

2025-2026 SURG Prevention and Harm Reduction Subcommittee Preliminary Recommendation Submissions

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.

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 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 2/2026

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.

Nevada was not selected for the Strategic Prevention Framework – Partnership for Success funding from SAMHSA this year, which historically has provided funding for primary prevention (Nevada received an annual \$2,260,000 award for the past five years).

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

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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>

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

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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.

Possible Presenters on this Recommendation

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

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Recommendation #2

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 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

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.

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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 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)

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f. Children who are involved with the child welfare system

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

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Recommendation #3

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.*

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

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/>
- 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://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>
- CDC Tobacco Funding Recommendations Link: <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://nvtobaccopreventioncoalition.org/>
- 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

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programs, Nevada risks exacerbating future public health and social challenges, such as increased 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.]*

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Recommendation #4

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.

Submission Details

- Submitted by Stacey Lance on 3/6/2026

Justification/Background

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.

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.

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(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)

c. Pregnant women and the parents of dependent children

g. Other populations disproportionately impacted by substance use disorders (please describe): *[This field was not filled out.]*

Action Steps

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

Short-Term or Long-Term

- Unsure

Fiscal Note Requirement

- Unknown

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

- 3 - Early identification and rapid support reduces prenatal substance exposure, lowers overdose risk, and improves maternal and infant health. Keeping mothers and infants together with the right supports prevents the trauma of separation and protects healthy bonding and development. Family-centered approaches and Plans of Safe Care strengthen safety while preserving family stability and reducing infant foster care placements. Stronger coordination and consistent care pathways can reduce both substance misuse and child welfare involvement, improving outcomes across communities.

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

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

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

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

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

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

Possible Presenters on this Recommendation

There are multiple options, and I can provide suggestions depending on the feedback on the recommendation.

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Recommendation #5

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

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

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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): 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.