

# 2025-2026 Substance Use Response Working Group (SURG) Ranked Recommendations by Subcommittee

**Red and underlined text in this document represents changes made in either the wording of the recommendations themselves or to the justification/background details provided to support the recommendation.**

# 2025-2026 SURG Prevention Subcommittee Ranked Recommendations

## Recommendation #1

Support ***[identified partner/agency] in introducing*** a bill draft request in the 2027 legislative session that would double the annual state investment in primary prevention ***to protect prevention infrastructure*** via a general fund dollar line item committed to BBHWP's prevention programming for people aged 0-24. Monies should be directed to local lead agencies that prioritize evidence-based programming.

*For example, if the current level of investment was \$1.6 million, then this would be raised to \$3.2 million for the next biennium. This funding should not be at the expense of existing programming and should be the State of Nevada's contribution to Prevention efforts; additional Federal and/or other monies that are secured would not change the target allocation of State dollars for primary prevention efforts.*

### Submission Details

- Submitted by Erik Schoen in 2024, re-elevated for 2025-2026, refined following discussion at November 2025 Prevention Subcommittee meeting and presentation from Stephanie Cook, last edited 5/20/2026

### Justification/Background

*This recommendation has been revised to make it "evergreen" and applicable to "upcoming" legislative sessions. As well, it provides further clarification that these funds should come directly from the State budget.*

While there are strong, evidence-based primary prevention programs that are in place in Nevada along with a robust coalition network, there is not enough financial support to reach all students with primary prevention programming. The most effective interventions target salient risk and protective factors at the individual, family, and/or community levels and are guided by relevant psychosocial theories on substance use. This funding should be allocated on a per pupil basis to ensure maximum reach within the state.

The 2022 National Drug Control Strategy report on cost effectiveness of prevention states that "Prevention is not only effective, it is also cost-effective approach to prevent later SUD have been identified as an underutilized response to the opioid crisis. The 2016 Surgeon General's Report on Alcohol, Drugs, and Health also noted that prevention science demonstrates that effective prevention interventions exist, can markedly reduce substance use, and evidence-based programs and policies are underutilized. There are multiple examples of cost-effective prevention programs. For example, the average effective school-based prevention program is estimated to save \$18 per dollar invested... There are also cost-benefit assessments of individual programs. Too Good for Drugs, a school-based prevention program for students in kindergarten through 12th grade, was designed to increase social competencies (e.g., develop protective factors) and diminish risk factors associated with alcohol, tobacco, and other drug use. It has a benefit-to-cost ratio of + \$8.74 and it is estimated that there is a 94-percent chance that benefits will exceed costs. Other effective and cost-effective programs include Botvin Life Skills which has benefit-to-cost ratio of \$13.49, and the Good Behavior Game with a benefit-to-cost ratio of \$62.80."

### Associated Research/Links

- SAPTA 9/26/2023 "Funding Update: SPF-PFS Grant for Nevada" email
- Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and adolescent psychiatric clinics of North America*, 19(3), 505–526.  
<https://doi.org/10.1016/j.chc.2010.03.005>

# 2025-2026 SURG Prevention Subcommittee

## Ranked Recommendations

### AB374 Section 10 Requirement(s) Assigned to the Prevention Subcommittee and Align with this Recommendation

(j) Study the efficacy and expand the implementation of programs to:

- (1) Educate youth and families about the effects of substance use and substance use disorders; and
- (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

### AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

- (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;
- (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;
- (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth;
- (4) The use of the money described in section 10.5 of this act to improve racial equity; and
- (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

### Focus Population(s)

- a. Veterans, Elderly Persons, and Youth
- c. Pregnant women and the parents of dependent children
- f. Children who are involved with the child welfare system

### Action Steps

- DHS Policy
- Other—Specific departmental budget recommendation / requirement

### Short-Term or Long-Term

- Short-term (Under 2 years)

### Fiscal Note Requirement

- No fiscal note is needed

### Impact of Recommendation *(on a scale of 1-3)*

- 3 - Substantive progress on important prevention initiatives and efforts that would help to decrease initiation and use of harmful substances.

### Urgency of Recommendation *(on a scale of 1-3)*

- 3 - Our stats essentially speak for themselves -- typically 51 out of 51 states / territories -- in MH and SUD indices.

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 3 - We have coalitions in every rural Nevada county ready and willing to provide more substantive services.

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 3 - This would help to ensure that resources are getting to everyone.

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## Possible Presenters on this Recommendation

- *[This field was not filled out.]*

# 2025-2026 SURG Prevention Subcommittee

## Ranked Recommendations

### Recommendation #2

**Create a bill draft request to set aside *funding\* for youth vaping prevention cannabis wholesale tax* to be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts. *\*Given that vaping is a delivery method for cannabis, nicotine, and other substances like fentanyl, multiple funding sources should be considered, including the cannabis wholesale tax, tobacco or vaping settlement, tobacco tax dollars, the Fund for Resilient Nevada, or other appropriate sources as related to substance use.***

#### Submission Details

- Submitted by Debi Nadler in 2024, co-sponsored by Jessica Johnson, re-elevated for 2025-2026, edited live during March 18, 2026 Prevention Subcommittee meeting, edited on April 30, 2026 to further reflect subject matter expertise, last edited 5/20/2026

#### Justification/Background

Since legalizing cannabis in 2016, Nevada has built a robust market generating nearly \$1 billion in annual sales and more than \$118 million in cannabis tax revenue. However, none of this funding is currently directed toward youth prevention, even as youth substance use patterns evolve.

Vaping has emerged as the dominant method of substance use among youth, cutting across nicotine, cannabis, and increasingly other drugs. In 2023, one in three Nevada high school students reported ever using electronic vapor products, and cannabis use remains similarly widespread, with nearly 29% reporting lifetime use. Importantly, youth are increasingly consuming cannabis through vaping, highlighting a critical overlap that current prevention funding structures do not address.

This convergence presents a clear policy challenge: funding streams remain siloed while youth behavior is not. Nevada continues to significantly underinvest in prevention, allocating just 0.5% of tobacco-related revenues despite ranking near the bottom nationally. At the same time, cannabis revenues, derived in part from a legalized product with known youth risks, are not reinvested in prevention efforts.

The result is a structural gap between revenue generation and public health response, leaving local communities without the resources needed to address rapidly changing substance use trends. This gap disproportionately impacts youth and other priority populations and limits the state's ability to implement evidence-based prevention strategies at scale.

A more aligned and responsive approach is needed. Because vaping is a shared delivery system across substances, prevention funding should also be integrated and flexible. Establishing a dedicated set-aside for youth vaping prevention would directly connect funding to current patterns of use.

Setting a minimum investment of \$2 per capita, as recommended by the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts, would create a sustainable baseline for prevention. Distributing these funds through a local lead agencies model would ensure that resources are deployed efficiently, equitably, and in ways that reflect local needs and conditions.

A bill draft request to establish this funding structure offers a practical, evidence-informed solution to modernize Nevada's prevention system, better align funding with risk, and protect youth in an evolving substance use landscape.

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## Associated Research/Links

- [Morris, Pebley, & Little \(2023\). Vaping Opioids: Should We Be Worried? Link: https://pmc.ncbi.nlm.nih.gov/articles/PMC11626417/](https://pmc.ncbi.nlm.nih.gov/articles/PMC11626417/)
- [Reports of fentanyl-laced vape pens in schools spark online debate. Link: https://publichealthcollaborative.org/alerts/reports-of-fentanyl-laced-vape-pens-in-schools-spark-online-debate/](https://publichealthcollaborative.org/alerts/reports-of-fentanyl-laced-vape-pens-in-schools-spark-online-debate/)
- <https://www.8newsnow.com/news/local-news/nye-county-investigators-believe-thc-vape-pens-handed-out-at-pahrump-high-school/>
- [Nevada YRBS Data Link: https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey](https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey)
- [CDC Tobacco Funding Recommendations Link: https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.htm](https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.htm)
- [CDC Tobacco Control Best Practices Link: https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm](https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm)
- <https://nvtobaccopreventioncoalition.org/>
- [https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Marijuana-and-Teens-106.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Marijuana-and-Teens-106.aspx)
- <https://www.cdc.gov/cannabis/data-research/facts-stats/index.html>
- <https://www.dfaf.org/california-nevada-and-oregon-see-increase-in-youth-marijuana-use/>
- <https://thenevadaindependent.com/article/opinion-seven-years-later-is-legal-recreational-cannabis-really-worth-it>
- <https://www.dfaf.org/california-nevada-and-oregon-see-increase-in-youth-marijuana-use/>
- <https://www.psychologytoday.com/us/blog/addiction-outlook/202405/the-reality-of-teens-and-weed?amp>
- <https://www.psychiatrictimes.com/view/cannabis-use-young-adults-challenges-during-transition-adulthood>

## AB374 Section 10 Requirement(s) Assigned to the Prevention Subcommittee and Align with this Recommendation

(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.

(j) Study the efficacy and expand the implementation of programs to:

- (1) Educate youth and families about the effects of substance use and substance use disorders; and
- (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

## AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:

- (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;

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- (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;
- (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and
- (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.

(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

- (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;
- (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;
- (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth;
- (4) The use of the money described in section 10.5 of this act to improve racial equity; and
- (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

### Focus Population(s)

My recommendation does not focus on a special population.

g. Other populations disproportionately impacted by substance use disorders (please describe): Awareness in all schools. Middle school and up.

### Action Steps

- Not sure

### Short-Term or Long-Term

- Long-term (2+ years)

### Fiscal Note Requirement

- Not sure

### Impact of Recommendation *(on a scale of 1-3)*

- 3 - The proposed recommendation will bolster youth-focused prevention programs across Nevada. By reaching the \$2 per capita funding goal, this policy ensures a sustained investment in evidence-based prevention efforts aimed at reducing youth initiation and use of cannabis. Investing in early prevention has been shown to reduce lifetime health risks, lower healthcare costs associated with substance use, and promote healthier behaviors among young people, ultimately leading to improved public health outcomes for future generations.

### Urgency of Recommendation *(on a scale of 1-3)*

- 3 - Youth and young adults are particularly vulnerable to the harmful effects of substances, including long-term cognitive, physical, and emotional impacts. Without timely investment in youth prevention programs, Nevada risks exacerbating future public health and social challenges, such as increased

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substance dependence and reduced academic achievement. The urgency of this funding is clear: investing in youth prevention now will mitigate these risks and create healthier communities for years to come.

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - Leveraging the local lead agencies model ensures that funds are distributed efficiently and effectively to communities with the highest needs. Local agencies are well-positioned to implement youth-specific prevention programs, building on existing infrastructure and expertise in public health interventions. Nevada already has a coalition and framework in place to distribute these prevention funds. The feasibility of this approach is supported by the ability of local agencies to collaborate with schools, youth organizations, and community groups, ensuring that prevention efforts are culturally relevant and impactful.

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 3 - Youth from communities of color and low-income backgrounds often face higher exposure to tobacco and cannabis, along with fewer resources for prevention and education. By directing these funds toward youth prevention programming, this policy ensures that local agencies prioritize outreach to underserved communities, addressing health disparities, and ensuring equitable access to prevention services. Targeted investments in these communities will help close gaps in health outcomes and provide critical resources to those most affected by substance use, advancing both racial and health equity across the state.

### Possible Presenters on this Recommendation

- *[This field was not filled out.]*

# 2025-2026 SURG Prevention Subcommittee

## Ranked Recommendations

### Recommendation #3

*Request guidance from the Nevada Board of Pharmacy be posted to their website and communicated to pharmacists to clarify regulations pertinent to the distribution of naloxone in hospitals to permit low barrier naloxone distribution from Emergency Departments (EDs) and permit EDs to adopt a naloxone-specific standard operating procedure (SOP) for **public community-based** naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.*

#### Submission Details

- Submitted by Jessica Johnson on 4/29/2025, last edited 5/20/2026

#### Justification/Background

Emergency departments (EDs) could serve as effective settings for tackling opioid-related deaths by providing naloxone. Multiple hospital representatives have expressed interest in distributing naloxone, but are uncertain of the ability of the hospital to dispense naloxone to community outside of the pharmacy protocols for medication dispensing.

#### Associated Research/Links

California Bridge recommendations:

- [https://ag.nv.gov/uploadedFiles/agnv.gov/Content/About/Administration/CA%20Bridge%20Addendum%20\(1\).pdf](https://ag.nv.gov/uploadedFiles/agnv.gov/Content/About/Administration/CA%20Bridge%20Addendum%20(1).pdf)
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC5434850/#:~:text=Summer%20months%20had%20more%20overdoses,1.92%2C%20P%20%3D%200.042>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC11079430/>

#### Sample post text could include the following:

Nevada hospital emergency departments are eligible entities for the Nevada State Opioid Response Naloxone distribution program or its local affiliate and may provide take-home doses of naloxone to patients and visitors.

Emergency departments should provide the following supplemental documentation with the application:

- Policies and procedures for naloxone distribution. Example policies and procedures are located here:
  - <https://bridgetotreatment.org/resource/guide-to-naloxone-distribution/>
  - <https://media.southernnevadahealthdistrict.org/download/naloxone/Naloxone-Hospital-Distribution-Guide.pdf>

The Nevada Division of Public and Behavioral Health (DPBH), Nevada Department of Human Services (DHS) and the Nevada State Board of Pharmacy clarify regulations pertinent to the distribution of naloxone in hospitals.

Essential requirements of compliance are:

- The naloxone must be acquired and stored separately from the hospital's pharmacy inventory.
- The emergency department is required to keep a log to track the distribution of the naloxone doses distributed through this program.
- The hospital emergency department is required to have policies and procedures which will dictate how the hospital emergency department will distribute the naloxone, including storage locations and whether the naloxone will be labeled or not labeled.

With this guidance, The Nevada Board of Pharmacy has clarified that naloxone obtained through the Nevada State Opioid Response Naloxone distribution program or its local affiliate and stored separately from the

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hospital's pharmacy inventory for distribution to the public is not a pharmaceutical that will be used in the healthcare setting and is exempt from NAC 639.742 - 639.900, NRS 639.2801, and NAC 639.5007 - 639.520. As the inventory is considered separate from the pharmacy inventory, it does not need to be maintained, stored or labeled in compliance with NAC 639.742 - 639.900 or NAC 639.5007 - 639.520.

### AB374 Section 10 Requirement(s) Assigned to the Prevention Subcommittee and Align with this Recommendation

(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.

### AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:

- (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;
- (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;
- (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and
- (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

- (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;
- (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;
- (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth;
- (4) The use of the money described in section 10.5 of this act to improve racial equity; and
- (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

### Focus Population(s)

- a. Veterans, elderly persons and youth
- b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems
- c. Pregnant women and the parents of dependent children
- d. Lesbian, gay, bisexual, transgender and questioning persons
- e. People who inject drugs; (as revised)
- f. Children who are involved with the child welfare system

## 2025-2026 SURG Prevention Subcommittee Ranked Recommendations

g. Other populations disproportionately impacted by substance use disorders (please describe): All people access emergency services for a variety of reasons

### Action Steps

- Regulatory or Licensing Board

### Short-Term or Long-Term

- Short-term (Under 2 years)

### Fiscal Note Requirement

- No fiscal note is needed

### Impact of Recommendation *(on a scale of 1-3)*

- 3 - The anticipated impact would be that the hospitals that are currently interested in setting up an ED distribution protocol, could move forward and begin distributing this important medication in the next few months.

### Urgency of Recommendation *(on a scale of 1-3)*

- 3 - This could have a major impact on the opioid overdose death rates especially as we are moving into the hot summer months which typically have increased overdose rates.

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 3 - The SURG could request clarification from the Board of Pharmacy and the Board of Pharmacy could publish this statement of clarification on their website.

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 3 - People with less access to healthcare, housing and other important protective factors are more likely to find themselves in the ED experiencing an opioid overdose than those with more access to treatment, housing and other protective factors. Connecting these ED patients with important harm reduction supplies and information about treatment may help them gain access to treatment.

### Possible Presenters on this Recommendation

- Josh Luftig
- Dr. Kelly Morgan
- Board of Pharmacy

# 2025-2026 SURG Treatment and Recovery Subcommittee

## Ranked Recommendations

### Recommendation #1

***Elimination of prior authorizations needed for starting medication assisted therapy with buprenorphine and buprenorphine products of all types for opioid use disorder. This would apply to all payors including Medicaid MCOs (Managed Care Organizations).***

#### Submission Details

- Submitted by Jose Maria Partida Corona, MD, FASAM on 3/22/2026, updated at 3/24/2026

#### Justification/Background

Prior authorizations present an unnecessary delay in initiation of treatment for opioid use disorder. In the era of fentanyl, this can be a particularly dangerous delay of care, as it can often result in a patient relapsing and dying of an unintended overdose while waiting for the medication to be approved. All of which can be avoided by eliminating the barrier that is prior authorization. The best way is to mandate coverage for any and all buprenorphine products when being used to initiate treatment for opioid use disorder by any insurance, but specifically Nevada Medicaid and all Medicaid products including MCOs, as well as Medicare. As it is, no prior authorization is required to initiate Sublocade or Brixadi, which are injectable versions of buprenorphine and which are the most costly options for treatment, so this change will, in fact, generate savings for Medicaid, as less expensive, but equally effective options may be exercised readily.

#### Associated Research/Links

- Ferries E, Racsa P, Bizzell B, Rhodes C, Suehs B. Removal of prior authorization for medication-assisted treatment: impact on opioid use and policy implications in a Medicare Advantage population. *J Manag Care Spec Pharm.* 2021 May;27(5):596-606. doi: 10.18553/jmcp.2021.27.5.596. PMID: 33908274; PMCID: PMC10390915.

#### **AB374 Section 10 Requirement(s) Assigned to the Treatment and Recovery Subcommittee and Align with this Recommendation**

(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.

(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.

#### **AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation**

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:

- (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;
- (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;
- (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and
- (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.

(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.

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## Ranked Recommendations

### Focus Population(s)

My recommendation does not focus on a special population.

### Action Steps

- DHHS Policy
- Change Medicaid policy to eliminate prior authorizations for buprenorphine products of all kinds.

### Short-Term or Long-Term

- Long-term (2+ years)

### Fiscal Note Requirement

- No fiscal note

### Impact of Recommendation *(on a scale of 1-3)*

- 3 - It will help prevent delay of care for patients that are actively seeking treatment for opioid use disorder by allowing them access to lifesaving medications in a timely fashion.

### Urgency of Recommendation *(on a scale of 1-3)*

- 3 - These are unforced errors that our medical system creates CURRENTLY and on a daily basis.

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 3 - It would really only require Medicaid to change its policy and ban prior authorizations in this, very specific, situation.

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 3 - It would allow much better access to treatment for opioid use disorder, regardless of the patient's current insurance. This would lead to better health equity between those that are privately insured and those that are insured by Medicaid.

### Possible Presenters on this Recommendation

- Dr George Kaiser
- Dr Maureen Strohm
- Dr Stephanie Zority
- Dr Brian Kaszuba
- Kate Jessop

# 2025-2026 SURG Treatment and Recovery Subcommittee Ranked Recommendations

## Recommendation #2

**Recommend to the Nevada Department of Human Services that they incentivize the implementation of cohesive addiction consult services.**

**Hospitals would receive Department funds to hire peer recovery specialists and/or community health workers, if they meet the following specific criteria: adoption of delineation of privileges for addiction medicine as a medical specialty, as well as established protocols for the inclusion of midlevel providers and peer recovery navigators.**

The updated recommendation above combines one originally submitted by Steve Shell on 6/17/25 and one submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026. The back-up and justification for each are presented below. Steve Shell's justification is presented first, followed by the justification information presented by Dr. Partida Corona.

### Submission Details

- Submitted by Steve Shell on 6/17/2025, updated on 3/24/2026

### Justification/Background

Hospital emergency rooms continue to struggle with a high volume of patients who present with substance misuse and often with co-occurring mental health conditions. A high percentage of these individuals have multiple visits to the ERs for various reasons that are associated with their substance misuse. The ER teams do their best to evaluate, treat and connect to community services, but many of their team members lack the expertise to effectively manage substance misuse and do not have lived experience like peer recovery support specialists. Evidence has shown that connecting individuals with substance misuse to a peer while in the ER leads to better outcomes as the peer can help navigate a transfer to treatment options in the community as well as maintain communication with the individual for a period of time to encourage recovery. Hospitals would be more motivated to establish peer support teams if financial assistance is provided on a long-term basis.

### Associated Research/Links

- Doran KM, Welch AE, Kepler KL, et al. Peer Navigator Intervention and Opioid-Related Adverse Events for Emergency Department Patients: A Randomized Clinical Trial. *JAMA Netw Open*. 2026;9(2):e2555903. doi:10.1001/jamanetworkopen.2025.55903.  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2844716>
- Weiner SG, Hawk KF. The Role of Peer Navigators After Nonfatal Opioid Overdose—Context, Evidence, and Future Directions. *JAMA Netw Open*. 2026;9(2):e2555780. doi:10.1001/jamanetworkopen.2025.55780  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2844720>

### AB374 Section 10 Requirement(s) Assigned to the Treatment and Recovery Subcommittee and Align with this Recommendation

(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.

### AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use,

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## Ranked Recommendations

including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:

- (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;
- (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;
- (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and
- (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.

(c) Assess and evaluate existing pathways to treatment and recovery for persons

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

- (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;
- (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;
- (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth;
- (4) The use of the money described in section 10.5 of this act to improve racial equity; and
- (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

### Focus Population(s)

My recommendation does not focus on a special population

### Action Steps

- Expenditure of Opioid Settlement Funds

### Short-Term or Long-Term

- Long-term (2+ years)

### Fiscal Note Requirement

- Unsure

### Impact of Recommendation *(on a scale of 1-3)*

- 3 - Due to the high volume of patients with substance misuse in hospital emergency rooms around Nevada, establishing peer support teams is the most efficient way to address these individuals to get them connected to community resources as quickly as possible

### Urgency of Recommendation *(on a scale of 1-3)*

- 3 - Due to the high volume of patients with substance misuse in hospital emergency rooms around Nevada, it is imperative that we act quickly to establish peer support teams that are extremely effective to connect individuals to treatment and guide them on their path to recovery

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 3 - Due to CASAT's phenomenal certification program for peer recovery support specialists, there are many peers around Nevada who can be hired by hospitals to work in emergency rooms

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

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## Ranked Recommendations

- 2 - None provided

### Possible Presenters on this Recommendation

- Sean Hampton with Foundation For Recovery
  - A representative from CASAT
- 

### Submission Details

- Submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026

### Justification/Background

The establishment of delineation of privileges for addiction specialists will allow them to be recognized as a specialty within the hospital, such as cardiologists or neurologists are currently. This allows a pathway for insurances to reimburse for their services as specialists, rather than having their services go unreimbursed. Also, by establishing a clear pathway for midlevels to provide supervised assistance to these specialists, as well as peer recovery navigators, we create the environment for a much more robust level of care for both patients that will be hospitalized for further care, as well as patients that will be discharged from the ER.

### Associated Research/Links

- Englander, H., Dobbertin, K., Lind, B.K. et al. Inpatient Addiction Medicine Consultation and Post-Hospital Substance Use Disorder Treatment Engagement: a Propensity-Matched Analysis. J GEN INTERN MED 34, 2796–2803 (2019). <https://doi.org/10.1007/s11606-019-05251-9>

### AB374 Section 10 Requirement(s) Assigned to the Treatment and Recovery Subcommittee and Align with this Recommendation

(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.

(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.

(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.

### AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.

(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

- (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;
- (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;
- (3) The use of the money described in section 10.5 of this act to support programs for the prevention of

# 2025-2026 SURG Treatment and Recovery Subcommittee

## Ranked Recommendations

substance use disorders in youth;

(4) The use of the money described in section 10.5 of this act to improve racial equity; and

(5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

### Focus Population(s)

My recommendation does not focus on a special population.

### Action Steps

- Expenditure of Opioid Settlement Funds
- DHHS Policy
- Requiring hospitals meet these goals in order to be eligible for Opioid Settlement Funds

### Short-Term or Long-Term

- Long- term (2+ years)

### Fiscal Note Requirement

- Unsure

### Impact of Recommendation *(on a scale of 1-3)*

- 3 - Highly impactful, by opening the door to the creation of addiction treatment services in the hospital setting, as well as creating a much better system for warm hand off to outpatient treatment from the ER.

### Urgency of Recommendation *(on a scale of 1-3)*

- 3 - It will take time to implement such regulatory changes in hospital policies and procedures, so the sooner this is initiated, the better.

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - There are already models to work from both in the Las Vegas community and readily available from ASAM or NVSAM.

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 2 - It will provide greater access to addiction specialists to underserved populations, as they tend to use the ER and hospitals more readily than the outpatient setting given limitations of insurance coverage.

### Possible Presenters on this Recommendation

- Dr Brian Kaszuba
- Dr Maureen Strohm

# 2025-2026 SURG Treatment and Recovery Subcommittee Ranked Recommendations

## Recommendation #3

***Recommend that insurers and payors not impose dosage limitations for buprenorphine when used for Medications for Opioid Use Disorder (MOUD).***

### Submission Details

- Submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026, updated on 3/24/2026

### Justification/Background

Placement of limitations on buprenorphine dosages is actually counterproductive in several ways. First, by placing restrictions on dosing, it engenders in the minds of physicians a mindset that buprenorphine is a dangerous medication that could easily lead to overdose. This could not be further from the truth. It actually serves to protect from overdose. Second, it stigmatizes patients that are trying to stay in compliance and treatment for their opioid use disorder. Third, it creates a barrier to trust between physician and patient, by introducing limitations from a third party, which is highly problematic when treating a stigmatized population. Fourth, it interjects a limitation to treatment that is not based on best practices, but that is, in fact, rooted in institutional stigmatization of a patient population.

### Associated Research/Links

- NIDA. 2023, September 18. Higher buprenorphine doses associated with improved retention in treatment for opioid use disorder. Retrieved from <https://nida.nih.gov/news-events/news-releases/2023/09/higher-buprenorphine-doses-associated-with-improved-retention-in-treatment-for-opioid-use-disorder> on 2026, March 18
- NNT Group. (n.d.). \*Buprenorphine maintenance vs. placebo for opioid dependence\*. The NNT. Retrieved March 22, 2026, from [<https://thennt.com/nnt/buprenorphine-maintenance-vs-placebo-opioid-dependence/>](<https://thennt.com/nnt/buprenorphine-maintenance-vs-placebo-opioid-dependence/>)

### **AB374 Section 10 Requirement(s) Assigned to the Treatment and Recovery Subcommittee and Align with this Recommendation**

(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.

### **AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation**

(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.

(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

- (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;
- (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;
- (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth;
- (4) The use of the money described in section 10.5 of this act to improve racial equity; and

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## Ranked Recommendations

(5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

### Focus Population(s)

My recommendation does not focus on a special population.

### Action Steps

- DHHS Policy

### Short-Term or Long-Term

- Long-term (2+ years)

### Fiscal Note Requirement

- Unsure

### Impact of Recommendation *(on a scale of 1-3)*

- 3 - It will increase the success of medication assisted treatment when it is allowed to happen.

### Urgency of Recommendation *(on a scale of 1-3)*

- 3 - The sooner we make this change, the less barriers will exist for patients currently seeking treatment for fentanyl dependency or use disorder.

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 3 - It will only require a change in Medicaid policy.

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 3 - It will help patients on higher doses of fentanyl, which is more common among the unhoused, a group that generally gets less regular healthcare and less treatment for substance use disorders.

### Possible Presenters on this Recommendation

- Dr George Kaiser
- Dr Maureen Strohm
- Kate Jessop, NP- Inaugural provider for CCDC MAT program

# 2025-2026 SURG Treatment and Recovery Subcommittee Ranked Recommendations

## Recommendation #4

***A retrospective assessment or/ and prospective study would be conducted to assess the outcomes of all patients following discharge from certified withdrawal management facilities within five years of discharge, including trends in the patterns of step down and use of MOUD, to examine potential contributors to overdose and develop best practices for continued care after treatment.***

### Submission Details

- Submitted by Chelsea Cheatom on 8/20/2025; co-sponsored by Stephanie Cook on 11/18/25; updated on 3/24/2026

### Justification/Background

Previous studies (Strang J, McCambridge J, Best D, Beswick T, Bearn J, Rees S et al. Loss of tolerance and overdose mortality after inpatient opiate detoxification: follow up study; <https://doi.org/10.1136/bmj.326.7396.959>) have shown that treatment reduces mortality but sometimes increases in mortality are seen when tolerance is reduced and people return to opiate misuse (relapse). This study, either prospective or retrospective, can be used to examine mortality and relapse after opioid detoxification to develop best practices for continued care after treatment within the state. Previous studies have found reduced mortality when individuals received MOUD and or residential treatment.

### Associated Research/Links

1) Strang J, McCambridge J, Best D, Beswick T, Bearn J, Rees S et al. Loss of tolerance and overdose mortality after inpatient opiate detoxification: follow up study. *BMJ* 2003; 326:959 doi:10.1136/bmj.326.7396.959

2) Walley, A. Y., Lodi, S., Li, Y., Bernson, D., Babakhanlou-Chase, H., Land, T., & Laroche, M. R. (2020). Association between mortality rates and medication and residential treatment after in-patient medically managed opioid withdrawal: A cohort analysis. *Addiction*, 115(8), 1496-1508. doi: 10.1111/add.14964. <https://pubmed.ncbi.nlm.nih.gov/32096908/> which showed that mortality risk was reduced in individuals who received medication treatment (0.81 all-cause deaths & 0.52 opioid-related deaths per 100 person years), residential treatment (1.27 all-cause & 1.06 opioid-related deaths per 100 person years), or a combination of the two (fewer than 1.23 all-cause and opioid-related deaths per 100 person years), relative to those who did not receive treatment (2.04 all-cause deaths & 1.42 opioid-related deaths per 100 person years) within the 12 months following detoxification.

3) Foglia, R., Kline, A., & Cooperman, N. A. (2021). New and Emerging Opioid Overdose Risk Factors. *Current addiction reports*, 8(2), 319–329. <https://pubmed.ncbi.nlm.nih.gov/33907663/>

4) Williams A. R. (2022). Commentary on Burns et al: MOUD saves lives, especially after 60 days, and the longer the better. *Addiction (Abingdon, England)*, 117(12), 3089–3090. <https://doi.org/10.1111/add.16043>

5) Heimer R., Black, A., Hsiuju, L., et al (2024). Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016–17. *Drug Alcohol Depend.* 1:254:111040. <https://pubmed.ncbi.nlm.nih.gov/38043226/>

# 2025-2026 SURG Treatment and Recovery Subcommittee

## Ranked Recommendations

### **AB374 Section 10 Requirement(s) Assigned to the Treatment and Recovery Subcommittee and Align with this Recommendation**

(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.

(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.

(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.

### **AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation**

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:

- (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;
- (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;
- (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and
- (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.

(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.

(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

- (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;
- (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;
- (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth;
- (4) The use of the money described in section 10.5 of this act to improve racial equity; and
- (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

### **Focus Population(s)**

g. Other populations disproportionately impacted by substance use disorders

### **Action Steps**

- DHHS Policy

# 2025-2026 SURG Treatment and Recovery Subcommittee Ranked Recommendations

## Short-Term or Long-Term

- Short-term (Under 2 years)

## Fiscal Note Requirement

- Unsure

## Impact of Recommendation *(on a scale of 1-3)*

- 2 - This recommendation could expand requirements for service referrals after a patient completes treatment

## Urgency of Recommendation *(on a scale of 1-3)*

- 1 - This is a study, so it is not urgent

## Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 3 - Data is currently available that could be reviewed

## Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 3 - This recommendation could help with best practices for referring patients following detoxification

## Possible Presenters on this Recommendation

- Possibly: John Hamilton with Liberation Programs, Inc. who presented on this at the RX Summit.  
*(presented at June 17, 2025 Subcommittee meeting)*

The Treatment and Recovery Subcommittee noted that partnering with the Office of Analytics, Nevada Health Authority, and the Chief Biostatistician for the State could help to action this study.

# 2025-2026 SURG Treatment and Recovery Subcommittee

## Ranked Recommendations

### Recommendation #5

***Recommend that state funding be increased for Contingency Management, to be used to support people in recovery through rewards for reaching their recovery goals.***

#### Submission Details

- Submitted by Chelsea Cheatom on 9/25/2025; co-sponsored by Guiseppe Mandel on 3/24/26; updated on 3/24/2026; [lead changed to Steve Stell at 5/26/2026 Treatment and Recovery meeting](#)

#### Justification/Background

Contingency management has been a strategy used to reward people for treatment and recovery goals. While there may be funding in the state to support contingency management, it is not currently covered by Medicaid (as far as I know). Additional support could help to support more treatment providers to incentivize patients reaching their treatment goals

#### Associated Research/Links

- <https://legislativeanalysis.org/wp-content/uploads/2023/10/Contingency-Management-Fact-Sheet-FINAL.pdf>
- <https://cherishresearch.org/news-and-events/news/incentivizing-recovery-payment-policy-and-implementation-of-contingency-management/>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9045772/>
- <https://library.samhsa.gov/sites/default/files/contingency-management-advisory-pep24-06-001.pdf>

#### **AB374 Section 10 Requirement(s) Assigned to the Treatment and Recovery Subcommittee and Align with this Recommendation**

(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.

(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.

#### **AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation**

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:

- (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;
- (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;
- (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and
- (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

- (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;
- (2) The use of the money described in section 10.5 of this act to support programs that use evidence-

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## Ranked Recommendations

based interventions;

(3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth;

(4) The use of the money described in section 10.5 of this act to improve racial equity; and

(5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

### Focus Population(s)

My recommendation does not focus on a special population.

### Action Steps

- Bill Draft Request (BDR)
- Expenditure of Opioid Settlement Funds
- DHHS Policy

### Short-Term or Long-Term

- Long-term (2+ years)

### Fiscal Note Requirement

- Unsure

### Impact of Recommendation *(on a scale of 1-3)*

- 2 - People in treatment and recovery can gain financial supports to help them stay in recovery

### Urgency of Recommendation *(on a scale of 1-3)*

- 1 - N/A

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - We believe that SNHD is supporting this effort currently (perhaps Jessica Johnson could provide detail) and some providers are supporting contingency management in a smaller scale

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 2 - This will help to support people in treatment financially

### Possible Presenters on this Recommendation

- One of the researchers from the studies attached, Jessica Johnson from SNHD, may have suggestions. I believe that Partida Corona Medical Center may be supporting this effort already

*(CASAT presented on this recommendation at the March 24, 2026 Subcommittee meeting)*

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

### Recommendation #1

***Recommend that mitragynine, 7-hydroxymitragynine, and mitragynine pseudoindoxyl including: any isomer, ester, ether, salt, or salt of an isomer; any synthetic, semi-synthetic, or chemically modified derivative; and any compound containing mitragynine, 7-hydroxymitragynine, or mytragynine pseudoindoxyl as an active pharmacological ingredient, regardless of whether the substance is naturally derived, synthetically produced, or manufactured through chemical modification be added to the Schedule 1 of NAC 453.510.***

#### Submission Details

- Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026

#### Justification/Background

The available medical, public health, and law enforcement evidence shows that mitragynine, 7-hydroxymitragynine (7-OH), and related synthetic or chemically modified substances pose a growing threat to public safety because of their opioid-like effects and high potential for abuse and addiction. Federal agencies including the FDA, CDC, and National Institute on Drug Abuse have warned that these substances can cause dependence, withdrawal symptoms, respiratory depression, overdose, and death, while poison center reports and overdose cases linked to kratom-related products continue to rise nationwide. Recent lawsuits and enforcement actions in states such as Texas and Missouri also show that highly concentrated 7-OH products are being widely sold and marketed despite reports of serious addiction, financial harm, and other health consequences. Given the increasing availability of these potent products, documented fatalities in Nevada, and the lack of consistent regulation across states, adding these substances and their derivatives to Schedule I of NAC 453.510 is necessary to help protect public health and safety.

#### Associated Research/Links

- [MITRAGYNINE & 7-HYDROXY MITRAGYNINE  
https://www.cfsre.org/images/content/reports/public\\_alerts/Mitragynine\\_and\\_7-Hydroxy\\_Mitragynine\\_NPS\\_Discovery\\_050626.pdf](https://www.cfsre.org/images/content/reports/public_alerts/Mitragynine_and_7-Hydroxy_Mitragynine_NPS_Discovery_050626.pdf)
- Attorney General Paxton Sues Kratom Retailers for Selling Products Containing Nearly Fifty Times the Legal Limit of the Potentially Deadly Alkaloid Known as 7-OH  
<https://www.texasattorneygeneral.gov/news/releases/attorney-general-paxton-sues-kratom-retailers-selling-products-containing-nearly-fifty-times-legal>
- Attorney General Hanaway Files Suit Against American Shaman for Unlawfully Manufacturing and Selling Deadly Opioid 7-OH <https://ago.mo.gov/attorney-general-hanaway-files-suit-against-american-shaman-for-unlawfully-manufacturing-and-selling-deadly-opioid-7-oh/>
- Increases in Kratom-Related Reports to Poison Centers — National Poison Data System, United States, 2015–2025 <https://www.cdc.gov/mmwr/volumes/75/wr/mm7511a1.htm>
- Missouri Man Claims Company Fraudulently Misrepresented Its 7-Oh Products: Joseph Maguire v. Relax Relief Rejuvenate Trading LLC d/b/a EDP Kratom, Missouri Circuit Court (St. Louis County), Case No. 26SL-CC01270 (suit filed February 3, 2026). A Missouri man has filed a suit against Relax Relief Rejuvenate Trading LLC, which does business under the name EDP Kratom (EDP), over claims that the company’s fraudulent, misleading, deceptive, and negligent sales practices of its 7-hydroxymitragynine (7-OH) products resulted in serious injuries. 7-OH is an alkaloid found naturally in the kratom plant *Mitragyna speciosa* in small quantities, but it can also be synthetically produced and sold in a concentrated form. 7-OH binds to mu-opioid receptors in the body and can cause dependence, addiction, withdrawal, respiratory depression and overdose. According to the complaint, in 2025, Joseph Maguire broke a tooth

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

and was experiencing pain. While browsing in a convenience store, a store employee overheard Maguire complaining about his pain and suggested that he try one of EDP's 7-OH products to help manage his pain. Maguire bought and tried the 7-OH product and after a few weeks of continued use of the product, he claimed that he became addicted to it. Maguire claimed that he progressed to spending hundreds of dollars a day on 7-OH products to fuel his addiction, which depleted his savings account. He tried to stop using 7-OH products on his own but was unsuccessful and eventually sought help from a substance use disorder treatment facility. While receiving treatment, Maguire was forced to close the ice cream shop that he owned, which resulted in lost profit, revenue, and income. The suit brings forth claims that EDP violated the Missouri Merchandising Practice Act (MO. ANN. STAT. § 60-9.100 (West 2025)) by failing to disclose that 7-OH is addictive and can cause opioid-like withdrawal. Maguire also brings forth a claim of negligent misrepresentation, asserting that EDP misrepresented material facts by advertising and marketing its products as a safe pain reliever. Note that Missouri currently does not have a kratom consumer protection law. Maguire is asking the court for damages in excess of \$25,000.

- Kratom-Associated Fatalities in Northern Nevada—What Mitragynine Level Is Fatal? <https://pubmed.ncbi.nlm.nih.gov/34091497/>
- Legislative Analysis and Public Policy Association, Kratom: Summary of State Laws <https://legislativeanalysis.org/kratom-summary-of-state-laws/>
- FDA and Kratom <https://www.fda.gov/news-events/public-health-focus/fda-and-kratom>
- FDA Issues Warning Letters to Firms Marketing Products Containing 7-Hydroxymitragynine <https://www.fda.gov/news-events/press-announcements/fda-issues-warning-letters-firms-marketing-products-containing-7-hydroxymitragynine>
- From Plant to Patient: Clinical Approaches to Kratom Consumption and Addiction <https://nvopioidcoe.org/event/understanding-kratom-consumption-patterns-and-treatment-strategies-for-kratom/>
- National Institute on Drug Abuse <https://nida.nih.gov/research-topics/kratom#safe>
- Centers for Disease Control, Morbidity and Mortality Weekly Report *Notes from the Field: Unintentional Drug Overdose Deaths with Kratom Detected — 27 States, July 2016–December 2017* <https://www.cdc.gov/mmwr/volumes/68/wr/mm6814a2.htm>
- Legal But Lethal: The Increasing Danger of “Gas Station Drugs” <https://www.tallcopsaysstop.com/blog/legal-lethal-increasing-danger-gas-station-drugs>
- Hiding in Plain Sight: 7-OH Products <https://www.fda.gov/news-events/public-health-focus/hiding-plain-sight-7-oh-products>
- What’s this “Kratom” I’m hearing about? Is it a problem at my workplace? <https://myemail.constantcontact.com/What-s-this--Kratom--I-m-hearing-about--Is-it-a-problem-at-my-workplace-.html?soid=1121542279689&aid=Uo-uDEXwgHw>
- Kratom: Mitragyna Speciosa <https://www.dfaf.org/wp-content/uploads/2025/09/Kratom-Final.pdf>

AB374 Section 10 Requirement(s) Assigned to the Response Subcommittee and Align with this Recommendation

(i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.

(n) Study the sources and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking and sale of such substances.

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

(o) Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

**AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation**

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder

**Focus Population(s)**

- a. Veterans, elderly persons and youth
- b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems
- e. People who inject drugs; (as revised)
- f. Children who are involved with the child welfare system

**Action Steps**

- Regulatory or Licensing Board

**Short-Term or Long-Term**

- Long-term (2+ years)

**Fiscal Note Requirement**

- No fiscal note is needed

**Impact of Recommendation *(on a scale of 1-3)***

- 1 - Reduce the access to alternative sources for substance misuse that are just as deadly and do not flag on standard testing.

**Urgency of Recommendation *(on a scale of 1-3)***

- 2 - Nevada needs to figure out how to address this growing trend of street drug alternatives/gas station counter drugs.

**Capacity & Feasibility of Recommendation *(on a scale of 1-3)***

- 2 - It will require multiple agencies to work together to create and enforce labeling and oversight.

**Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)***

- 3 - Individuals that frequent gas stations for these types of drugs are those living in indigent neighborhoods and communities with higher poverty rates.

**Possible Presenters on this Recommendation**

- Jermaine Galloway, "Tall Cop"

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

### Recommendation #2

***Prohibit the sale of *amanita muscaria* and its psychoactive constituents, including: muscimol, ibotenic acid, and any isomer, ester, ether, salt, or salt of an isomer thereof; any synthetic, semi-synthetic, or chemically modified derivative of muscimol or ibotenic acid; and any compound that produces hallucinogenic, dissociative, or neuroactive effects substantially similar to those substances to individuals under 21 years of age, aligning with existing cannabis regulations and mandate that all products containing such psychoactive constituents have standardized labeling, including clear warnings about potential health risks and age restrictions.***

***Restrict Sales Locations: Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities.***

***Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.***

#### Submission Details

- Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026

#### Justification/Background

Psychoactive mushrooms may be legally accessible due to their specific chemical compositions and lack of comprehensive regulation. This creates potential loopholes that could allow minors to obtain and misuse these substances.

#### Associated Research/Links

- The “Delta-8 of Hallucinogens”? A Closer Look at Amanita Muscaria in Today’s Market  
<https://www.tallcopsaysstop.com/blog/delta-8-hallucinogens-closer-look-amanita-muscaria-todays-market>
- Severe Illness Associated with Eating Mushroom-Containing Chocolate Products — United States, January–October 2024  
[https://www.cdc.gov/mmwr/volumes/75/wr/mm7513a2.htm?s\\_cid=OS\\_mm7513a2\\_e&ACSTrackingID=USCDC\\_921-DM154267&ACSTrackingLabel=Week%20in%20MMWR%3A%20Vol.%2075%2C%20April%209%2C%202026&deliveryName=USCDC\\_921-DM154267](https://www.cdc.gov/mmwr/volumes/75/wr/mm7513a2.htm?s_cid=OS_mm7513a2_e&ACSTrackingID=USCDC_921-DM154267&ACSTrackingLabel=Week%20in%20MMWR%3A%20Vol.%2075%2C%20April%209%2C%202026&deliveryName=USCDC_921-DM154267)
- Unregulated Sales of a Toxic and Hallucinogenic Mushroom Endanger Public Health  
<https://today.ucsd.edu/story/unregulated-sales-of-a-toxic-and-hallucinogenic-mushroom-endanger-public-health?utm>
- Notes from the Field: Schedule I Substances Identified in Nootropic Gummies Containing Amanita muscaria or Other Mushrooms — Charlottesville, Virginia, 2023–2024  
<https://www.cdc.gov/mmwr/volumes/73/wr/mm7328a3.htm?utm>
- FDA Alerts Industry and Consumers about the Use of Amanita Muscaria or its Constituents in Food  
[https://www.fda.gov/food/hfp-constituent-updates/fda-alerts-industry-and-consumers-about-use-amanita-muscaria-or-its-constituents-food?utm\\_source](https://www.fda.gov/food/hfp-constituent-updates/fda-alerts-industry-and-consumers-about-use-amanita-muscaria-or-its-constituents-food?utm_source) (“The FDA is aware of these ingredients in [foods intended to have hallucinogenic effects](#) that look like their conventional counterparts, like candy bars.”)
- Need for a Public Health Response to the Unregulated Sales of Amanita muscaria Mushrooms  
[https://www.ajpmonline.org/article/S0749-3797\(24\)00163-6/fulltext](https://www.ajpmonline.org/article/S0749-3797(24)00163-6/fulltext)

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

- 2025 Louisiana Laws Revised Statutes, Title 40 - Public Health and Safety §40:989.1. Unlawful production, manufacture, distribution, or possession of hallucinogenic plants  
<https://law.justia.com/codes/louisiana/revised-statutes/title-40/rs-40-989-1/>

### AB374 Section 10 Requirement(s) Assigned to the Response Subcommittee and Align with this Recommendation

- (i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.
- (n) Study the sources and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking and sale of such substances.
- (o) Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

### AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

- (b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder

#### Focus Population(s)

- a. Veterans, elderly persons and youth
- b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems
- e. People who inject drugs; (as revised)
- f. Children who are involved with the child welfare system

#### Action Steps

- Regulatory or Licensing Board

#### Short-Term or Long-Term

- Long-term (2+ years)

#### Fiscal Note Requirement

- No fiscal note is needed

#### Impact of Recommendation *(on a scale of 1-3)*

- 1 - Reduce the access to alternative sources for substance misuse that are just as deadly and do not flag on standard testing.

#### Urgency of Recommendation *(on a scale of 1-3)*

- 2 - Nevada needs to figure out how to address this growing trend of street drug alternatives/gas station counter drugs.

#### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - It will require multiple agencies to work together to create and enforce labeling and oversight.

#### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 3 - Individuals that frequent gas stations for these types of drugs are those living in indigent neighborhoods and communities with higher poverty rates.

## 2025-2026 SURG Response Subcommittee Ranked Recommendations

### Possible Presenters on this Recommendation

- Jermaine Galloway, “Tall Cop”

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

### Recommendation #3

*Work with prevention coalitions to make available mechanisms for safe disposal of opioid prescriptions (i.e., Detera Bags) and to provide education to community members (i.e., youth and senior groups). Prevention coalitions will also provide a one-page document with information about opioid overdoses, disposal, and available addiction assistance to be provided with opioid prescriptions. Board of Pharmacy will provide education via their website and work with the Nevada Opioid Center of Excellence for a continued education course.*

#### Submission Details

- Submitted by Dr. Terry Kerns on 2/18/2026, revised on 2/3/2026, and 3/12/2026

#### Justification/Background

It is an evidence-based harm reduction practice to co-prescribe opioid antagonist and safe disposal kits when prescribing opioids.

- **Targeted Co-prescribing:** Naloxone should be prescribed to patients receiving opioids who are at high risk, specifically those with:
  - Concurrent benzodiazepine use.
  - High daily morphine milligram equivalents (MME) (e.g.,  $\geq 50$  MME/day).
  - A history of substance use disorder or prior nonfatal overdose.
  - Risks for, or history of, opioid misuse, including those in methadone treatment.
- **Targeted Education:** Providing naloxone should be accompanied by overdose education for both the patient and their family members or caregivers.
- **Use of Clinical Decision Support (CDS):** Implementing electronic health record (EHR) alerts for pharmacists and clinicians is an effective strategy to increase naloxone co-prescribing.
- **Pharmacist Involvement:** In many US states, pharmacists can dispense naloxone under standing orders without a patient-specific prescription, which should be used to increase accessibility.
- **Patient-Centered Counseling:** Frame the naloxone prescription as a "safety measure" or "fire extinguisher" for the "worst-case scenario" to reduce stigma and improve acceptance.

#### Key Findings on Effectiveness

- **Reduction in Overdose Deaths:** Studies show that communities with higher rates of naloxone distribution have significantly reduced opioid overdose deaths.
- **Cost-Effectiveness:** Scaling up naloxone distribution to those prescribed high-dose opioids is considered a cost-effective intervention.
- **Reduced Healthcare Utilization:** Patients receiving a naloxone prescription have shown 63% fewer opioid-related emergency department visits.
- **Low Risk of Harm:** Evidence suggests that making naloxone available does not result in increased opioid misuse.

#### Barriers and Facilitators

- **Barriers:** Lack of provider confidence, time constraints, and stigma.
- **Facilitators:** Using "academic detailing" (educational outreach) and EHR-based prompts (Best Practice Advisories). Providing patients with prescription disposal kits alongside opioid prescriptions is considered an evidence-based practice for increasing the rate of safe and proper disposal of unused opioids. Multiple

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

studies show this intervention is effective in reducing the amount of leftover opioids in homes, which helps prevent misuse and diversion.

### **Evidence-Based Findings**

- **Increased Disposal Rates:** Numerous studies have demonstrated that patients who receive a disposal kit are significantly more likely to dispose of their leftover opioids compared to those who do not receive a kit. Some studies show an increase in disposal rates from less than 10% (without intervention) to over 50% or even 80% (with kits and follow-up).
- **Convenience as a Key Factor:** A primary reason for the success of these kits is convenience. They allow patients to neutralize the medication at home and dispose of it with their regular trash, bypassing the need to travel to a designated take-back location or wait for specific events.
- **Cost-Effectiveness:** The kits are relatively low-cost (often a few dollars each), making them a feasible option for hospitals and healthcare systems to include as part of standard care.
- **Complementary Strategy:** Providing disposal kits is viewed as a valuable complement to other opioid stewardship efforts, such as prescribing smaller quantities of opioids initially.
- **Enhanced by Education:** The effectiveness of disposal kits is often improved when combined with patient education and follow-up reminders (e.g., text messages or phone calls) regarding the risks of keeping unused opioids and the proper disposal method.

### **Considerations**

While the evidence supports the use of disposal kits to increase disposal rates, some studies note that:

- The quality of evidence for how this translates to health outcomes, such as a direct reduction in overdose rates, is still low.
- The intervention works best when implemented actively (e.g., given directly to the patient with counseling) rather than passively (e.g., left in a waiting room for patients to take).
- There can be "self-selection" bias in studies where participants self-report disposal, meaning those who are more likely to dispose of the medication are also more likely to respond to follow-up surveys. Overall, major health institutions and the FDA recognize and encourage the use of in-home disposal products as a safe and effective option, alongside take-back programs and drop-off boxes, to reduce the public health risks associated with unused prescription opioids.

### **Associated Research/Links**

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC12535941/>
- <https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/Evidence-based-strategies-for-prevention-of-opioid-overdose.pdf>
- [https://centerforevidencebasedpolicy.org/wp-content/uploads/2016/11/MED\\_best\\_practices\\_naloxone\\_report\\_final\\_2015.pdf](https://centerforevidencebasedpolicy.org/wp-content/uploads/2016/11/MED_best_practices_naloxone_report_final_2015.pdf)
- <https://www.sciencedirect.com/science/article/pii/S2666262023000633>
- <https://www.tandfonline.com/doi/full/10.2217/pmt-2017-0065>
- <https://ldi.upenn.edu/our-work/research-updates/opioid-disposal-kits-may-help-patients-dispose-of-unneeded-painkillers/>
- <https://www.sciencedirect.com/science/article/pii/S276827652400573X>
- <https://www.fda.gov/media/158570/download>
- <https://www.ncbi.nlm.nih.gov/books/NBK603211/>

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

AB374 Section 10 Requirement(s) Assigned to the Response Subcommittee and Align with this Recommendation  
(p) Evaluate the effects of substance use disorders on the economy of this State.

AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:

- (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;
- (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;
- (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and
- (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

- (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;
- (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;
- (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth;
- (4) The use of the money described in section 10.5 of this act to improve racial equity; and
- (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

### Focus Population(s)

Any Nevadan being prescribed an opioid.

### Action Steps

- Expenditure of Opioid Settlement Funds: Prevention Coalitions to take the lead in purchasing and providing Detera bags to members of the public with opioid prescriptions, pharmacies, drug courts, Department, and other partners including specialty courts and within the Department of Indigent Defense Services.
- Regulatory or Licensing Board: Work with the Nevada Board of Pharmacy and the Nevada Pharmacist Association to distribute information.
- Education: Prevention coalitions to also provide education to seniors (e.g., at senior centers) and targeted education toward youth to include a social media campaign on safe opioid prescription disposal. Additionally, work with the Nevada Opioid Center on Excellence (NOCE) to develop an online continuing education course for pharmacy technicians and pharmacists.

### Short-Term or Long-Term

- Short-term (Under 2 years)

### Fiscal Note Requirement

- No fiscal note is needed

## 2025-2026 SURG Response Subcommittee Ranked Recommendations

### Impact of Recommendation *(on a scale of 1-3)*

- 2 - Could prevent overdoses through the use of pharmacy provided naloxone with opioids and disposal of unused opioids by providing disposal kits with each opioid recommendation.

### Urgency of Recommendation *(on a scale of 1-3)*

- 1 - While naloxone and disposal kits are provided to Nevadans upon request, this recommendation would provide these items to any Nevadan receiving an opioid prescription.

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 3 - BOP could assist with this program and potentially the statewide prevention coalitions. Funding would be through the Fund for a Resilient Nevada (FRN).

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 2 - This program implementation would be to any individual receiving an opioid prescription.

### Possible Presenters on this Recommendation

- *None.*

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

### Recommendation #4

***Recommend state agencies under the legislative, judicial, and executive branches involved with adult deflection and diversion programs have a comprehensive definition of recidivism and desistance, and standardized policies related to measuring and reporting recidivism. Additionally, require that all publicly funded or publicly administered reentry programs define success using clear, behavior-based outcomes and that programs articulate what meaningful behavior change looks like for participants using tools for measuring engagement, goal attainment, and behavioral milestones.***

#### Submission Details

- Submitted by Dr. Terry Kerns on 5/16/2025, updated on 8/5/2025 and 5/14/2026

#### Justification/Background

Desistance is potentially a more accurate way to measure program impact.

#### Associated Research/Links

- Washoe County is starting the IGNITE Program (<https://www.sheriffs.org/ignite>) from the National Sheriff's Association to "help jails replicate a program from Genesee County (MI) Sheriff's Office, that offers comprehensive education, job certification, and post-incarceration work opportunities and assistance to incarcerated individuals."

#### AB374 Section 10 Requirement(s) Assigned to the Response Subcommittee and Align with this Recommendation

- (d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.
- (m) Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies and correctional institutions.
- (p) Evaluate the effects of substance use disorders on the economy of this State.

#### AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

- (h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.

#### Focus Population(s)

- b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems

#### Action Steps

- State agencies that support diversion and deflection programs have a definition of recidivism. Also have a working group to address this.

#### Short-Term or Long-Term

- Short-term (Under 2 years)

#### Fiscal Note Requirement

- No fiscal note is needed

#### Impact of Recommendation *(on a scale of 1-3)*

- 2 - More standardized data collection to address the impact of diversion and deflection programs within the communities.

## 2025-2026 SURG Response Subcommittee Ranked Recommendations

### Urgency of Recommendation *(on a scale of 1-3)*

- 2 - Better understanding of the impact of these programs.

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - It would be easy for state agencies to implement a definition of recidivism.

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 2 - Addresses those involved in the criminal justice system to get out of that cycle.

### Possible Presenters on this Recommendation

- Washoe County Sheriff's Department.

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

### Recommendation #5

***Prohibit the sale of phenibut ( $\beta$ -phenyl- $\gamma$ -aminobutyric acid), including: any isomer, ester, ether, salt, or salt of an isomer of phenibut; any synthetic, semi-synthetic, or structurally modified derivative; and any compound that acts as a GABA-B receptor agonist or functional equivalent with similar depressant or psychoactive effects to individuals under 21 years of age, aligning with existing cannabis regulations and mandate that all products containing phenibut or its derivatives have standardized labeling, including clear warnings about potential health risks and age restrictions.***

***Restrict Sales Locations: Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities.***

***Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.***

#### Submission Details

- Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026

#### Justification/Background

In Nevada, it is illegal for individuals under 21 to purchase or possess cannabis products, including Delta-9 THC, unless they are medical marijuana cardholders. These same limitations are necessary to restrict the sale and use of phenibut.

Phenibut is not approved as a licensed drug by the Food and Drug Administration (FDA) for clinical use but is marketed as a dietary supplement. Side effects of phenibut may include seizures, irritability, increased heart rate, coma, and delirium.

Alabama banned the sale of the drug, classifying it as a Schedule 2 Controlled Substance. As of 2021, it was considered a controlled substance in Australia, France, Hungary, Italy, Lithuania, and Germany.

#### Associated Research/Links

- Phenibutan—an Illegal Food Supplement With Psychotropic Effects and Health Risks  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC11539871/>
- Phenibut ( $\beta$ -Phenyl-  $\gamma$ -aminobutyric Acid) Dependence and Management of Withdrawal: Emerging Nootropics of Abuse <https://pubmed.ncbi.nlm.nih.gov/29854531/>
- Legal But Lethal: The Increasing Danger of “Gas Station Drugs”  
<https://www.tallcopsaysstop.com/blog/legal-lethal-increasing-danger-gas-station-drugs>
- What is Phenibut? <https://americanaddictioncenters.org/phenibut>
- Notes from the Field: Phenibut Exposures Reported to Poison Centers — United States, 2009–2019  
<https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a5.htm>

AB374 Section 10 Requirement(s) Assigned to the Response Subcommittee and Align with this Recommendation

(i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.

(n) Study the sources and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking and sale of such substances.

# 2025-2026 SURG Response Subcommittee

## Ranked Recommendations

(o) Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

### AB374 Section 10 Requirement(s) that are Cross-Cutting and Align with this Recommendation

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder

### Focus Population(s)

- a. Veterans, elderly persons and youth
- b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems
- e. People who inject drugs; (as revised)
- f. Children who are involved with the child welfare system

### Action Steps

- Regulatory or Licensing Board

### Short-Term or Long-Term

- Long-term (2+ years)

### Fiscal Note Requirement

- No fiscal note is needed

### Impact of Recommendation *(on a scale of 1-3)*

- 1 - Reduce the access to alternative sources for substance misuse that are just as deadly and do not flag on standard testing.

### Urgency of Recommendation *(on a scale of 1-3)*

- 2 - Nevada needs to figure out how to address this growing trend of street drug alternatives/gas station counter drugs.

### Capacity & Feasibility of Recommendation *(on a scale of 1-3)*

- 2 - It will require multiple agencies to work together to create and enforce labeling and oversight.

### Advances Racial and Health Equity due to Recommendation *(on a scale of 1-3)*

- 3 - Individuals that frequent gas stations for these types of drugs are those living in indigent neighborhoods and communities with higher poverty rates.

### Possible Presenters on this Recommendation

- Jermaine Galloway, "Tall Cop"