

# 2025 SURG Response Subcommittee Preliminary Recommendation Submissions

Recommendation #1 Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026

<p><b>Recommendation Description</b></p>	<p><b><i>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.</i></b></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>Mitragynine and its compounds, sold as kratom or 7-hydroxy, can produce opioid and stimulant effects. Kratom use has been associated with increased calls to poison control centers across the U.S. (Legislative Analysis and Public Policy Association, Regulation of Kratom in America). Most alarmingly, it has been linked to an increasing number of deaths in Nevada (Schmitt, J., Bingham, K, and Knight, L.D. (2021). <i>American Journal of Forensic Medical Pathology</i>.</p> <p>Per Dr. Lesley Dickson, former SURG member and Nevada Psychiatric Association Legislative Representative, “Kratom has become a popular herbal preparation found in various retail operations such as smoke shops and is believed to have multiple uses for pain, anxiety and opioid withdrawal. Unfortunately, the drugs in Kratom have been found in approximately 4% of overdose deaths in Nevada”(Letter to the Nevada State Board of Pharmacy, 2022). The Nevada Psychiatric Association supports the recommendation of prohibiting mitragynine (kratom) and placing it as a schedule 1 drug with the Board of Pharmacy.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p>Kratom-Associated Fatalities in Northern Nevada—What Mitragynine Level Is Fatal? <a href="https://pubmed.ncbi.nlm.nih.gov/34091497/">https://pubmed.ncbi.nlm.nih.gov/34091497/</a></p> <p>Legislative Analysis and Public Policy Association, Kratom: Summary of State Laws <a href="https://legislativeanalysis.org/kratom-summary-of-state-laws/">https://legislativeanalysis.org/kratom-summary-of-state-laws/</a></p> <p>FDA and Kratom <a href="https://www.fda.gov/news-events/public-health-focus/fda-and-kratom">https://www.fda.gov/news-events/public-health-focus/fda-and-kratom</a></p> <p>FDA Issues Warning Letters to Firms Marketing Products Containing 7-Hydroxymitragynine <a href="https://www.fda.gov/news-events/press-announcements/fda-issues-warning-letters-firms-marketing-products-containing-7-hydroxymitragynine">https://www.fda.gov/news-events/press-announcements/fda-issues-warning-letters-firms-marketing-products-containing-7-hydroxymitragynine</a></p> <p>From Plant to Patient: Clinical Approaches to Kratom Consumption and Addiction <a href="https://nvopioidcoe.org/event/understanding-kratom-consumption-patterns-and-treatment-strategies-for-kratom/">https://nvopioidcoe.org/event/understanding-kratom-consumption-patterns-and-treatment-strategies-for-kratom/</a></p> <p>National Institute on Drug Abuse <a href="https://nida.nih.gov/research-topics/kratom#safe">https://nida.nih.gov/research-topics/kratom#safe</a></p>

<p><b>Recommendation Description</b></p>	<p><b><i>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.</i></b></p>
	<p>Centers for Disease Control, Morbidity and Mortality Weekly Report <i>Notes from the Field: Unintentional Drug Overdose Deaths with Kratom Detected — 27 States, July 2016–December 2017</i>  <a href="https://www.cdc.gov/mmwr/volumes/68/wr/mm6814a2.htm">https://www.cdc.gov/mmwr/volumes/68/wr/mm6814a2.htm</a></p> <p>Legal But Lethal: The Increasing Danger of “Gas Station Drugs”  <a href="https://www.tallcopsaysstop.com/blog/legal-lethal-increasing-danger-gas-station-drugs">https://www.tallcopsaysstop.com/blog/legal-lethal-increasing-danger-gas-station-drugs</a></p>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.</b></p>	<p>(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.</p> <p>(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.</p> <p>(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.</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</b></p>	
<p><b>If your recommendation focuses on a special population, please select all that apply.</b></p>	<p>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</p> <p>e. People who inject drugs; (as revised)</p> <p>f. Children who are involved with the child welfare system</p> <p>a. Veterans, elderly persons and youth</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Regulatory or Licensing Board</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Long-term (2+ years)</p>

<b>Recommendation Description</b>	<b><i>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.</i></b>
If your recommendation requires a fiscal note, please approximate the amount.	No
On a scale of 1-3, please rate the <i>impact</i> of your recommendation.	1
Please provide a description of the <i>impact</i> of this recommendation.	Reduce the access to alternative sources for substance misuse that are just as deadly and do not flag on standard testing.
On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.	2
Please provide a description of the <i>urgency</i> of the recommendation.	Nevada needs to figure out how to address this growing trend of street drug alternatives/gas station counter drugs.
On a scale of 1-3, please rate the <i>current capacity &amp; feasibility</i> to implement your recommendation.	2
Please provide a description of the <i>capacity &amp; feasibility</i> of implementing this recommendation.	It will require multiple agencies to work together to create and enforce labeling and oversight.
On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i> .	3
Please provide a description of how the recommendation <i>advances racial and health equity</i> .	Individuals that frequent gas stations for these types of drugs are those living in indigent neighborhoods and communities with higher poverty rates.
Please list who you would like to present on this recommendation.	Jermaine Galloway, "Tall Cop"

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

<p><b>Recommendation Description</b></p>	<p><i>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.</i></p> <p><i>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.</i></p> <p><i>Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.</i></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p>Phenibutan—an Illegal Food Supplement With Psychotropic Effects and Health Risks <a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC11539871/">https://pmc.ncbi.nlm.nih.gov/articles/PMC11539871/</a></p> <p>Phenibut (β-Phenyl- γ-aminobutyric Acid) Dependence and Management of Withdrawal: Emerging Nootropics of Abuse <a href="https://pubmed.ncbi.nlm.nih.gov/29854531/">https://pubmed.ncbi.nlm.nih.gov/29854531/</a></p> <p>Legal But Lethal: The Increasing Danger of “Gas Station Drugs” <a href="https://www.tallcopsaysstop.com/blog/legal-lethal-increasing-danger-gas-station-drugs">https://www.tallcopsaysstop.com/blog/legal-lethal-increasing-danger-gas-station-drugs</a></p> <p>What is Phenibut? <a href="https://americanaddictioncenters.org/phenibut">https://americanaddictioncenters.org/phenibut</a></p> <p>Notes from the Field: Phenibut Exposures Reported to Poison Centers — United States, 2009–2019 <a href="https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a5.htm">https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a5.htm</a></p>

<p><b>Recommendation Description</b></p>	<p><i>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.</i></p> <p><i>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.</i></p> <p><i>Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.</i></p>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.</b></p>	<p>(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.</p> <p>(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.</p> <p>(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.</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</b></p>	
<p><b>If your recommendation focuses on a special population, please select all that apply.</b></p>	<p>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</p> <p>e. People who inject drugs; (as revised)</p> <p>f. Children who are involved with the child welfare system</p> <p>a. Veterans, elderly persons and youth</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Regulatory or Licensing Board</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Long-term (2+ years)</p>

<p><b>Recommendation Description</b></p>	<p><i>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.</i></p> <p><i>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.</i></p> <p><i>Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.</i></p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>No</p>
<p><b>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</b></p>	<p>1</p>
<p><b>Please provide a description of the <i>impact</i> of this recommendation.</b></p>	<p>Reduce the access to alternative sources for substance misuse that are just as deadly and do not flag on standard testing.</p>
<p><b>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the <i>urgency</i> of the recommendation.</b></p>	<p>Nevada needs to figure out how to address this growing trend of street drug alternatives/gas station counter drugs.</p>
<p><b>On a scale of 1-3, please rate the <i>current capacity &amp; feasibility</i> to implement your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the <i>capacity &amp; feasibility</i> of implementing this recommendation.</b></p>	<p>It will require multiple agencies to work together to create and enforce labeling and oversight.</p>
<p><b>On a scale of 1-3, please rate how the recommendation</b></p>	<p>3</p>

<p><b>Recommendation Description</b></p>	<p><i>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.</i></p> <p><i>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.</i></p> <p><i>Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.</i></p>
<p><i>advances racial and health equity.</i></p>	
<p><b>Please provide a description of how the recommendation advances <i>racial and health equity</i>.</b></p>	<p>Individuals that frequent gas stations for these types of drugs are those living in indigent neighborhoods and communities with higher poverty rates.</p>
<p><b>Please list who you would like to present on this recommendation.</b></p>	<p>Jermaine Galloway, “Tall Cop”</p>

**Recommendation #3 Submitted by Dr. Shayla Holmes on 5/14/2025, revised on 2/20/2026**

<p><b>Recommendation Description</b></p>	<p><b><i>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.</i></b></p> <p><b><i>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.</i></b></p> <p><b><i>Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.</i></b></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>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.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<p>Unregulated Sales of a Toxic and Hallucinogenic Mushroom Endanger Public Health <a href="https://today.ucsd.edu/story/unregulated-sales-of-a-toxic-and-hallucinogenic-mushroom-endanger-public-health?utm">https://today.ucsd.edu/story/unregulated-sales-of-a-toxic-and-hallucinogenic-mushroom-endanger-public-health?utm</a></p> <p>Notes from the Field: Schedule I Substances Identified in Nootropic Gummies Containing Amanita muscaria or Other Mushrooms — Charlottesville, Virginia, 2023–2024 <a href="https://www.cdc.gov/mmwr/volumes/73/wr/mm7328a3.htm?utm">https://www.cdc.gov/mmwr/volumes/73/wr/mm7328a3.htm?utm</a></p> <p>FDA Alerts Industry and Consumers about the Use of Amanita Muscaria or its Constituents in Food <a href="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</a> (“The FDA is aware of these ingredients in <a href="#">foods intended to have hallucinogenic effects</a> that look like their conventional counterparts, like candy bars.”)</p> <p>Need for a Public Health Response to the Unregulated Sales of Amanita muscaria Mushrooms <a href="https://www.ajpmonline.org/article/S0749-3797(24)00163-6/fulltext">https://www.ajpmonline.org/article/S0749-3797(24)00163-6/fulltext</a></p> <p>2025 Louisiana Laws Revised Statutes, Title 40 - Public Health and Safety §40:989.1. Unlawful production, manufacture, distribution, or possession of hallucinogenic plants <a href="https://law.justia.com/codes/louisiana/revised-statutes/title-40/rs-40-989-1/">https://law.justia.com/codes/louisiana/revised-statutes/title-40/rs-40-989-1/</a></p>

<p><b>Recommendation Description</b></p>	<p><b><i>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.</i></b></p> <p><b><i>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.</i></b></p> <p><b><i>Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.</i></b></p>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.</b></p>	<p>(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.</p> <p>(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.</p> <p>(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.</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</b></p>	
<p><b>If your recommendation focuses on a special population, please select all that apply.</b></p>	<p>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</p> <p>e. People who inject drugs; (as revised)</p> <p>f. Children who are involved with the child welfare system</p> <p>a. Veterans, elderly persons and youth</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>Regulatory or Licensing Board</p>

<p><b>Recommendation Description</b></p>	<p><b><i>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.</i></b></p> <p><b><i>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.</i></b></p> <p><b><i>Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.</i></b></p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Long-term (2+ years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>No</p>
<p><b>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</b></p>	<p>1</p>
<p><b>Please provide a description of the <i>impact</i> of this recommendation.</b></p>	<p>Reduce the access to alternative sources for substance misuse that are just as deadly and do not flag on standard testing.</p>
<p><b>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the <i>urgency</i> of the recommendation.</b></p>	<p>Nevada needs to figure out how to address this growing trend of street drug alternatives/gas station counter drugs.</p>
<p><b>On a scale of 1-3, please rate the <i>current capacity &amp; feasibility</i> to implement your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the <i>capacity &amp; feasibility</i> of implementing this recommendation.</b></p>	<p>It will require multiple agencies to work together to create and enforce labeling and oversight.</p>

<p><b>Recommendation Description</b></p>	<p><b><i>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.</i></b></p> <p><b><i>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.</i></b></p> <p><b><i>Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations.</i></b></p>
<p><b>On a scale of 1-3, please rate how the recommendation advances racial and health equity.</b></p>	<p>3</p>
<p><b>Please provide a description of how the recommendation advances racial and health equity.</b></p>	<p>Individuals that frequent gas stations for these types of drugs are those living in indigent neighborhoods and communities with higher poverty rates.</p>
<p><b>Please list who you would like to present on this recommendation.</b></p>	<p>Jermaine Galloway, "Tall Cop"</p>

**Recommendation #4 Submitted by Dr. Terry Kerns on 5/16/2025, updated on 8/5/2025**

<p><b>Recommendation Description</b></p>	<p><i>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.</i></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>Desistance is potentially a more accurate way to measure program impact.</p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.</b></p>	<p>(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.</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</b></p>	<p>(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.</p>
<p><b>If your recommendation focuses on a special population, please select all that apply.</b></p>	<p>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</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<p>State agencies that support diversion and deflection programs have a definition of recidivism. Also have a working group to address this.</p>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Short-term (Under 2 years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>No fiscal note is needed</p>

<p><b>Recommendation Description</b></p>	<p><i>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.</i></p>
<p><b>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the <i>impact</i> of this recommendation.</b></p>	<p>More standardized data collection to address the impact of diversion and deflection programs within the communities.</p>
<p><b>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the <i>urgency</i> of the recommendation.</b></p>	<p>Better understanding of the impact of these programs.</p>
<p><b>On a scale of 1-3, please rate the <i>current capacity &amp; feasibility</i> to implement your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the <i>capacity &amp; feasibility</i> of implementing this recommendation.</b></p>	<p>It would be easy for state agencies to implement a definition of recidivism</p>
<p><b>On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.</b></p>	<p>2</p>
<p><b>Please provide a description of how the recommendation <i>advances racial and health equity</i>.</b></p>	<p>Addresses those involved in the criminal justice system to get out of that cycle.</p>
<p><b>Please list who you would like to present on this recommendation.</b></p>	<p>Washoe County Sheriff's Department.</p>

**Recommendation #5 Submitted by Dr. Terry Kerns on 2/18/2026**

<p><b>Recommendation Description</b></p>	<p><b><i>Work with the Board of Pharmacy to include Safe Rx Kits with opioid prescriptions and a one pager with information about opioid overdoses/addiction assistance; look into how a prescription can be written for opioid antagonists when opioids are prescribed to reduce costs.</i></b></p>
<p><b>Please describe your justification/background information for this recommendation.</b></p>	<p>It is an evidence-based harm reduction practice to co-prescribe opioid antagonist and safe disposal kits when prescribing opioids.</p> <ul style="list-style-type: none"> <li>• <b>Targeted Co-prescribing:</b> Naloxone should be prescribed to patients receiving opioids who are at high risk, specifically those with:             <ul style="list-style-type: none"> <li>○ Concurrent benzodiazepine use.</li> <li>○ High daily morphine milligram equivalents (MME) (e.g., ≥50 MME/day).</li> <li>○ A history of substance use disorder or prior nonfatal overdose.</li> <li>○ Risks for, or history of, opioid misuse, including those in methadone treatment.</li> </ul> </li> <li>• <b>Targeted Education:</b> Providing naloxone should be accompanied by overdose education for both the patient and their family members or caregivers.</li> <li>• <b>Use of Clinical Decision Support (CDS):</b> Implementing electronic health record (EHR) alerts for pharmacists and clinicians is an effective strategy to increase naloxone co-prescribing.</li> <li>• <b>Pharmacist Involvement:</b> In many US states, pharmacists can dispense naloxone under standing orders without a patient-specific prescription, which should be used to increase accessibility.</li> <li>• <b>Patient-Centered Counseling:</b> Frame the naloxone prescription as a "safety measure" or "fire extinguisher" for the "worst-case scenario" to reduce stigma and improve acceptance.</li> </ul> <p><b><i>Key Findings on Effectiveness</i></b></p> <ul style="list-style-type: none"> <li>• <b>Reduction in Overdose Deaths:</b> Studies show that communities with higher rates of naloxone distribution have significantly reduced opioid overdose deaths.</li> <li>• <b>Cost-Effectiveness:</b> Scaling up naloxone distribution to those prescribed high-dose opioids is considered a cost-effective intervention.</li> <li>• <b>Reduced Healthcare Utilization:</b> Patients receiving a naloxone prescription have shown 63% fewer opioid-related emergency department visits.</li> <li>• <b>Low Risk of Harm:</b> Evidence suggests that making naloxone available does not result in increased opioid misuse.</li> </ul> <p><b><i>Barriers and Facilitators</i></b></p> <ul style="list-style-type: none"> <li>• <b>Barriers:</b> Lack of provider confidence, time constraints, and stigma.</li> <li>• <b>Facilitators:</b> Using "academic detailing" (educational outreach) and EHR-based prompts (Best Practice Advisories). Providing patients with prescription disposal kits alongside opioid prescriptions is considered an</li> </ul>

<p><b>Recommendation Description</b></p>	<p><b><i>Work with the Board of Pharmacy to include Safe Rx Kits with opioid prescriptions and a one pager with information about opioid overdoses/addiction assistance; look into how a prescription can be written for opioid antagonists when opioids are prescribed to reduce costs.</i></b></p>
	<p>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.</p> <p><b><i>Evidence-Based Findings</i></b></p> <ul style="list-style-type: none"> <li>• <b>Increased Disposal Rates:</b> 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).</li> <li>• <b>Convenience as a Key Factor:</b> 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.</li> <li>• <b>Cost-Effectiveness:</b> 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.</li> <li>• <b>Complementary Strategy:</b> Providing disposal kits is viewed as a valuable complement to other opioid stewardship efforts, such as prescribing smaller quantities of opioids initially.</li> <li>• <b>Enhanced by Education:</b> 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.</li> </ul> <p><b><i>Considerations</i></b></p> <p>While the evidence supports the use of disposal kits to increase disposal rates, some studies note that:</p> <ul style="list-style-type: none"> <li>• The quality of evidence for how this translates to health outcomes, such as a direct reduction in overdose rates, is still low.</li> <li>• 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).</li> <li>• 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.</li> </ul>

<p><b>Recommendation Description</b></p>	<p><b><i>Work with the Board of Pharmacy to include Safe Rx Kits with opioid prescriptions and a one pager with information about opioid overdoses/addiction assistance; look into how a prescription can be written for opioid antagonists when opioids are prescribed to reduce costs.</i></b></p>
<p><b>Please include any associated research or links for your recommendation.</b></p>	<ul style="list-style-type: none"> <li>• <a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC12535941/">https://pmc.ncbi.nlm.nih.gov/articles/PMC12535941/</a></li> <li>• <a href="https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/Evidence-based-strategies-for-prevention-of-opioid-overdose.pdf">https://www.cdc.gov/overdose-prevention/media/pdfs/2024/03/Evidence-based-strategies-for-prevention-of-opioid-overdose.pdf</a></li> <li>• <a href="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</a></li> <li>• <a href="https://www.sciencedirect.com/science/article/pii/S2666262023000633">https://www.sciencedirect.com/science/article/pii/S2666262023000633</a></li> <li>• <a href="https://www.tandfonline.com/doi/full/10.2217/pmt-2017-0065">https://www.tandfonline.com/doi/full/10.2217/pmt-2017-0065</a></li> <li>• <a href="https://ldi.upenn.edu/our-work/research-updates/opioid-disposal-kits-may-help-patients-dispose-of-unneeded-painkillers/">https://ldi.upenn.edu/our-work/research-updates/opioid-disposal-kits-may-help-patients-dispose-of-unneeded-painkillers/</a></li> <li>• <a href="https://www.sciencedirect.com/science/article/pii/S276827652400573X">https://www.sciencedirect.com/science/article/pii/S276827652400573X</a></li> <li>• <a href="https://www.fda.gov/media/158570/download">https://www.fda.gov/media/158570/download</a></li> <li>• <a href="https://www.ncbi.nlm.nih.gov/books/NBK603211/">https://www.ncbi.nlm.nih.gov/books/NBK603211/</a></li> </ul>
<p><b>Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.</b></p>	<p>(p) Evaluate the effects of substance use disorders on the economy of this State.</p>
<p><b>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</b></p>	<p>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:</p> <ol style="list-style-type: none"> <li>(1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;</li> <li>(2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;</li> <li>(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</li> <li>(4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.</li> </ol> <p>(q) Study, evaluate and make recommendations to the Department of Health and</p>

<p><b>Recommendation Description</b></p>	<p><b><i>Work with the Board of Pharmacy to include Safe Rx Kits with opioid prescriptions and a one pager with information about opioid overdoses/addiction assistance; look into how a prescription can be written for opioid antagonists when opioids are prescribed to reduce costs.</i></b></p>
	<p>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:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;</li> <li>(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;</li> <li>(4) The use of the money described in section 10.5 of this act to improve racial equity; and</li> <li>(5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.</li> </ul>
<p><b>If your recommendation focuses on a special population, please select all that apply.</b></p>	<p>Any Nevadan being prescribed an opioid.</p>
<p><b>Please describe the Action Step aligned with your recommendation.</b></p>	<ul style="list-style-type: none"> <li>• Expenditure of Opioid Settlement Funds</li> <li>• Regulatory or Licensing Board</li> <li>• Recommend to the Board of Pharmacy to implement this program and seek funding for it through the Fund for a Resilient Nevada. Also develop a one-pager that can also be distributed with opioid prescriptions</li> </ul>
<p><b>Is this a short-term or long-term recommendation?</b></p>	<p>Short-term (Under 2 years)</p>
<p><b>If your recommendation requires a fiscal note, please approximate the amount.</b></p>	<p>No fiscal note is needed</p>
<p><b>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</b></p>	<p>2</p>
<p><b>Please provide a description of the <i>impact</i> of this recommendation.</b></p>	<p>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.</p>
<p><b>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</b></p>	<p>1</p>

<p><b>Recommendation Description</b></p>	<p><b><i>Work with the Board of Pharmacy to include Safe Rx Kits with opioid prescriptions and a one pager with information about opioid overdoses/addiction assistance; look into how a prescription can be written for opioid antagonists when opioids are prescribed to reduce costs.</i></b></p>
<p><b>Please provide a description of the <i>urgency</i> of the recommendation.</b></p>	<p>While naloxone and disposal kits are provided to Nevadans upon request, this recommendation would provide these items to any Nevadan receiving an opioid prescription.</p>
<p><b>On a scale of 1-3, please rate the <i>current capacity &amp; feasibility</i> to implement your recommendation.</b></p>	<p>3</p>
<p><b>Please provide a description of the <i>capacity &amp; feasibility</i> of implementing this recommendation.</b></p>	<p>BOP could assist with this program and potentially the statewide prevention coalitions. Funding would be through the Fund for a Resilient Nevada (FRN).</p>
<p><b>On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.</b></p>	<p>2</p>
<p><b>Please provide a description of how the recommendation <i>advances racial and health equity</i>.</b></p>	<p>This program implementation would be to any individual receiving an opioid prescription.</p>
<p><b>Please list who you would like to present on this recommendation.</b></p>	<p>No</p>