

Nevada State Unintentional Drug Overdose Reporting System

Report of Deaths: January to June 2021 - Statewide

Overview: The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive and timelier data on overdose morbidity and mortality. The program is meant to enhance opioid overdose surveillance, reporting, and dissemination efforts to better inform prevention and early intervention strategies.

The information contained in this biannual report highlights **overdose mortality** within the state of Nevada utilizing the State Unintentional Drug Overdose Reporting System (SUDORS) for the period beginning **January 1, 2021 to June 30, 2021**.

Data Source: SUDORS uses death certificates and coroner/medical examiner reports (including post-mortem toxicology testing results) to capture detailed information on toxicology, death scene investigations, route of drug administration, and other risk factors that may be associated with a fatal overdose.

Case Definitions: A death that occurred in Nevada where the decedent's place of residence was Nevada and was assigned any of the following ICD-10 underlying cause-of-death codes on the death certificate: X40-44 (unintentional drug poisoning) or Y10-Y14 (drug poisoning of undetermined intent); or a death classified as a drug overdose death by the Medical Examiner/Coroner. *Stimulants* speed up the body's systems and include methamphetamine, cocaine, and prescription stimulants (Adderall, Ritalin). *Benzodiazepines* are psychoactive drugs that are depressants that produce sedation, include sleep, and prevent seizures (brand names include Valium and Xanax) (DEA).

Limitations: Data is delayed due to the time required to abstract data from multiple sources. Data completeness is dependent on information documented at time of death and therefore leads to large amounts of missing data.

The report includes details on:

Section 1: Characteristics, toxicology, and circumstances of all cases

Section 2: Breakdown of characteristics and circumstances by opioids and stimulants

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Key Findings:

There were **436 drug overdose deaths** (crude rate: **13.8 drug overdose deaths per 100,000 population**) of **unintentional or undetermined intent among Nevada residents from January to June, 2021:**

- Compared to the same time period in 2020, there was a **20% increase in the rate of drug overdose deaths** in 2021.
- Nearly **1 in 4 who died by drug overdose were 25-34 years old**, 65% were white, and 65% were male (Table 1).
- Nearly **two-thirds of deaths involved an opioid** (65%) (Table 2).
- **Illicitly manufactured fentanyl and fentanyl analogs were involved in 1 in 3 deaths** (34%) (Table 2).
- Over **half of deaths involved a stimulant** (58%) (Table 2).
- **Methamphetamine** was involved in **nearly half of total deaths** (48%) (Table 2).
- Almost **1 in 3 deaths involved an opioid and stimulant** (28%) (Table 4).
- **77% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action at the time of overdose** (Table 3).

Questions or comments?

Please contact Nevada OD2A's opioid epidemiologist, Shawn Thomas, MPH, at shawnt@unr.edu.



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Section 1: Characteristics, toxicology, and circumstances of all cases

Table 1. Demographic characteristics of decedents from Nevada SUDORS among residents, Jan-Jun, 2021		
	436	%*
Age		
<18 years	7	1.6%
18-24 years	40	9.2%
25-34 years	101	23.2%
35-44 years	79	18.1%
45-54 years	82	18.8%
55-64 years	87	20.0%
65+ years	40	9.2%
Sex		
Male	285	65.4%
Female	151	34.6%
Education		
Less than HS	69	16.7%
HS/GED	223	53.9%
Some College	59	14.3%
Associates	32	7.7%
Bachelors	26	6.3%
Masters/Doctorate	5	1.2%
Race/Ethnicity		
Black, NH	59	13.7%
Hispanic	77	17.8%
Other, NH^	17	3.9%
White, NH	279	64.6%
Behavioral Health Region#		
Clark	293	67.4%
Northern	24	5.5%
Rural	9	2.1%
Southern	6	1.4%
Washoe	103	23.7%
<p>Note: *Missing data is excluded in percentage calculations. ^Other race includes Asian, Pacific Islander, Native American, Alaskan Native, and those identifying as other race. #Behavioral health regions include the following counties: Northern (Carson City, Storey, Douglas, Lyon, Churchill Counties), Rural (Humboldt, Pershing, Lander, Eureka, Elko, White Pine Counties), Southern (Mineral, Esmeralda, Nye, Lincoln Counties), Clark (Clark County), and Washoe (Washoe County).</p>		

Table 2. Toxicology and suspected route of administration from Nevada SUDORS among residents, Jan-Jun, 2021		
Substance Type	436 ^a	% ^a
Any Opioids^b	284	65%
IMFs ^c	149	34%
Prescription Opioids	96	22%
Heroin	66	15%

Any Stimulants^d	252	58%
Methamphetamine	208	48%
Cocaine	47	11%
Other Substances		
Benzodiazepines	76	17%
Alcohol	61	14%
Antidepressants	26	6%
Diphenhydramine	24	6%
Gabapentin	23	5%
Kratom	21	5%
Suspected route of administration^e		
Evidence of ingestion	187	42.9%
Evidence of smoking	102	23.4%
Evidence of injection	68	15.6%
Evidence of snorting/sniffing	49	11.2%
Note: ^aSubstances above are those listed as cause of death (COD) and are not mutually exclusive (decedents may have had more than one substance contributing to death). ^bAny opioids include the number of deaths where any type of opioid (illicit or prescription) contributed to death. ^cIMFs=illicitly manufactured fentanyl and fentanyl analogs. ^dAny stimulants include the number of deaths where any type of stimulant (illicit or prescription) contributed to death. ^eSuspected route of administration information is based on information documented during the death scene investigation, and due to limited information on scene in some investigations, may underestimate their occurrence.		

Table 3. Circumstances and other characteristics of decedents in Nevada SUDORS among residents, Jan-Jun, 2021

Circumstances documented	412	%
Current or past substance use/misuse	341	83%
Overdose occurred in the decedent's home	307	75%
Bystander present [%]	240	58%
Mental health diagnosis [%]	155	38%
Naloxone administered	101	25%
Current pain treatment	79	19%
Prior overdose [%]	53	13%
Fatal drug use witnessed [%]	50	12%
Ever treated for substance use disorder [%]	41	10%
Homeless	38	9%
Ever served in U.S. Armed Forces	30	7%
Recent release from institution [%]	35	8%
Recent opioid use relapse	26	6%
Note: Based on information documented during the death scene investigation, and due to limited information on scene in some investigations, may underestimate their occurrence. Percentages use the denominator of those who had known circumstances (N=412). [%]Potential opportunity for life-saving action includes recent release from an institution within past month (prison/jail, treatment, hospital), previous nonfatal overdose, mental health diagnosis, ever treated for substance use disorder, bystander present when fatal overdose occurred, and fatal drug use witnessed.		

Summary: There were 436 drug overdose deaths of unintentional/undetermined intent from January to June, 2021 in Nevada among residents. Decedents were mostly between the ages of 25-34 (23.2%), mostly male (65.4%), possessed a high school degree or equivalent (53.9%), were White, non-Hispanic (64.6%), and had residency in Clark County (67.4%) (**Table 1**).

Nearly 2 in 3 deaths involved an opioid (65%), over half of deaths involved a stimulant (58%), and 28% of deaths involved both an opioid and stimulant. Illicitly manufactured fentanyl and fentanyl analogs contributed to approximately 1 in 3 deaths (34%). Methamphetamine contributed to nearly half of deaths (48%). The suspected route of administration for substances were as follows: evidence of oral ingestion (42.9%), evidence of smoking (23.4%), evidence of injection (15.6%), and evidence of snorting/sniffing (11.2%) (**Table 2**).

The top five circumstances documented among decedents were having a current or past substance use/misuse history (83%), overdose occurring in the decedent’s home (75%), having a bystander present at the time of overdose (58%), having a mental health diagnosis (38%), and having naloxone administered (25%) (**Table 3**).

Section 2: Breakdown of characteristics and circumstances by opioids and stimulants

Table 4. Demographic characteristics of decedents from Nevada SUDORS among residents by substance type, Jan-Jun, 2021

	Opioid		Stimulant		Opioid + Stimulant	
	284	%*	252	%*	120	%*
Age						
<18 years	6	2.1%	1	0.4%	1	0.8%
18-24 years	34	12.0%	17	6.7%	12	10.0%
25-34 years	82	28.9%	57	22.6%	39	32.5%
35-44 years	53	18.7%	45	17.9%	24	20.0%
45-54 years	47	16.5%	59	23.4%	27	22.5%
55-64 years	40	14.1%	50	19.8%	10	8.3%
65+ years	22	7.7%	23	9.1%	7	5.8%
Sex						
Male	177	62.3%	170	67.5%	74	61.7%
Female	107	37.7%	82	32.5%	46	38.3%
Education						
Less than HS	41	15.1%	41	17.1%	18	15.4%
HS/GED	150	55.4%	133	55.4%	68	58.1%
Some College	36	13.3%	35	14.6%	16	13.7%
Associates	22	8.1%	17	7.1%	8	6.8%
Bachelors	18	6.6%	13	5.4%	7	6.0%
Masters/Doctorate	4	1.5%	1	0.4%	0	0.0%
Race/Ethnicity						
Black, NH	31	11.0%	38	15.1%	13	11.0%
Hispanic	60	21.4%	36	14.3%	2	1.7%
Other, NH^	7	2.5%	14	5.6%	2	1.7%
White, NH	183	65.1%	163	64.9%	81	68.6%
Behavioral Health Region[#]						
Clark	195	68.9%	171	68.1%	85	71.4%
Northern	12	4.2%	13	5.2%	3	2.5%
Rural	6	2.1%	3	1.2%	2	1.7%
Southern	5	1.8%	4	1.6%	3	2.5%

Washoe	65	23.0%	60	23.9%	26	21.8%
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Note: *Missing data is excluded in percentage calculations. ^Other race includes Asian, Pacific Islander, Native American, Alaskan Native, and those identifying as other race. #Behavioral health regions include the following counties: Northern (Carson City, Storey, Douglas, Lyon, Churchill Counties), Rural (Humboldt, Pershing, Lander, Eureka, Elko, White Pine Counties), Southern (Mineral, Esmeralda, Nye, Lincoln Counties), Clark (Clark County), and Washoe (Washoe County).

Table 5. Circumstances and other characteristics of decedents in Nevada SUDORS among residents, Jan-Jun, 2021

Circumstances documented	Opioid		Stimulant		Opioid + Stimulant	
	275	%	234	%	115	%
Current or past substance use/misuse	226	82.2%	205	87.6%	102	88.7%
Overdose occurred in the decedent's home	217	78.9%	158	67.5%	83	72.2%
Bystander present [%]	164	59.6%	137	58.5%	71	61.7%
Mental health diagnosis [%]	111	40.4%	75	32.1%	39	33.9%
Naloxone administered	81	29.5%	44	18.8%	27	23.5%
Current pain treatment	67	24.4%	19	8.1%	12	10.4%
Prior overdose [%]	46	16.7%	18	7.7%	13	11.3%
Fatal drug use witnessed [%]	37	13.5%	33	14.1%	21	18.3%
Ever treated for substance use disorder [%]	36	13.1%	19	8.1%	14	12.2%
Recent opioid use relapse	25	9.1%	16	6.8%	15	13.0%
Recent release from institution [%]	23	8.4%	23	9.8%	12	10.4%
Homeless	17	6.2%	30	12.8%	11	9.6%
Ever served in U.S. Armed Forces	15	5.5%	18	7.7%	4	3.5%

Note: Based on information documented during the death scene investigation, and due to limited information on scene in some investigations, may underestimate their occurrence. Percentages use the denominator of those who had known circumstances for each substance breakdown. [%]Potential opportunity for life-saving action includes recent release from an institution within past month (prison/jail, treatment, hospital), previous nonfatal overdose, mental health diagnosis, ever treated for substance use disorder, bystander present when fatal overdose occurred, and fatal drug use witnessed.

Summary: There were 284 deaths where opioids contributed, 252 deaths where stimulants contributed, and 120 deaths where opioids and stimulants contributed to drug overdose deaths of unintentional/undetermined intent from January to June, 2021 in Nevada among residents (**Table 4**).

Opioids: Decedents were mostly between the ages of 25-34 (28.9%), mostly male (62.3%), possessed a high school degree or equivalent (55.4%), were White, non-Hispanic (65.1%), and had residency in Clark County (68.9%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (82%), overdose occurring in the decedent's home (79%), having a bystander present at the time of overdose (60%), having a mental health diagnosis (40%), and having naloxone administered (30%) (**Table 5**).

Stimulants: Decedents were mostly between the ages of 25-34 (22.6%), mostly male (67.5%), possessed a high school degree or equivalent (55.4%), were White, non-Hispanic (64.9%), and had residency in Clark County (68.1%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (88%), overdose occurring in the decedent's home (68%), having a bystander present at the time of overdose (59%), having a mental health diagnosis (32%), and having naloxone administered (19%) (**Table 5**).

Opioid + Stimulants: Decedents were mostly between the ages of 25-34 (32.5%), mostly male (61.7%), possessed a high school degree or equivalent (58.1%), were White, non-Hispanic (68.6%), and had residency in Clark County (71.4%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (89%), overdose occurring in the decedent's home (72%), having a bystander present at the time of overdose (62%), having a mental health diagnosis (34%), and having naloxone administered (24%) (**Table 5**).