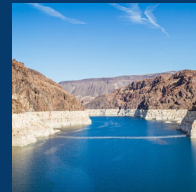
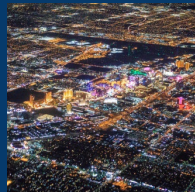
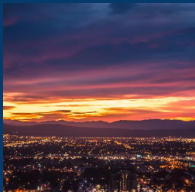
35.4% in 2019

30.2% in 2021
(28.8% in Clark County)

Among NEVADA middle school students, who ever used cannabis

7.9% in 2021
(7.6% in Clark County)

— Nevada YRBS Data, 2015–2022



Cannabis Prevalence (Nevada)



Among NEVADA high school students, who are current users of cannabis

18.8% in 2019

15.5% in 2021
(14.8% in Clark County)

Among NEVADA middle school students, who are current users of cannabis

4% in 2021
(4% in Clark County)

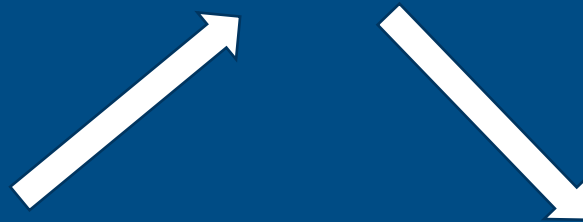
— Nevada YRBS Data, 2015–2022





Prevention works

Increase Prevention funding = Decrease in Prevalence



Youth Vaping Prevention Funding Eliminated from State Budget (2023)



JackPOT

The Cannabis Landscape in Nevada

SNHD
Southern Nevada Health District





Nevada Cannabis Timeline

- 2000:** Voters approved a ballot initiative legalizing medical marijuana for patients suffering from serious health issues.
- 2016:** Voters approved Ballot Question 2, the Initiative to Regulate and Tax Marijuana.
- 2017:** As a result, on January 1, 2017, the purchase, possession, and consumption of recreational marijuana for adults became legal in Nevada.
- 2021:** AB 341 introduced and passed during NV legislative session paving the way for the Cannabis Consumption Lounges.
- 2022:** Cannabis Compliance Board finalizes Cannabis Compliance Lounge Regulations.



Purchasing

In Nevada, only marijuana products purchased at a state-licensed retail store or dispensary are legal.

Buying marijuana products from any other source is illegal, and a person could face criminal charges if arrested.

Only adults 21 or older can purchase marijuana with the proper ID.



Possessing

Adults 21 years of age and over are legally allowed to have:

Up to 1 ounce of marijuana.



Growing

It is legal for adults 21 years old and older to grow marijuana for personal use if they observed the following:

Are more than 25 miles from a state licensed retail marijuana store or dispensary.

Possess up to 6 plants per person (but only 12 plants per household is allowed).

Grow plants in an enclosed area (a locked closet, room, or greenhouse) with a lock or other security device.

Conceal plants from public view.

Own or have the permission of the property's owner to grow marijuana at the property.



Consuming

Adults 21 and older can only use marijuana products on private property, and only if the property owner allows it. Many apartments and condominium complexes prohibit marijuana use, and those renting private homes should adhere to the guidelines provided by the leasing agent or homeowner.

It is illegal to use marijuana in any public place, in a moving vehicle, and on any federal land like national parks and military bases.



Consumption Lounges

Before AB 341 legally obtained cannabis could not be consumed (eaten, smoked, or vaped) in any public place. Doing so constitutes a misdemeanor that can carry a \$600 fine and a drug conviction.

2021 Assembly Bill No. 341 authorizes the Nevada Cannabis Compliance Board (CCB) to license and regulate cannabis consumption lounges.

Indoor use now allowed in permitted locations.



Consumption Lounges

Retail Information

40–45 retail licenses and 20 (half awarded to social equity applicants) to independent lounges.

Establishments cannot be on, in, or near casinos, airport, public or private school, community facility, or at any cannabis establishment that is not a consumption lounge.

Must provide water.

Must allow for long-term parking (24 no-tow parking).

Customer Information

Must be 21 or older

No public visibility

3.5 grams limit and others

No outside cannabis

Single-use or ready-to-use cannabis products only

- Lounge consumption only
- Products must include health disclaimer
- No guns, alcohol, tobacco, or other nicotine products. Food is allowed.
- No impaired driving

Dispensary Vs. Lounge



Dispensary Place to Purchase

Lounge Place to Consume

Dispensary

Reg 7.030 Products required to be offered for sale; restrictions on sale of other products; restrictions on advertising.

3. A cannabis sales facility shall **not sell** any food, beverage or personal care item that does not contain cannabis.

Consumption Lounge

Reg 15.040 The cannabis consumption lounge shall comply with any federal, state and local applicable laws or regulations related to on-site food preparation.

(b) If the **cannabis consumption lounge serves food**, including edible cannabis products, it is required that all employees which handle food must obtain a food handler card from the local health department.

NCIAA Conflict with AB 341



- Nevada Clean Indoor Air Act (NCIAA) defines “smoking” a product “made or derived from tobacco or any other substance intended for human consumption that can be used by a person to simulate smoking in the delivery of nicotine or any other substance through inhalation of vapor or aerosol from the product.”

NCIAA prohibits smoking in “places of employment,” which is defined as “any enclosed area under the control of a public or private employer which employees frequent during the course of employment.”

The NCIAA states that smoking is permitted in several types of workplaces

- casinos
- certain stand-alone bars
- strip clubs
- brothels
- private residences





Consumption Lounge Wins-ish

Separate room for cannabis smoking, vaping, and inhalation. All indoor cannabis smoking or inhalation must be confined to a designated smoking room.

The room must be completely separated from the rest of the cannabis consumption lounge by solid partitions or glass without openings other than doors or pass-through service window.

Ventilation of the cannabis consumption lounge. A ventilation plan must be submitted, approved, with changes as necessary, and fully implemented prior to issuance of a final license. At a minimum, the ventilation plan must include:

A separate ventilation system within any designated smoking room capable of 30 complete air changes per hour at a minimum that must be directly exhausted to the outdoors.



Consumption Lounge Wins-ish



Visibility of consumption.

A cannabis consumption lounge shall ensure that the display and consumption of any cannabis is not visible from outside of its premises.

Alcohol, tobacco and nicotine products.

All alcohol, tobacco and nicotine products are not permitted for use or sale in a cannabis consumption lounge.



Consumption Lounge Future...

Special Event Permits AB253

Festivals, catering, 1-time permits, etc.



Cannabis Sales Tax Revenue

Adult use sales tax data in Nevada 2017 – 2021.

(15% of wholesale tax and 10% retail transaction tax)

Year	Nevada State Tax Revenue from Adult-Use Cannabis
July – Dec. 2017	\$30,376,795
2018	\$86,901,086
2019	\$107,440,859
2020	\$123,683,509
2021	\$159,885,501
Total	\$508,287,750

Cannabis Use in Nevada

2021 Nevada Youth Risk Behavior Survey

Over 15% of high school respondents reported using cannabis in the past 30 days.

29.9% of these students thought it to be very easy to get cannabis if they wanted.

2022 Current High School Students
Cannabis Users in Nevada

Mode of Use	Youth Reported
Smoke (bong, pipe, joint, blunt)	59.8%
Vape	14.1%
Edibles	6.7%

2022 Nevada Adult Tobacco Survey

15.3% of respondents reported using cannabis in the past 30 days.

2022 Current Adult Cannabis Users in Nevada

Mode of Use	Adults Reported
Smoke (bong, pipe, joint, blunt)	65.1%
Edibles	23.3%
Vape	6.8%

Cannabis Facts Nevada



Cannabis Facts Nevada website provides factual information to educate Nevada about recreational cannabis to prevent use initiation.





OVERDOSE DATA TO ACTION

ADDRESSING OVERDOSE IN CLARK COUNTY

Presentation by

Katarina Pulver

Office of Disease Surveillance,
Division of Disease Surveillance and Control

Overdose Landscape in Clark County

1

46% increase in overall overdose deaths from 2015 to 2021

(425 to 619 deaths respectively)

2

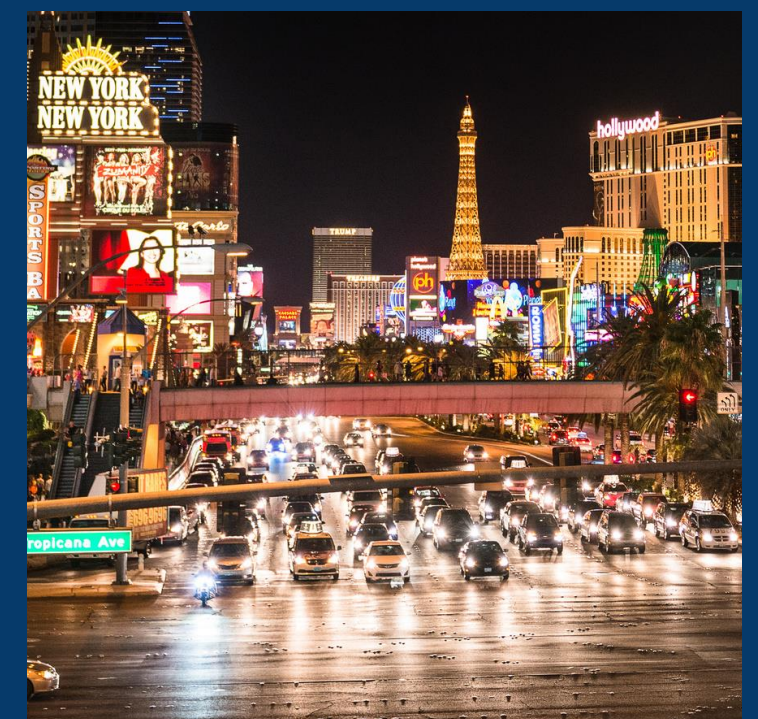
923% increase in fentanyl overdose deaths from 2015 to 2021

(22 to 225 deaths respectively)

3

The most impacted group in Clark County is white men ages 35–39

Source: Nevada Electronic Death Registry System

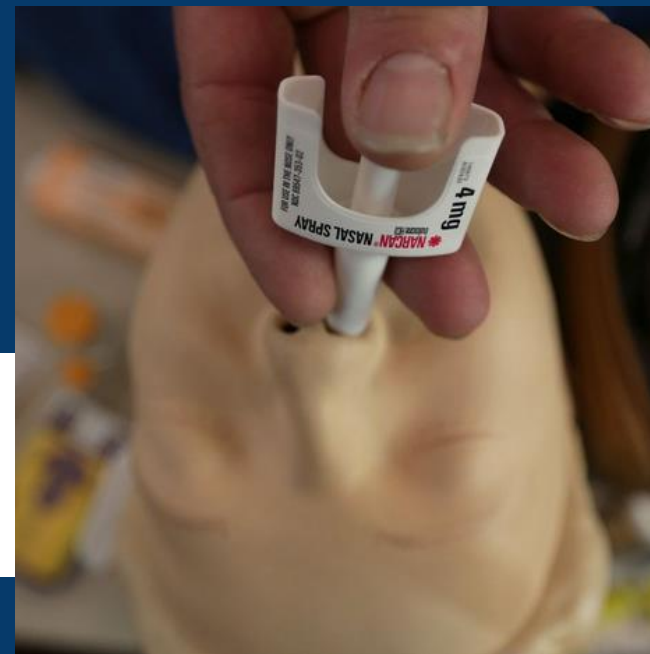


The Team's Approach



1

Community Education



2

Harm Reduction
Programs



3

Linkage to Action

Funding

The SNHD programs highlighted today are funded by two sources: The CDC Overdose Data to Action and FR-CARA

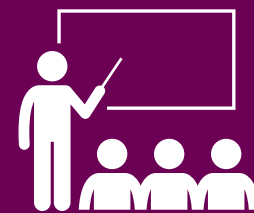


1) Community Education



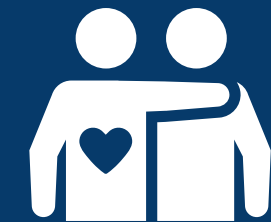
Harm Reduction 101

This interactive adult training provides participants with an in-depth overview of harm reduction concepts.



Harm Reduction 201

This workshop will explore social inequalities faced by people who use drugs, and the stigma they experience.



Making Every Door the Right Door

The workshop explores the intersection of gender-based violence and substance use with a harm reduction lens.

2) Fentanyl Test Strip Program



About

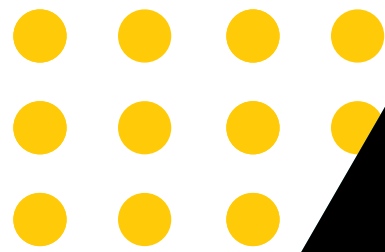
Fentanyl test strips are a tertiary overdose prevention tool that allows people who use drugs test their substance for fentanyl before they use it

Program Stats

- 32 agencies distributing fentanyl test strips
- 47,100 fentanyl test strips have been distributed
- Since the launch of our training, 419 unique individuals have been trained by SNHD on how to use FTS
- Program was recognized by the Nevada Public Health Association as 2022's Public Health Program of the Year



2) Naloxone Distribution Program



Naloxone

Naloxone is the opioid overdose reversal drug. SNHD distributes name brand NARCAN



Partnerships

The Naloxone Distribution Program has over 50 partners from a variety of organizations



Program Successes

Since the start of this program, SNHD has distributed over 45,337 doses of NARCAN

2) Public Health Vending

How it Works

Individuals who desire to use the machine complete the application process and receive an 8-digit code

What's Inside

The vending machines offer a wide variety of products from safer sex kits to wound care kits

Program Successes

This program expanded our partnership with Trac-B, has resulted in 6 vending machines in Nevada, and a national collaborative



3) Linkage to Action



L2A staff members work in collaboration with community providers to link people who use substances to services. Since the formation, the team has served 403 unique individuals

Additionally, The L2A mobile outreach unit allows staff to prioritize underserved populations in Clark County.

In Conclusion



Questions?

Contact Information

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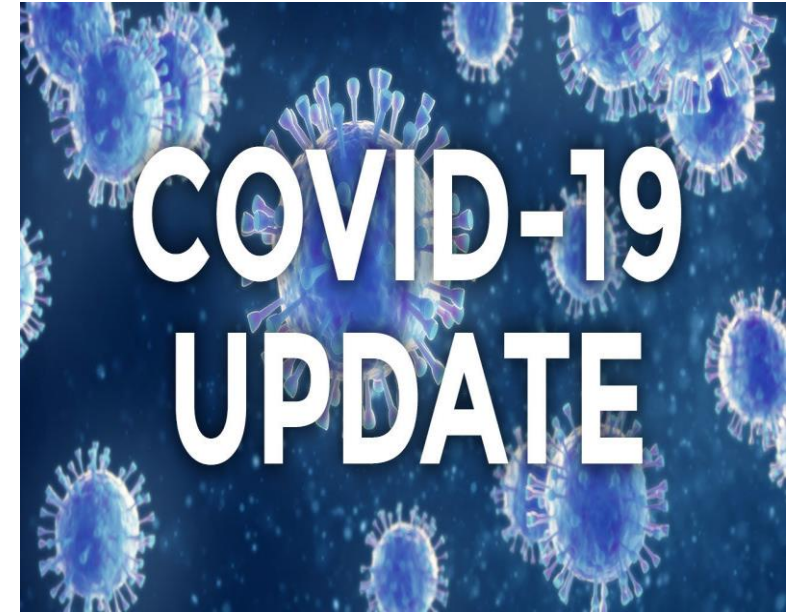
Thank you for inviting us to present our programs to you

IMPLICATIONS FOR ENDING THE COVID-19 PUBLIC HEALTH EMERGENCY

CASSIUS LOCKETT, PH.D.

DIRECTOR OF DISEASE SURVEILLANCE & CONTROL

APRIL 10, 2023



COVID-19 PUBLIC HEALTH EMERGENCY (PHE) ENDS MAY 11, 2023

The end of the PHE does not mean the end of CDC's emergency response to COVID-19.

- Goal: prevent severe illness and death
 - Immunocompromised and other at-risk populations

Last year SNHD started winding down underutilized supports

- Reduced local testing sites (no demand)
 - Kiosk, mobile testing
 - Still at CSN until June of 2023
 - COVID-19 vending program still active

SNHD DATA IMPACTS

Ending the PHE declaration will revoke the CARES Act authority for HHS to require laboratory result reporting.

- Negative labs and inconclusive labs will no longer be required to be reported.
- SNHD will continue to receive positive lab results
- NVDPBH issued a technical bulletin on March 4, 2023

Changes to data metrics

- The change would not affect calculation of CDC COVID-19 Community Levels but would impact the percent positivity metric used to understand Transmission Levels.
- Transmission Levels were used by hospitals, as mandated by Centers for Medicare & Medicaid Services (CMS) to determine prevention measures/mitigation strategies.

Impact

- Percent positivity metric will likely no longer be available
- COVID-19 Transmission Levels, used primarily for healthcare settings, would no longer be calculated

COVID-19 PUBLIC HEALTH EMERGENCY (PHE) DATA IMPACTS

- Requirements to report Covid-19 lab results and immunization data to CDC will change.
 - This will likely affect the availability of daily reports and timely updates to existing data sets nationally in the United States.
- We will have some changes, but we will continue to:
 - Respond to cluster and outbreak
 - Monitor Covid-19 deaths and hospitalizations
 - Use multiple surveillance systems, such as Wastewater surveillance and syndromic surveillance

ADDITIONAL IMPACTS

- Testing
 - Current federal agreements between pharmacies and CDC's ICATT (Increasing Community Access to Testing) will allow for continued no-cost COVID-19 testing of people who are uninsured. ICATT may have a reduction in COVID-19 testing locations after the PHE ends.
 - SNHD ACDC program plans to continue community-based testing through vending project, at home antigen kits and exploring options for sustaining additional PCR community-based test sites like CSN.
- CDC Surveillance changes TBD
 - Less focus on individual case surveillance and emphasis on community trends.

Questions

