

2025-2026 SURG Response Subcommittee Preliminary Recommendation Submissions

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

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.

Associated Research/Links

- 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>

2025-2026 SURG Response Subcommittee Preliminary Recommendation Submissions

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

None selected.

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”

Recommendation #2

Prohibit the sale of phenibut (β -phenyl- γ -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 (β -Phenyl- γ -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.

2025-2026 SURG Response Subcommittee Preliminary Recommendation Submissions

(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

None selected.

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 Preliminary Recommendation Submissions

Recommendation #3

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

- 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 (“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 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/>

2025-2026 SURG Response Subcommittee Preliminary Recommendation Submissions

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

None selected.

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"

Recommendation #4

Recommend state agencies under the legislative, judicial, and executive branches involved with 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

Justification/Background

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

Associated Research/Links

Washoe County is starting the [IGNITE Program](#) 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

2025-2026 SURG Response Subcommittee Preliminary Recommendation Submissions

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.

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.

Recommendation #5

Work with prevention coalitions to make available Deterra Bags for safe disposal of opioid prescriptions and to provide education to community members. Work with the Board of Pharmacy to distribute a one-page document with information about opioid overdoses, disposal, and available addiction assistance.

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

2025-2026 SURG Response Subcommittee Preliminary Recommendation Submissions

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://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/>

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.

2025-2026 SURG Response Subcommittee Preliminary Recommendation Submissions

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.
- 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

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.

2025-2026 SURG Response Subcommittee Preliminary Recommendation Submissions

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.