

**STATEWIDE EPIDEMIOLOGY WORKGROUP (SEW)
APPROVED MINUTES**

DATE: January 16, 2013
TIME: 9:00 a.m. *Video-Conference*
LOCATION: Truckee Meadows College
Redfield Campus
18600 Wedge Parkway, HTC Room 103
Reno, Nevada
College of Southern Nevada
Cheyenne Campus
3200 E. Cheyenne Ave., Room 2647B
Las Vegas, NV 89030

Committee Members Present

Alicia Hansen *	Public Member
Bill Kirby, proxy for Deborah McBride	SAPTA Agency Director
Brad Towle	NSHD- Health Statistics, Planning, Epidemiology, & Response
Eric Ohlson, proxy for Kevin Quint	Join Together Northern Nevada
John Johansen	Nevada Office of Traffic Safety
Linda Septian, Proxy for Debbie Gant-Reed	Crisis Call Center
Luana Ritch	Quality Assurance, Veterans & Military Families, MHDS
Misty Allen	DHHS-Office of Suicide Prevention
Pauline Salla *	DCFS- JJPO
Ron Pierini	Douglas County Sheriff's Office
Sue Meuschke	Nevada Network Against Domestic Violence
Tami Jo McKnight	Clinical Program Planner, MHDS
Tony Fredrick	Southern Nevada Health District
William Gazza – Committee Chair	Clark Co. Coroner's Office

Committee Members Absent

Ihsan Azzam	NSHD- Office of Epidemiology
Wei Yang	Nevada Center for Health Statistics and Informatics, UNR

Others Present

Michael Coop - Consultant	Coop Consulting
Stephanie Asteriadis – Ex-Officio	Nevada Prevention Resource Center / UNR

SAPTA Staff Present

Charlene Herst	SAPTA Prevention Team Supervisor
Charlene Howard	SAPTA Health Program Specialist
Kim Davis	SAPTA Administrative Assistant
Linda Kreeger	SAPTA Health Program Specialist
Meg Matta – Recorder	SAPTA Administrative Assistant
Nan Kreher	SAPTA Health Program Specialist

* Attended Telephonically

1. Welcome and Introductions

Chair William Gazza opened the meeting in due form at 9:12 a.m.

2. **Public Comment**

Charlene Herst referred to a report called *Pregnant Women and Substance Abuse in Nevada 2012 Needs Assessment* that was provided as a handout. It is not on the agenda. She asked members to read it and email any comments to her. She will be placing it on the agenda for the next meeting.

3. **Nomination and Approval of Chair**

The by-laws state that the chair should be elected or re-elected every two years. The vice-chair will be up for re-election next year. William Gazza asked for nominations from the floor. There were none; but William was asked if he would be willing to accept the chair for another two years. William informed the members that he will accept re-election but will be heavily reliant on the vice-chair due to other commitments. Sue Meuschke moved to re-elect William Gazza for the next two years, and Ron Perini seconded the motion. The motion carried.

4. **Discussion and Approval of combined SEW/MPAC Minutes of October 10, 2012**

Ron Perini moved to accept the minutes with one correction, and John Johansen seconded the motion. The motion carried with one abstention.

5. **Update and Discussion on Proof Point Security**

Meg Matta gave an update on the problem of the email security system that has been locking recipients out of the ability to see the agenda and handouts for the open meetings. This has been a problem for those members who are not in the State email system. She has been in communication with Erin Williams, the MHDS IT Manager and Security Officer, and Kevin Law in enterprise IT Services, Department of Administration to find a solution. They are working on creating a rule that has precedence over all other rules that doesn't encrypt MHDS emails that have the phrase "open meeting" in the subject line or body of the email. So far, the tests haven't been successful, but they are continuing to work on the problem and it will hopefully be resolved by the next meeting. Charlene added that the system was also blocking her from opening the quarterly reports from funded providers, and those types of locks appear to affect some computers and not others.

6. **Update, Discussion and Approval of Evidence-Based Workgroup Subcommittee Report**

Charlene reported on the first face-to-face/webinar/teleconference meeting. The workgroup members are Luana Ritch from MHDS; Susan Mears from DCFS; Elizabeth Fildes from Nevada Tobacco Users' Helpline; Brad Greenstein of the Foundation for Recovery; and SAPTA staff Linda Kreeger, Bill Kirby, Charlene Howard, and Tonya Wolf. Monty Williams, Chair of the MPAC and Executive Director of the Statewide Native American Coalition, will also be joining the workgroup at the next meeting. The facilitators for the meeting were Michelle Frye Spray, CAPT, West RET; and Anne Rogers from Data and Research for the State of Maine, and the former SPF-SIG Coordinator for her state.

The reasons for the workgroup, the make-up of the membership, the benefits and challenges of having an evidence-based workgroup, and the next steps were the topics discussed. The workgroup has a lot of material to read and digest before the next meeting. The goal is to establish the data-driven state priorities and create a Nevada registry for evidence-based practices. A Nevada registry will include cultural programs that are more innovative or which

apply to Nevada's specific populations better than the national registry, and provide better opportunities for funding to our coalitions and subgrantees.

Charlene would like suggestions of people to include in the workgroup who will add another dimension – such as law enforcement or research.

The SEW members asked for a copy of the Evidence Based Workgroup materials and Charlene said she would mail it out to everyone.

7. **Discussion and Approval of Five-Year Strategic Prevention Plan**

There was not a quorum at the last meeting when this item came up, so it has been added now for discussion and approval. As the plan has been previously discussed, William Gazza asked for the members to take another look at the plan and make a motion to approve. Charlene commented that as she read through the plan, she could see how many of the strategies listed in the plan have already been acted upon by SAPTA. Nan Kreher commented on the graph on suicides found on page 19, and how amazing that data is. She suggested that for the next deliverable for the 2013 continuation grant, suicide would be a good subject for the community profile. Misty thought it was a great idea and added that the report could be expanded to bring in special populations, the data for which she offered to contribute. She said that in her work, they saw a spike in youth suicides in 2011 which would be interesting to take a closer look at. Charlene added that the report done by Luana Ritch could be a good segue. William said that Assembly Bill (AB) 29 would provide for a suicide fatality review committee. This will be similar to the child fatality review committee and the domestic violence review committee that are already in place. New information will be coming out of that committee that will contribute to the data.

Bill Kirby moved to approve the plan. Sue Meuschke seconded and the motion carried.

8. **Update and Discussion of SEOW Grant – Year Three Deliverables**

Nan reported that the deliverables are similar to the ones of the past two years. The topic for the Community Profile remains to be decided upon by the members. The current suggestion is to do the profile on Suicides in Nevada. The Epidemiology Profile will be the same with some additions. In August new data was drawn from Native American students who were attending a conference in Reno, but Nan said she believed they were a subset that did not represent the overall Native American youth population in general. Another deliverable will be the training that will be provided to the prevention providers and community users of the Data Dissemination System.

Charlene wanted to talk further about the Community Profile, although there could be no vote on it at this time. Nan said in the past two years, the Community Profiles have been on Hispanic communities and on prescription drug overdose deaths and emergency room visits. Charlene asked for other ideas that, if not used this time will be considered for future reports.

Sue Meuschke suggested the occurrence of co-occurring substance abuse and violence, particularly against women. Brad Towle said he would check to see if the trauma registry and other data can be linked and if there is current data available on this. Ron Pierini confirmed that in law enforcement, most of the violent incidents include drug and/or alcohol abuse. He thinks the co-occurrence is very high. He thinks that about 90% of the information is in the Spillman

system, but getting statistics will be tricky. He will call the project manager to see what can be done about accessing the data. Charlene Herst stated that it was worth pursuing to see what national data sets are available that can provide further information. She would like to get the data into the data dissemination system and available for query.

9. **Review, Discussion and Possible Approval of the Draft Clark County Coroner's Office 2011 Overdose Report**

William Gazza thanked Michael Coop for his hard work on this report. He is excited about sharing data, and looks forward to more reports in the future that will reflect in the surrounding communities. Michael Coop said there were almost 8,000 records to sort through and narrow down. He stepped the members through the report and explained that the numbers were not regional, but for Clark County only. He still needs to verify the numbers and the narrative with William Gazza, and further changes or adjustments are expected.

Michael said that in 2011, the deaths due to opioid prescription drugs exceeded all other causes of death in Clark County. That fact was the impetus behind this report, and to discover how much worse it is than other causes of death.

Page 2 shows the data supporting the fact that oxycodone is the number one cause of the 844 substance related deaths as processed by the Clark County Coroner's Office. Two-thirds of that total was accidental.

Substance related homicides were not included in these figures. Michael will clarify with William Gazza the definitions which may or may not include substance related motor vehicle fatalities.

On page 5-6 there is a chart of all the accidental deaths. It is broken down by age and other factors, including the death location, which Michael said may or may not be useful for planning purposes or to design an intervention.

Page 7 shows the deaths in order of severity: 195 out of 551 deaths were from multiple drug use; 118 were from single drug use.

The upper chart on page 9 is based on the toxicology reports and lists all drugs reported by the Coroner's Office in order of occurrence. Oxycodone is the most frequently found drug. The second chart shows only prescription drugs, also in order of frequency. It is not yet clear whether these drugs are the official cause of death. William said the first cause of death in the report is the immediate mechanism causing death; however, they may contribute to the conditions contributing to the death. William will take a closer look on how the data is extrapolated, and develop definitions.

Luana Ritch talked about the number of prescription drugs that many people have in their medicine cabinets that could be lethal, and suggested a conversation about the proliferation of drugs in the general public. A question that arose was whether the prescription drug user actually had a prescription, or if it was obtained illegally. Also, it was suggested that deaths caused by prescription drug overdoses may be pre-meditated suicide rather than accidental overdose. William explained that the key to deciding if a prescription drug was the cause of

death is whether or not it is within the therapeutic range in the postmortem sample. If it is found to be well beyond the therapeutic range, it shows intent. This, together with scene investigation and family investigation, will determine if it is a suicide or an accident. Further definitions will identify situations where, for example, the main cause of death is heart disease, but a contributing cause of the heart disease could be drug use.

John Johansen asked how a longer sampling of data – perhaps over three to five years -- may affect the results on the number one cause of death; as drug popularity changes due to street price. William Gazza said the Coroner's office sees those trends as well, and added that the downturn in the economy will also be shown to have an effect when looked at over a ten-year range.

Charlene Herst established that an allergic reaction to a drug would show up in the accidental death statistics rather than the natural death statistics. William confirmed that accidental death encompasses anaphylaxis, as well as deaths from anesthesia.

Natural death data begins on page 10. The majority of the natural deaths are due to chronic alcoholism. The charts on page 11 show the medical causes.

Tami Jo McKnight asked for clarification on the graph showing deaths from chronic alcoholism, but noticed that the outcomes of chronic alcoholism listed below, like cirrhosis, did not add up to the number of deaths caused by alcoholism. William Gazza explained that cirrhosis can be due to hepatitis or other chronic illnesses. The numbers shown in this graph are the actual numbers of the official cause of death. He added that some people are lifelong alcoholics but do not die from the symptoms of their alcohol abuse.

Michael Coop reiterated that these are not diagnostic statistics, but actual coroner's statistics as shown on the death certificate. It is based on ICD-9 and ICD-10 codes.

Regarding the charts on suicide beginning on page 12: John Johansen asked if there is a way to capture the non-substance related firearm suicide data to get a picture of what percentage of firearm suicides are drug-related. Michael Coop said this data does not answer that question; it is only for substance-related deaths. William added that there is also a mental health component that needs to be considered for that type of question as well, and they don't have the capability to include a psychological analysis. He added that in 2011 there were 165 suicides by firearms; and although the 2012 stats are not finalized yet, so far they have tabulated 202 suicides by firearms. The 2012 statistics will be finalized in May, but already is showing the trend towards a high number of suicides. That number has not climbed in that manner since 2008, which corresponded to the economic crisis.

On page 16 there is descriptive data about specific populations and a range across different manners of death. William Gazza asked why, on page 21, the age groups were not divided out in the 14 or under age group; Michael responded that it was because the numbers were so low. William said that in the last seven days, he had already had two 9-year-olds. It is unsure if they are substance-related at this point, but there may be a new trend. Even when the numbers are as small as three, when compared to previous years it may be indicative of something else going on. He provided the example of a popular video on You Tube that may be the culprit. If we can

see those numbers for 2011, and again for 2012 and 2013, a comparative study can be done.

Page 25 lists the top 30 toxicology findings with alcohol at the top; and page 26 lists the top prescription drugs. These are drugs that are found; they are not recorded as the cause of death. Nan Kreher asked that it be more clearly emphasized that at the time of death, some people had as many as 14 drugs on board. She also asked for a distinction between prescription and street drugs. She would be interested in seeing another graph that just shows meth, cocaine, heroin, and other schedule 1 drugs. John Johansen pointed out that a definition of street drugs could become problematic, as some drugs sold on the street, such as oxycontin, may actually be prescription drugs. He added that some “legal drugs”, such as medical marijuana, are the same as street drugs. Charlene Herst commented that there could be a narrative to define those points.

John Johansen asked if it would be helpful to include the category of drug: stimulant, anti-depressant, hallucinogen, etc. Michael Coop responded that they were working towards that information to be placed at the end of the report. William Gazza added that in toxicology, it is the actual substance that is identified, not the medication. For example, the “Las Vegas Cocktail” has a stimulant, an anti-depressant, and other substances in one compound. Many medications will be compounded as well. Whether an individual had these substances in their system from one or many sources is difficult to determine. William and Michael will try to put the drugs in some type of category.

A question was asked about the use of the terms “medication-related” and “drug-related” as found on page 3 of the report. William Gazza answered that “medication-related” is used in instances where there was known to be an existing prescription. “Drug-related” is when the origin of the drug is undetermined, or the reason for using it is unable to be proved. The term, “medication/drug related” is when there is a combination of prescription and street drugs present. The ICD-9 code provides for only five manners of death:

- Natural
- Homicide
- Suicide
- Accidental
- Undetermined

The cause of death is broken down for the coding as a result of the investigation. On average, individuals over the age of 55 in Clark County have at least 8 different prescriptions from their physicians. This is the current social phenomenon, and it contributes to the data.

Michael Coop pointed to Appendix B, page 37, where there were the beginnings of a glossary of the top 30 substances. It needs more work, but Michael suggested that perhaps only the more unusual substances and uncommon terms need to be included (terms like exsanguination), to make the glossary shorter and easier.

Michael Coop hopes for a solid draft in April, in time for the next meeting. When the 2012 data is finalized in April or May, another report will be compiled – hopefully by summer. Once the two reports can be seen side-by-side, focus can be directed towards the shifts in data.

William Gazza was asked if we are close to having the same kind of data for Washoe County. He replied that the Washoe County Coroners is a small office, and he is not sure they have the

same extent of case management systems to produce quality data. He said the ICD-9 codes are available, but there is no list of compounds found in the system.

Michael Coop asked the members for rapid feedback by Friday the 25th. He and William Gazza will be working on it over the next several weeks. William thanked Michael for his excellent work on what he called “monstrous” data.

10. **Discussion on Bills and Bill Draft Requests for the 2013 Legislative Session**

Charlene Herst provided a watch list of bills for the 2013 Legislative session which was compiled by Deborah McBride. She said she wanted to add to that list the bills that the members were watching so that the SEW could provide help and support to each other.

11. **Discussion and Recommendations of the Data Gaps: Ways to Fill Them for the Data Dissemination System and Data Warehouse**

Nan Kreher said the biggest data gap is data on adolescents. She attributes this to the Nevada’s failure to implement the YRBSS effectively. Wei Yang has been working to fill that gap, together with Kristen Clements Nolle. They have been working with the superintendents of all seventeen school districts, and principals of schools within those districts. SAPTA is paying for incentives for the participating schools, and to the teachers who conduct the survey in their classes to ensure cooperation. Wei and Kristen are organized and will be ready to go forward with the survey in the spring. They anticipate a high percentage return on the survey. They have also done an over-sampling of Native American youth.

Nan added that data on both the Native American youth and adults is scarce, and that is another gap SAPTA would like to fill. Angel Stachnik had previously offered to provide data from the tribal clinics, and SAPTA is waiting to hear further from Angel or the Indian Health Board. It was suggested that Dr. Azzam or Julia Peek may also have connections to obtain tribal information; and Joann Flanagan, as the tribal liaison, should be able to obtain data as well. However, the information that goes to the regional Indian Health Services in Arizona is very difficult to get. Charlene received a notice from SAMHSA that they were working on collaboration with Indian Health Services, and there is the hope for better information in the future.

Charlene Herst said that she had enlisted cooperation from a contact in DPS, as had Ron Pierini, who would be willing to contribute data from the Spillman system. Charlene wants that to be part of the portal system. Nan said that when the finalized data from the Coroner’s office and data from the Spillman system could be added, it will enrich the warehouse.

12. **Discussion and Approval on Focus of Future Special Reports**

Michael Coop would like to finish the 2011 coroner’s report and then commence on the 2012 report. Nan Kreher would like to focus on suicides as the subject of SAPTA’s next Community Profile, if the group approves. Charlene Howard and Misty Allen both commented that there are several quality improvement groups within the state that have been formed to enhance the mergers within behavioral health, and this type of suicide data would be timely and welcome. The focus of those various groups ranges from gun ownership, to military families, to adolescents.

Nan Kreher said that in addition to the Community Profile and the Epidemiology Profile, there are now other requests for additional special reports from SAPTA. She is currently working on a report on statewide needs assessment for Treatment. The information SAPTA obtains from NHIPPS is not complete information for the state. This is because only one percent of the people who need treatment are receiving it, and would not therefore be in NHIPPS. Another thing Nan is studying is the percentage of use of different drugs in different geographical locations. The information she finds will help to direct SAPTA services.

Nan asked for suggestions on other special reports that would be of interest. One suggestion was for a report on the effects of marijuana, both in recreational and medical use. There is a lot of information available on marijuana, especially from Colorado. This will be especially timely with regard to the attempts for legalization on the horizon. Another suggestion is a report on the entire spectrum of problems caused by substance abuse throughout the instances of suicide, domestic violence, use by pregnant women, traffic fatalities, etc.

13. **Member Update**

In the interest of time, Tami Jo McKnight was asked to give her member update at the next meeting. Tami said she will not be available for the April meeting.

14. **Discussion and Approval of Meeting Dates for 2013**

In October it was proposed to look at Wednesday for the meeting days, but there was no quorum on that day. Charlene Herst said that the meetings are back to a quarterly basis, so if the meeting remains on the third Wednesday, the meeting would be April 17, July 17, and October 16. It was moved by proxy Bill Kirby and seconded by Tony Fredrick to approve the dates. The motion carried.

15. **Discussion and Approval of Agenda Items for the March 2013 Meeting**

- Pregnant Women and Substance Abuse in Nevada 2012 Needs Assessment - vote
- 2011 Coroner's Report revision
- Bills and BDRs on the watch list
- Evidence-based Workgroup
- Member update

16. **Public Comment**

Misty Allen announced that her colleague in Clark County, Linda Flat, retired at the end of 2012. She was replaced by Richard Egan, a retired Air Force veteran and foster parent.

17. **Adjournment**

There was no further business to come before the meeting. It was moved by proxy Bill Kirby to adjourn, seconded and approved. The meeting closed at 12:10 p.m.