SURG Prevention Subcommittee
Carry Forward Recommendation Submission from 2025-2026

The information in this document may include content originally submitted by the member who introduced the recommendation, subsequent revisions to that recommendation, and input provided by subject matter experts during or between SURG and Subcommittee meetings. This recommendation was introduced during the 2025-2026 reporting period but did not end up in the culminating Annual Report.

Carry Forward Recommendation #1

Recommend to Nevada DHS to develop and share an annual naloxone saturation and distribution plan for overdose reversal medication. DHS 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.

Submission Details

- Submitted by Jessica Johnson on 3/17/2026

Justification/Background

While the Bureau has made strides to utilize grant funding to identify naloxone, fentanyl test strips, and xylazine test strips, it remains imperative that a baseline level of access to overdose reversal medication (such as naloxone) exists in order to meet on-going needs of community members. Reliance on grant funding alone can leave gaps in access to overdose reversal medications and increases risk for fatal overdose. Other states have utilized past distribution efforts, modeling, and other statistical formulas to project estimated number of naloxone doses needed for sustainable overdose reversal planning and engagement.

Associated Research/Links

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

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

(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.

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

e. People who inject drugs; (as revised)

g. Other populations disproportionately impacted by substance use disorders (please describe): People experiencing non-fatal overdose

Action Steps

- Other (please specify): Opioid Reversal Medication Saturation and Distribution Plan

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 - Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.

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

- 2 - Moderate urgency—current naloxone access in the state relies solely on grant funding (e.g., SAMHSA State Opioid Response), which creates vulnerability for long-term sustainable access.

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

- 3 - This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; a naloxone saturation plan has been developed for the state.

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

- 2 - Multiple publications have outlined the current system (nationally) inequitably distributing naloxone across populations at risk, however, research on addressing the gaps is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who use drugs found disparities in the re-engagement continuum such that White persons who inject drugs (PWID) were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely. (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods.

Possible Presenters on this Recommendation

Per the last ACRN meeting, it appears that there has been some movement on this recommendation. Having someone speak who can discuss the updates and how to ensure there is equitable statewide access and evaluation will be imperative for successful implementation.