



OFFICE OF THE ATTORNEY GENERAL

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PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

March 18, 2026

2:30 pm

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Johnson

1. Call to Order and Roll Call to Establish Quorum Cont.

Member	SURG Role	Subcommittee Role
Jessica Johnson	Urban Human Services (Clark County)	Chair
Wendy Nelsen	SUD Prevention Coalition	Vice Chair
Chelsi Cheatom	Harm Reduction Program	Member
Noël Chounet	Emergency Response Employee	Member
Stacey Lance	Urban Human Services (Washoe County)	Member
Kyra Morgan	Representative of the Division of Child and Family Services	Member
Rosa O'Bannon	Representative of a School District	Member

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person. This is a period devoted to comments by the general public, if any, and discussion of those comments. No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken (per NRS 241.021).
- If you are dialing in from a telephone:
 - Dial (253) 205-0468
 - When prompted enter the Meeting ID: 813 0733 6896
 - Please press *6 so the host can prompt you to unmute
- Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

**3. REVIEW AND APPROVE
NOVEMBER 5, 2025
PREVENTION SUBCOMMITTEE
MEETING MINUTES**

Chair Johnson

4. 2026 TIMELINE REORIENTATION AND REVIEW OF RECOMMENDATIONS SUBMISSION PROCESS

Chair Johnson

Prevention Subcommittee 2026 Meeting Timeline

3:00 pm - 4:30 pm PST on the following third Wednesdays
of the month:

2025-2026 Report Cycle

- March 18th
- May 20th
- June 17th

2026-2027 Report Cycle

- September 16th
- November 18th
- December 16th

Subcommittee Meeting Topics and Timeline

February 2026 (Cancelled)

- Discuss Preliminary Recommendations

March 2026

- Discuss Preliminary Recommendations
- Subject Matter Expert Presentations as Requested

May 2026

- Finalize and Rank Preliminary Recommendations for Presentation at June SURG Meeting
- Subject Matter Expert Presentations as Requested

June 2026

- Finalize Recommendations Based on Feedback from SURG, if Needed

September, November, December 2026 (start of new report cycle)

- Subject matter expert presentations and development of recommendations

Please email Subcommittee staff with any speaker recommendations.

Full SURG Meeting and Revised Reporting Timeline and Topics

January 2026 (FFY26 Quarter Two)

- Approve Final Progress Report

April 2026 (FFY26 Quarter Three)

- Presentations on Peer Certification and State Budget Process and an Update from the Fund for Resilient Nevada
- Review Preliminary Recommendations from Subcommittees

June 2026 (Additional Meeting)

- Review Final, Ranked Recommendations
- Approve 2025-26 Annual Report Template

July 2026 (FFY26 Quarter Four)

- Approve 2025-26 Annual Report

October 2026 (FFY27 Quarter One)

- Presentations from Subject Matter Experts

Recommendations Submission Process

- Recommendations can be submitted by members using a survey link provided by SEI
- Please complete each section of the survey to the best of your ability
- Be prepared to present the recommendation to members at the next regularly scheduled subcommittee meeting
- To support the development of your recommendation, SEI can assist members with gathering information or connecting with subject matter experts
- Note that information provided in the survey is included in the final annual report

5. TOBACCO AND CANNABIS PREVENTION FUNDING LANDSCAPE AND RECOMMENDATION

Lisa Sheretz, Health Educator, Northern Nevada Public Health, Nevada
Tobacco Control & Smoke-free Coalition President

Malcolm Ahlo, Tobacco Control Program Coordinator, Southern Nevada
Health District, Nevada Tobacco Control & Smoke-free Coalition Immediate
Past President

PRESENTATION TO THE PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

Lisa Sheretz

Malcolm Ahlo

Health Educator II / NTCSC President

Tobacco Control Coordinator / NTCSC Past President

Northern Nevada Public Health

Southern Nevada Health District /

***Nevada Tobacco Control & Smoke-free
Coalition (NTCSC)***

***Nevada Tobacco Control & Smoke-free Coalition
(NTCSC)***

Disclosures

- *We have no disclosures.*

Introduction

- ***We are in a youth vaping epidemic. 1 in 3 Nevada teens have tried electronic vapor products.***
- ***This is important because we know that tobacco use is the number 1 cause of preventable illness and death in the United States.***
- ***Tobacco kills more than 480,000 people annually. More than alcohol, car accidents, illegal drugs, murders, suicides and AIDS - COMBINED.***
- ***Use of electronic cigarettes often lead to co-use of combustible tobacco/commercial tobacco use.***
- ***Prevention is key. 90% of adult smokers started before the age 18.***

Issues

- ***The Youth Vaping Epidemic***

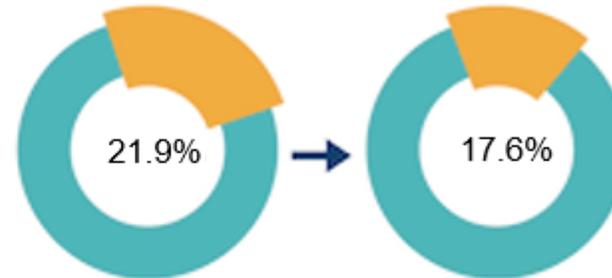
- ***Nevada's Youth Vaping Prevalence Rate:***

- ***Current ever tried rate for high schoolers 33.6% (2023)***
- ***Current ever tried rate for middle schoolers 17.6% (2023)***
- ***Current past 30 days user high school 15.1% (2023)***
- ***Current past 30 day user middle school 8.4% (2023)***

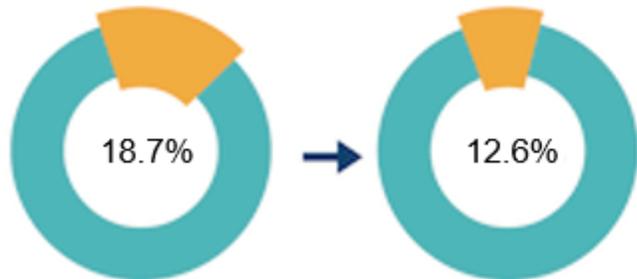
From 2019-2021:



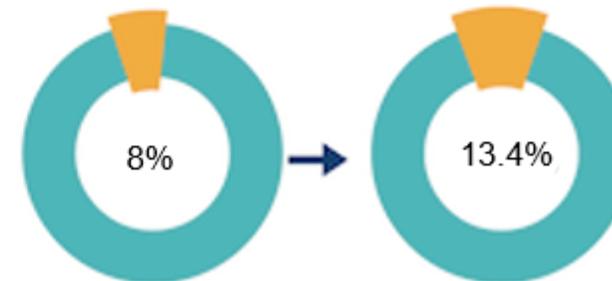
- The percentage of Nevada high school students who ever used vapes decreased.



- The percentage of Nevada high school students who vaped in the last 30 days decreased.



- The percentage of Nevada middle school students who ever used vapes decreased.



- The percentage of Nevada middle school students who vaped in the last 30 days decreased.

Introduction

- ***Marijuana is addictive. About 1 in 6 people who start using as a teen, and 25–50 percent of people who use it every day, become addicted to marijuana.***
- ***Teenage marijuana use is at its highest level in 30 years.***
- ***The teen brain is actively developing and continues to develop until around age 25. Cannabis use can have permanent effects on the developing brain when use begins in adolescence.***
- ***Compared with teens who do not use cannabis, teens who use cannabis are more likely to quit high school or not get a college degree.***

Issues

- ***Marijuana / Cannabis Use***

- ***Nevada's Marijuana / Cannabis Prevalence Rate:***

- ***Current ever tried rate for high schoolers 28.7% (2023)***
- ***Current ever tried rate for middle schoolers 11% (2023)***
- ***Current past 30 days user high school 13.7% (2023)***
- ***Current past 30 day user middle school 6% (2023)***

Among Nevada high school students who used marijuana in the past 30 days, methods of use shifted between 2021 and 2023.

- **Smoking decreased from 49.2% to 40.9%.**
- **Dabbing decreased from 15.6% to 8.8%.**
- **In contrast, vaporizing increased from 18.9% to 31.6%.**

Issues

- ***Youth Vaping Prevention Funding Eliminated***

- - ***Nevada Tobacco Revenue***

- - ***\$214+ Million from Cigarette Taxes, Other Tobacco Taxes and Settlement Funding***

- - ***\$130.945 million of Cigarette Taxes / \$0 for tobacco prevention***

- - ***\$32.932 million of Other Tobacco Taxes / \$0 for tobacco prevention***

- - ***\$14.6 million Juul Settlement / \$0 for tobacco prevention***

- - ***\$36.5 million Master Settlement Funding / \$1,101,954 for tobacco prevention (2024)***

This equals .5% allocated in Nevada to Tobacco Control and Prevention efforts.

Issues

- Youth Vaping Prevention Funding Eliminated

- - Nevada Tobacco Revenue

- - \$214+ Million from Cigarette Taxes, Other Tobacco Taxes and Settlement Funding

CDC Recommendation for Nevada Tobacco Control and Prevention is \$30mil.

- Nevada currently contributes \$1,101,954 for tobacco prevention (2024)

This ranks Nevada as 46th in the country for Tobacco Control and Prevention funding.

Issues

- ***Cannabis/ Marijuana Tax Revenue (FY25)***
 - - ***\$118.84+ Million from Wholesale and Retail Cannabis Tax.***
 - - ***\$37.30 million of Wholesale Cannabis Tax***
 - - ***\$74.54 million of Retail Cannabis Tax***
 - ***\$0 is dedicated to local Health Districts for Cannabis Youth Prevention.***

Special Populations

- *Youth.*
 - *Priority Populations such as African American, Hispanic/Latinx, LGBTQ+, Low Income, SES,*
 - *Sub-priority populations, athletic or sport participants youth.*

What's Working Well / Evidence Based Practice

A comprehensive tobacco control program is a statewide, coordinated and sustained effort to establish smoke-free policies and social norms, to prevent tobacco use initiation, to promote quitting and help tobacco users quit.

Goal 1 - Prevent tobacco use initiation among youth and young adults

Goal 2 - Promote quitting among adults and youth

Goal 3 - Eliminate exposure to secondhand smoke

CDC Best Practices state that a comprehensive tobacco control and prevention program would include.

- ***State and community interventions***
- ***Mass-Reach Health Communications***
- ***Cessation Interventions***
- ***Surveillance and Evaluation***

**These strategies will reduce tobacco-related disease, disability, and death.
(CDC TCP Best Practices)**

Gaps

- ***Youth tobacco vaping prevention funding not funded in State of Nevada.***
- ***Lack of resources / Cessation.***
- ***Federal tobacco prevention funding not reliable.***

Gaps

American Lung Association's

2024 "State of Tobacco Control" report

- **Funding for State Tobacco Prevention Programs: F**
- Strength of Smokefree Workplace Laws: C
- **Level of State Tobacco Taxes: F**
- Coverage and Access to Services to Quit Tobacco: F
- Minimum Age of Sale for Tobacco Products to 21: F

Campaign for Tobacco-Free Kids

2024 "State Ranking" report

- **Nevada is ranked number 46 (tied with Alabama)**
 - Tennessee
 - Texas
 - Georgia
 - West Virginia
- **Nevada funds 3.6% of the CDC Recommendation (\$30mil)**

Recommendation(s) - Tobacco

- ***Recommendation would be to allocate and prioritize tobacco control and prevention funding with tobacco settlement funds or tobacco tax dollars.***
- ***The Nevada Tobacco Control & Smoke-free Coalition recommends dedicated tobacco control and prevention program funding.***
- ***At a minimum \$2 per capita or \$6.4 million. CDC recommends \$30 million.
(Moves Nevada from ranked 46th in funding to 24th)***
- ***Create a bill draft request to amend the NRS for a 17 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada.***
 - ***Chapter 439, Sections 620–630***
- ***Allocate funding to local communities using the local lead agencies model.
(SNHD, NNPH, CNVHD, CCHHS, Rural Coalitions)***

Recommendation(s) – Tobacco

- ***Allocate and prioritize tobacco control and prevention funding with tobacco settlement or tobacco tax dollars.***
- ***Create a bill draft request to amend the NRS to allow for tobacco, nicotine, vaping settlement dollars (JUUL Settlement) to be allocated for youth tobacco control and prevention efforts.***
- ***Currently Nevada received \$14.6 million dollars from JUUL Settlement.***
- ***Currently tobacco prevention receives \$0 dollars.***
- ***“It is the parties' intent that the payments may be used to fund consumer protection programs and services, including but not limited to:
Programs or services created by the Nevada Division of Public and Behavioral Health to address, mitigate, educate or prevent youth vaping in the State of Nevada;”***
- ***Allocate funding to local communities using the local lead agencies model.
(SNHD, NNPH, CNVHD, CCHHS, Rural Coalitions)***

Recommendation(s) – Tobacco

- *Recommendation would be to allocate and prioritize tobacco control and prevention funding with tobacco settlement or tobacco tax dollars.*
- *Use tobacco pricing strategies such as increasing the price of tobacco products to decrease youth prevalence.*
- *Allocate funding to local communities using the local lead agencies model.*

(SNHD, NNPH, CNVHD, CCHHS, Rural Coalition)

Recommendation(s) – Marijuana

- *Allocate and prioritize cannabis control and prevention funding with cannabis tax dollars.*
- *The Nevada Tobacco Control & Smoke-free Coalition recommends dedicated cannabis control and prevention program funding.*
- *At a minimum \$2 per capita or \$6.4 million.*
- *Create a bill draft request for a set \$6.4 million set aside for cannabis control and prevention funds from the Wholesale Cannabis Tax after CCB and local governments payment. Before excess gets deposited into State Education Fund.*
 - NRS 372A
- *Allocate funding to local communities using the local lead agencies model. (SNHD, NNPH, CNVHD, CCHHS, Rural Coalition)*

Recommendation(s) – Marijuana

- **State Education Fund (SEF):** Receives 100% of the 10% retail excise tax and any remaining wholesale tax revenue.
- **Cannabis Compliance Board (CCB):** Funded by the 15% wholesale tax to manage administrative and enforcement costs.
- **Local Governments:** Supported by a portion of the 15% wholesale tax.
- **State Education Fund:** Any remaining money from the wholesale tax, after covering costs, is transferred to the State Education Fund.

- *Allocate funding to local communities using the local lead agencies model.
(SNHD, NNPH, CNVHD, CCHHS, Rural Coalitions)*

References

- *Nevada YRBS Data*
 - <https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey>
- *CDC Tobacco Funding Recommendations*
 - <https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.htm>
- *CDC Tobacco Control Best Practices*
 - <https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm>
- *Nevada Legislature 2023 Session*

Contact Information

Name	Lisa Sheretz
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Name	Malcolm Ahlo
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**6. DISCUSS AND DRAFT
PROPOSED 2025
PREVENTION SUBCOMMITTEE
RECOMMENDATIONS**

Chair Johnson

2025 Proposed Recommendations Submitted

Elevation of recommendation included in the 2024 Annual Report:

Create a bill draft request to ~~allocate a 15 percent~~ set aside of cannabis **wholesale tax** ~~retail funds~~ 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.

Submitted by prior member Debi Nadler

*(Proposed ~~edits~~ and **additions** made live during the meeting)*

2025 Proposed Recommendations Submitted

New recommendation

Request guidance from the Nevada Board of Pharmacy 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 naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.

Submitted by Jessica Johnson

2025 Proposed Recommendations Submitted

Elevation and refinement of recommendation included in the 2024 Annual Report

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 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.

Refined following discussion at November 2025 Prevention Subcommittee meeting and presentation from Stephanie Cook

2025 Proposed Recommendations Submitted

New recommendation

Create a coordinated county and statewide referral hub that helps medical and human service providers quickly connect people with needed services, including fast access to treatment and support for pregnant women with substance use concerns. Bring coalitions and committees together to set shared best practice standards and reduce silos. Explore trauma informed approaches, such as placing Community Health Workers or Peer Recovery Specialists in Eds and other clinical setting to provide warm handoffs, start referrals, and support Plans of Safe Care under Nevada's CARA requirements—helping reduce prenatal exposure, improve birth outcomes, and prevent removals at birth.

Submitted by Stacey Lance

2025 Proposed Recommendations Submitted

Justification:

I am not an expert in this area and have not fully vetted the recommendation with the many partners. It seems a coordinated information and referral hub is needed because many Nevada partners already support pregnant and postpartum individuals with substance use concerns, yet their work often happens in silos. Programs like Sober Moms, Healthy Babies, CARA Plans of Safe Care, specialized CPS units (Safe Babies & START), HOPES' perinatal SUD program, EMPOWERED, True Vista, Early Headstart, and women centered treatment providers all offer important services, but they are not consistently connected, and families can still fall through the cracks. Missed opportunities in emergency departments, gaps in screening and follow up, and barriers to accessing care for substance exposed infants and their families still exist. A shared hub would give providers one place to refer, coordinate, and follow families across settings; support warm handoffs from clinical settings, hospitals and EDs; and ensure plans of care are monitored and acted on. It would reduce duplication, improve communication, and strengthen outcomes by connecting all the work happening statewide into one clear, trauma informed pathway.

Submitted by Stacey Lance

2025 Proposed Recommendations Submitted

New recommendation

Recommend to Nevada DHHS to develop and share a biannual naloxone saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state. The distribution should ensure reach and saturation based on overdose burden, and ensure it is staffed appropriately to allow for timely turnaround for naloxone access.

Submitted by Jessica Johnson

Placeholder for Draft Recommendation(s)

Submitted by:

Description:

Justification:

Action Step:

7. DISCUSS TOPICS OF INTEREST FROM THE SUBCOMMITTEE

Chair Johnson

Topics of Interest

- Integrating prevention strategies in crisis situations
- Strengthening the prevention component within emergency medical services, especially in rural communities

Placeholder for Draft Recommendation(s)

Submitted by:

Description:

Justification:

Action Step:

8. PUBLIC COMMENT

Public Comment

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9. ADJOURNMENT

**ADDITIONAL INFORMATION, RESOURCES &
UPDATES AVAILABLE AT:**

[https://ag.nv.gov/About/Administration/Substance
Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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