

Nevada State Unintentional Drug Overdose Reporting System

Jan - Jun 2021 – Jurisdiction of the Washoe County Regional Medical Examiner's Office

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 counties that are overseen by the Washoe County Regional Medical Examiner Office in Nevada (Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lyon, Mineral, Northern Nye, Pershing, Storey, and Washoe Counties) 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 **142 drug overdose deaths** (crude rate: **17.3 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 **29% increase in the rate of drug overdose deaths** in 2021.
- About **1 in 4 who died by drug overdose were <35 years old**, 79% were white, and 63% were male (Table 1).
- Over **half of deaths involved an opioid** (61%) (Table 2).
- **Illicitly manufactured fentanyl and fentanyl analogs were involved in almost 1 in 3 deaths** (29%) (Table 2).
- Over **half of deaths involved a stimulant** (57%) (Table 2).
- **Methamphetamine** was involved in **nearly half of total deaths** (49%) (Table 2).
- Almost **1 in 4 deaths involved an opioid and stimulant** (24%) (Table 4).
- **84% 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.



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

Table 1. Demographic characteristics of decedents from Nevada SUDORS among residents, Jan-Jun, 2021		
	142	%*
Age		
<18 years	3	2.1%
18-24 years	6	4.2%
25-34 years	28	19.7%
35-44 years	31	21.8%
45-54 years	28	19.7%
55-64 years	32	22.5%
65+ years	14	9.9%
Sex		
Male	90	63.4%
Female	52	36.6%
Education		
Less than HS	27	19.6%
HS/GED	74	53.6%
Some College	19	13.8%
Associates	5	3.6%
Bachelors	10	7.2%
Masters/Doctorate	3	2.2%
Race/Ethnicity		
Black, NH	6	4.2%
Hispanic	17	12.0%
Other, NH [^]	7	4.9%
White, NH	112	78.9%
Note: *Missing data is excluded in percentage calculations. ^Other race includes Asian, Pacific Islander, Native American, Alaskan Native, and those identifying as other race.		

Table 2. Toxicology and suspected route of administration from Nevada SUDORS among residents, Jan-Jun, 2021		
Substance Type	142 ^a	% ^a
Any Opioids^b	87	61.3%
IMFs ^c	41	28.9%
Prescription Opioids	34	23.9%
Heroin	22	15.5%
Any Stimulants^d	81	57.0%
Methamphetamine	69	48.6%
Cocaine	12	8.5%
Other Substances		
Benzodiazepines	25	17.6%
Alcohol	23	16.2%
Antidepressants	16	11.3%
Diphenhydramine	12	8.5%
Gabapentin	9	6.3%

Kratom	11	7.7%
Suspected route of administration^e		
Evidence of ingestion	30	21.6%
Evidence of smoking	69	49.6%
Evidence of injection	21	15.1%
Evidence of snorting/sniffing	17	12.2%
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	139	%
Current or past substance use/misuse	107	77.0%
Overdose occurred in the decedent's home	95	68.3%
Bystander present [%]	77	55.4%
Mental health diagnosis [%]	64	46.0%
Naloxone administered	41	29.5%
Current pain treatment	33	23.7%
Ever treated for substance use disorder [%]	25	18.0%
Fatal drug use witnessed [%]	24	17.3%
Prior overdose (within past year) [%]	14	10.1%
Recent release from institution [%]	13	9.4%
Recent opioid use relapse	12	8.6%
Homeless	7	5.0%
Ever served in U.S. Armed Forces	7	5.0%
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=139). [%]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 142 drug overdose deaths of unintentional/undetermined intent from January to June, 2021 in Nevada among residents within the jurisdiction of the Washoe County Regional Medical Examiner’s Office. Decedents were mostly between the ages of 55-64 (22.5%), mostly male (63.6%), possessed a high school degree or equivalent (53.6%), and were White, non-Hispanic (78.9%) (Table 1).

Over half of deaths involved an opioid (61.3%), over half of deaths involved a stimulant (57.0%), and 23.9% of deaths involved both an opioid and stimulant. Illicitly manufactured fentanyl and fentanyl analogs contributed to over 1/4 of deaths (28.9%). Methamphetamine contributed to nearly half of deaths (48.6%). The suspected route of administration for substances were as follows: evidence of smoking (49.6%), evidence of oral ingestion (21.6%), evidence of injection (15.1%), and evidence of snorting/sniffing (12.2%) (Table 2).

The top five circumstances documented among decedents were having a current or past substance use/misuse history (77.0%), overdose occurring in the decedent's home (68.3%), having a bystander present at the time of overdose (55.4%), having a mental health diagnosis (46.0%), and having naloxone administered (29.5%) (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	
	87	%*	81	%*	34	%*
Age						
<18 years	2	2.3%	0	0.0%	0	0.0%
18-24 years	6	6.9%	3	3.7%	3	8.8%
25-34 years	21	24.1%	17	21.0%	11	32.4%
35-44 years	23	26.4%	17	21.0%	11	32.4%
45-54 years	15	17.2%	18	22.2%	6	17.7%
55-64 years	14	16.1%	18	22.2%	1	2.9%
65+ years	6	6.9%	8	9.9%	2	5.9%
Sex						
Male	55	63.2%	56	69.1%	25	73.5%
Female	32	36.8%	25	30.9%	9	26.5%
Education						
Less than HS	12	14.0%	19	24.4%	6	17.7%
HS/GED	47	54.7%	42	53.8%	19	64.7%
Some College	13	15.1%	11	14.1%	6	17.7%
Associates	5	5.8%	1	1.3%	1	2.9%
Bachelors	6	7.0%	5	6.4%	2	8.8%
Masters/Doctorate	3	3.5%	0	0.0%	0	0.0%
Race/Ethnicity						
Black, NH	3	3.4%	4	4.9%	53	18.3%
Hispanic	12	13.8%	8	9.9%	60	20.7%
Other, NH^	2	2.3%	5	6.2%	10	3.4%
White, NH	70	80.5%	64	79.0%	167	57.6%

Note: *Missing data is excluded in percentage calculations. ^Other race includes Asian, Pacific Islander, Native American, Alaskan Native, and those identifying as other race.

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

Circumstances documented	Opioid		Stimulant		Opioid + Stimulant	
	86	%	79	%	33	%
Current or past substance use/misuse	64	74.4%	68	86.1%	30	90.9%
Overdose occurred in the decedent's home	64	74.4%	50	63.3%	25	75.8%
Bystander present%	45	52.3%	42	53.2%	15	45.5%
Mental health diagnosis%	42	48.8%	33	41.8%	15	45.5%
Naloxone administered	33	38.4%	17	21.5%	11	33.3%
Current pain treatment	28	32.6%	7	8.9%	4	12.1%

Ever treated for substance use disorder [%]	22	25.6%	12	15.2%	9	27.3%
Fatal drug use witnessed [%]	17	19.8%	14	17.7%	7	21.2%
Prior overdose (within past year) [%]	13	15.1%	5	6.3%	4	12.1%
Recent opioid use relapse	11	12.8%	9	11.4%	8	24.2%
Homeless	8	9.3%	14	17.7%	4	12.1%
Recent release from institution [%]	8	9.3%	8	10.1%	4	12.1%
Ever served in U.S. Armed Forces	3	3.5%	5	6.3%	1	3.0%

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 87 deaths where opioids contributed, 81 deaths where stimulants contributed, and 34 deaths where opioids and stimulants contributed to drug overdose deaths of unintentional/undetermined intent from January to June, 2021 in Nevada among residents within the jurisdiction of the Washoe County Regional Medical Examiner’s Office (**Table 4**).

Opioids: Decedents were mostly between the ages of 35-44 (26.4%), mostly male (63.2%), possessed a high school degree or equivalent (54.7%), and were White, non-Hispanic (80.5%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (74.4%), overdose occurring in the decedent’s home (74.4%), having a bystander present at the time of overdose (52.3%), having a mental health diagnosis (48.8%), and having naloxone administered (38.4%) (**Table 5**).

Stimulants: Decedents were mostly between the ages of 45-64 (44.4%), mostly male (69.1%), possessed a high school degree or equivalent (53.8%), and were White, non-Hispanic (79.0%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (86.1%), overdose occurring in the decedent’s home (63.3%), having a bystander present at the time of overdose (62.5%), having a mental health diagnosis (41.8%), and having naloxone administered (21.5%) (**Table 5**).

Opioid + Stimulants: Decedents were mostly between the ages of 25-44 (64.8%), mostly male (73.5%), possessed a high school degree or equivalent (64.7%), and were White, non-Hispanic (57.6%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (90.9%), overdose occurring in the decedent’s home (75.8%), having a bystander present at the time of overdose (45.5%), having a mental health diagnosis (45.5%), and having naloxone administered (33.3%) (**Table 5**).