

Suspected Nevada Drug Overdose Surveillance Monthly Report

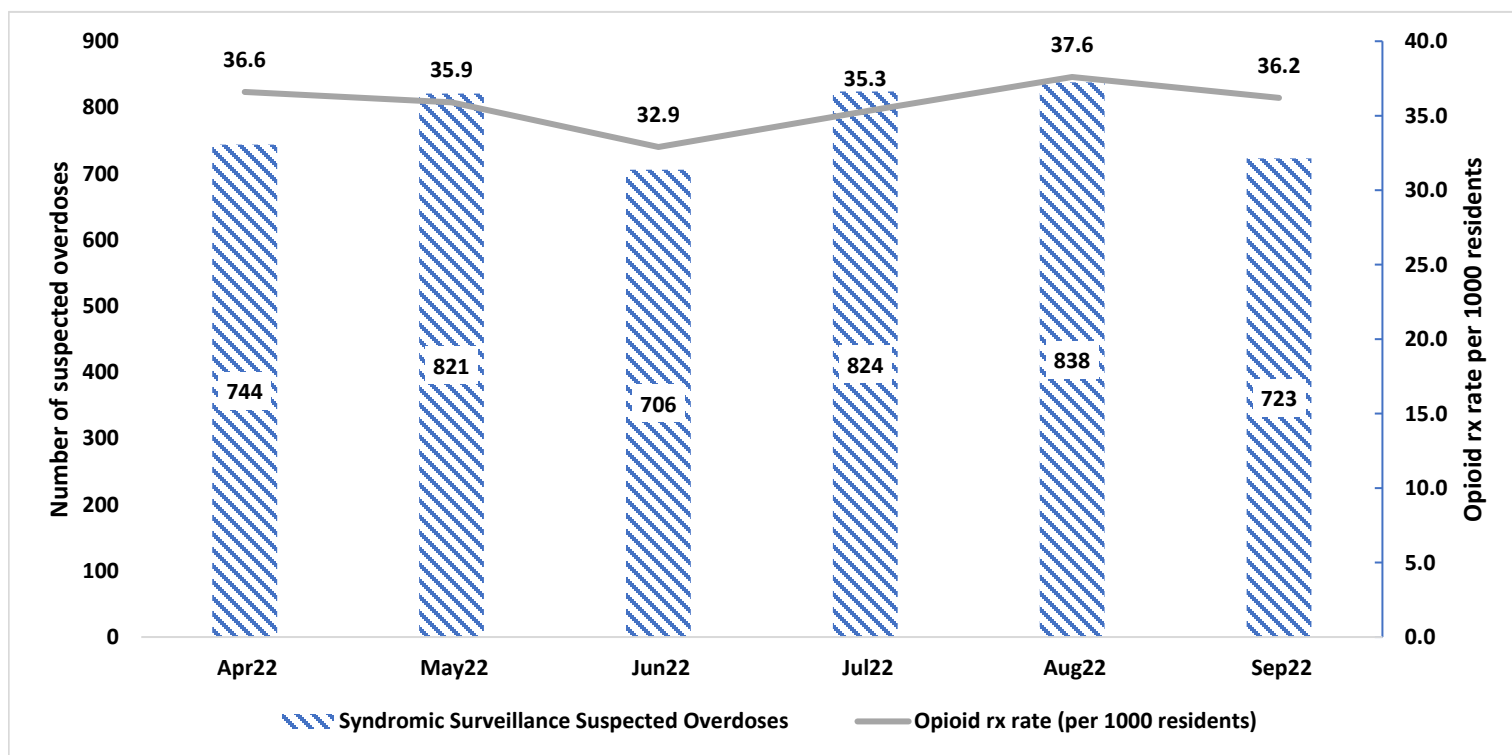
October 2022: *Statewide Report*

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. This monthly report contains information on overdose within the state of Nevada utilizing emergency department (ED) visits data from the National Syndromic Surveillance Program and data from the Prescription Drug Monitoring Program (PDMP) for the month of September 2022.

Report Highlights:

- Suspected drug-related overdose ED visit rates stayed the same from August 2022 to September 2022.
- Suspected opioid-related overdose ED visit rates increased by 36% from September 2021 to September 2022.
- Opioid prescription rates per 1,000 residents decreased by 4% from August 2022 to September 2022.
- Patients that visited the ED for drug-related overdose in September 2022 were mostly male, White, and between the ages of 25-34. Highest rates were among Black, non-Hispanic persons.

Figure 1. Suspected drug overdoses from Syndromic Surveillance with prescription (Rx) opioid rates (per 1000 residents), April 2022 – September 2022



Technical Notes:

Data Sources: National Syndromic Surveillance Program is a near real-time method of categorizing visits to the ED across Nevada based on a patient's chief complaint and/or discharge diagnosis. The Prescription Drug Monitoring Program is a database of information regarding the controlled substance prescriptions that were dispensed to patients in Nevada.

Case definitions: For National Syndromic Surveillance Program, case definitions and queries for suspected all drug overdose ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes. Opioid prescriptions include any opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids that are entered into the PDMP. Co-prescriptions of opioids and benzodiazepines are defined as those who received an opioid and benzodiazepine within the same month.

Analysis: ED visit counts with < 10 counts for any month were not included. The opioid prescription rate for each month per 1,000 residents is calculated based off of the estimated annual population for all of the counties in the region based off of State Demographer estimates, so rates calculated may vary slightly compared to other reports and annual rates.

Limitations: Statewide, the National Syndromic Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state. PDMP data show the number of prescriptions filled to Nevada residents, and does not capture whether the medications were taken as prescribed or taken by the prescribed patient. In addition, a person can be included for more than one prescription (not mutually exclusive).

Address questions/comments to Nevada OD2A's Opioid Epidemiologist, Shawn Thomas, MPH, at shawnt@unr.edu.

Please provide feedback about this report here: [Survey](#)

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I. Syndromic Surveillance:

Figure 2. Monthly rates for suspected opioid, heroin, and stimulant-related overdose ED visits in NV, April 2022 – September 2022 (per 100,000 population)

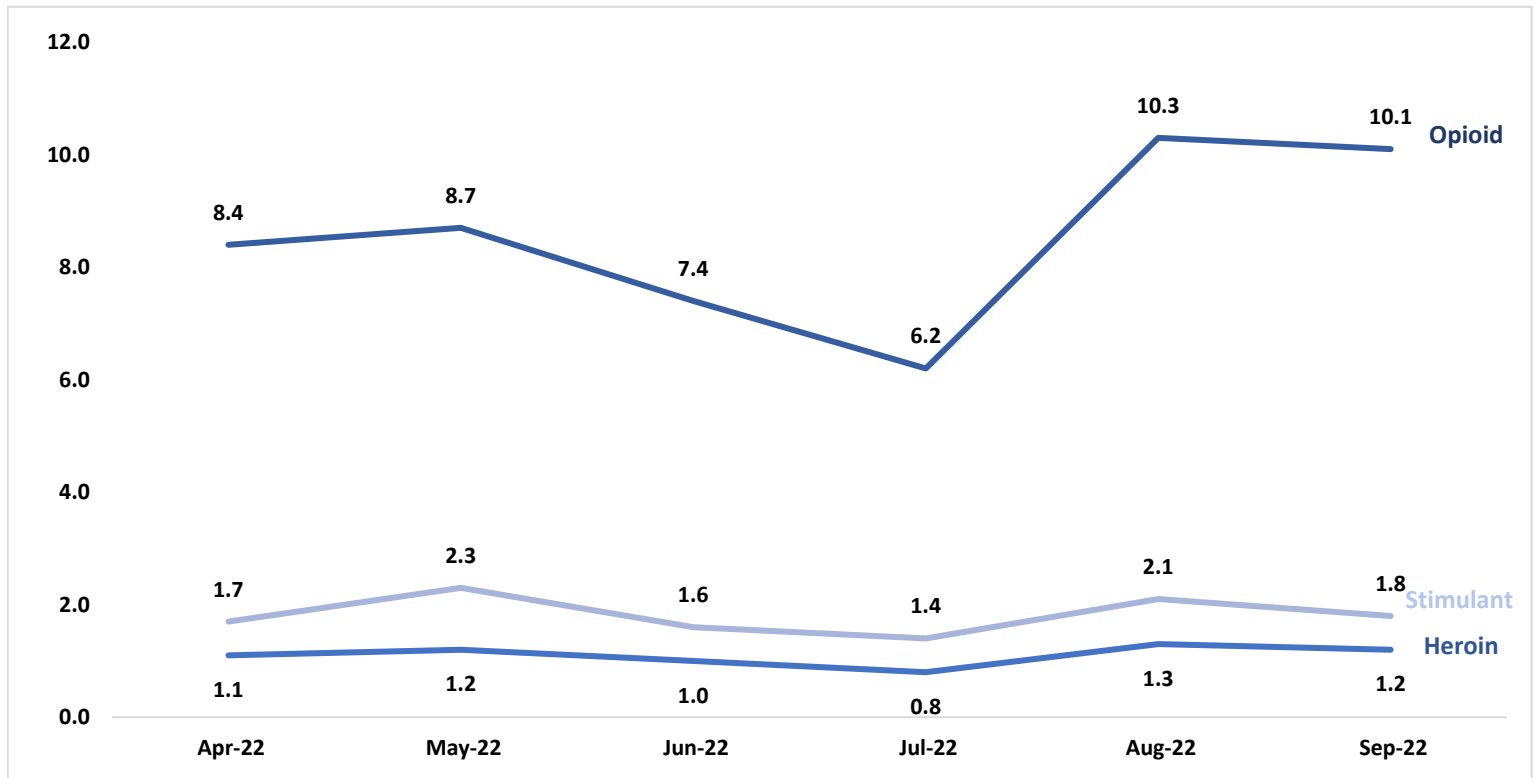


Figure 3. Rates for suspected all drug, opioid, and heroin-related overdose ED visits, September 2018-2022 (per 100,000 population)

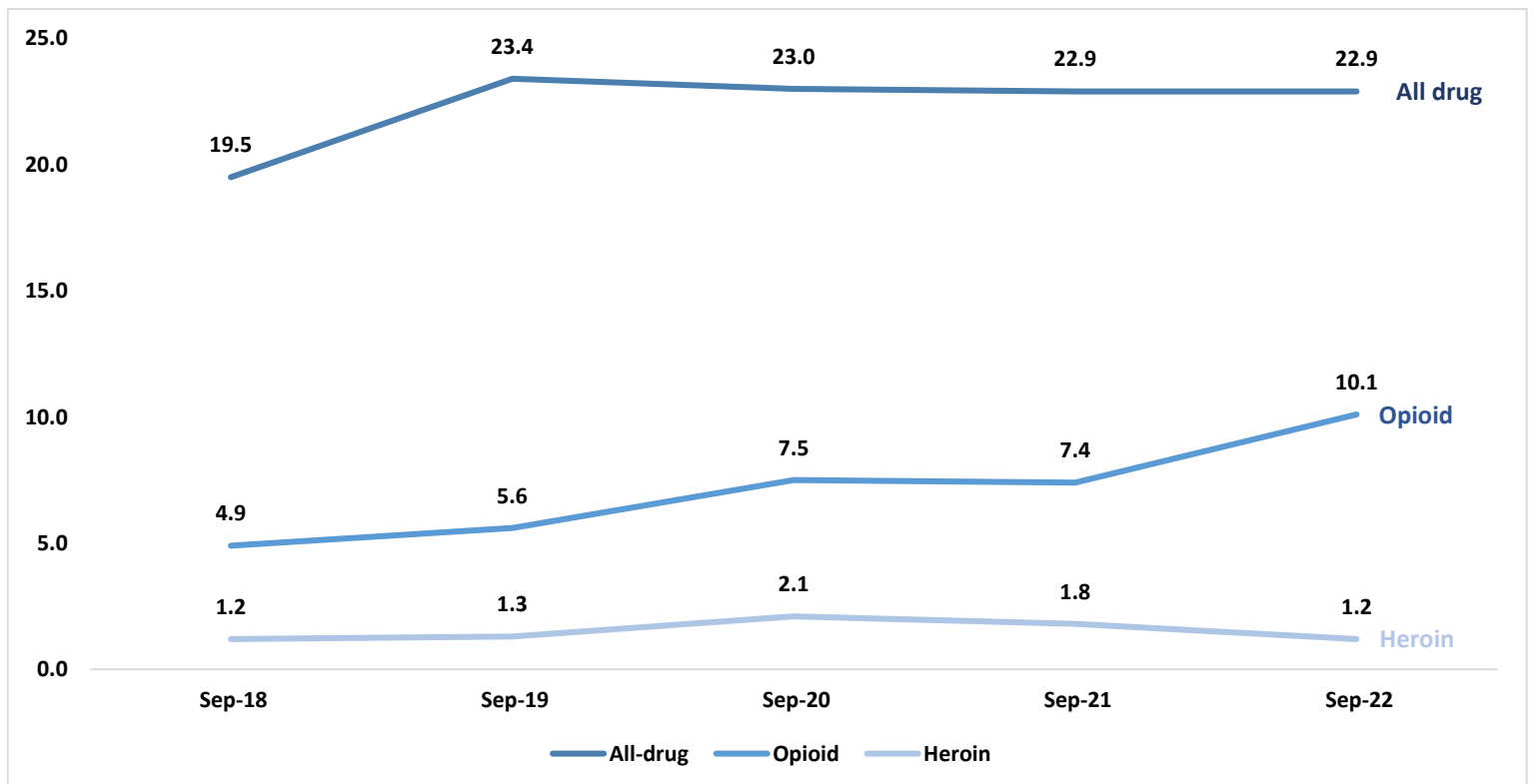


Figure 4. Sex of suspected drug-related overdose ED visits in NV, September 2022 (N=723)

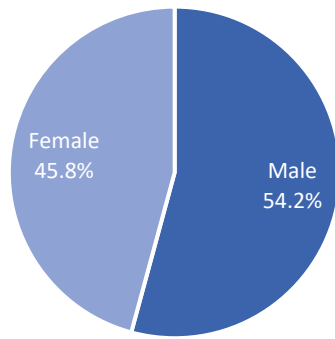
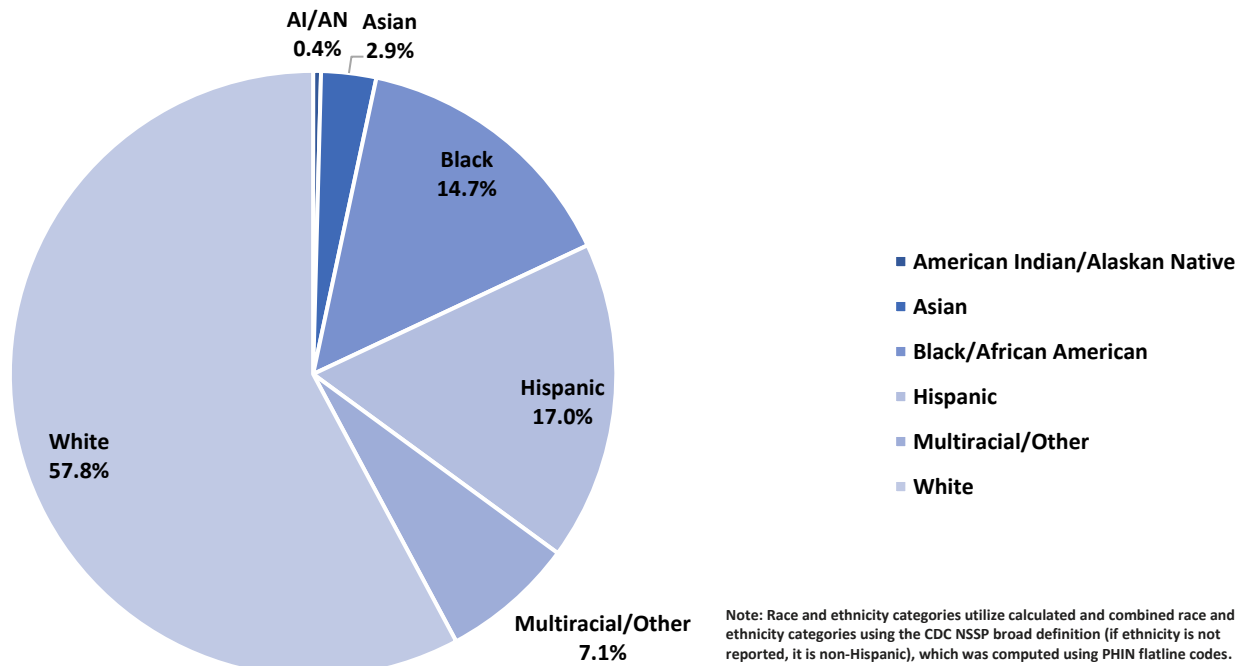
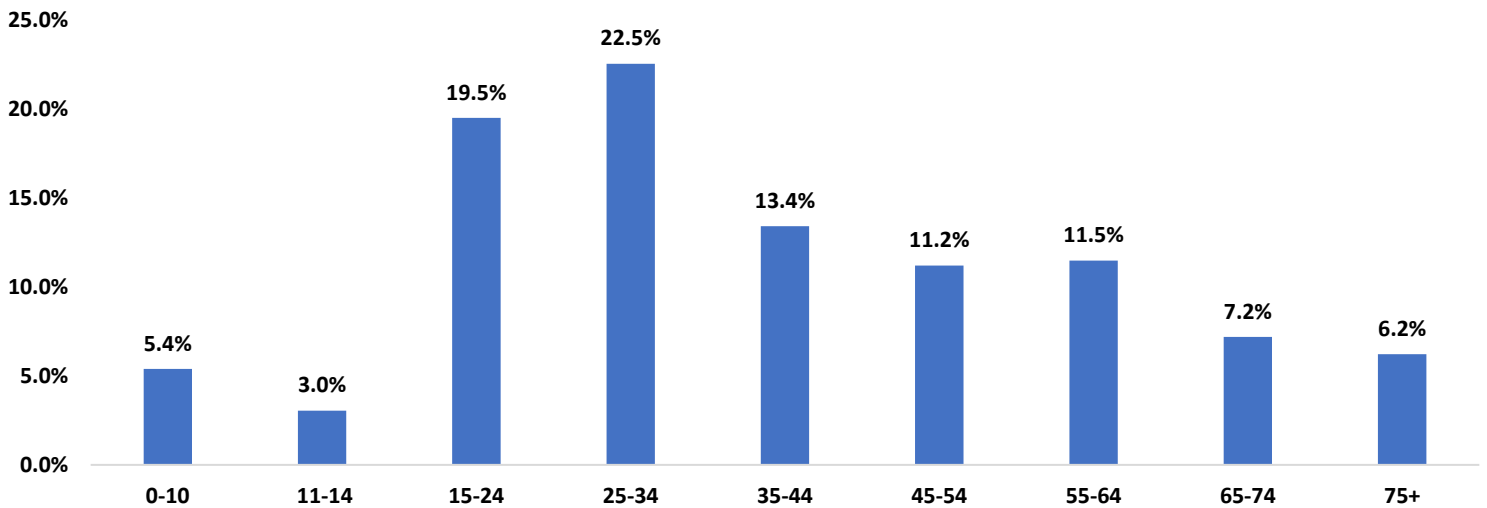


Figure 5. Race/Ethnicity of suspected drug-related overdose ED visits in NV, September 2022 (N=716)



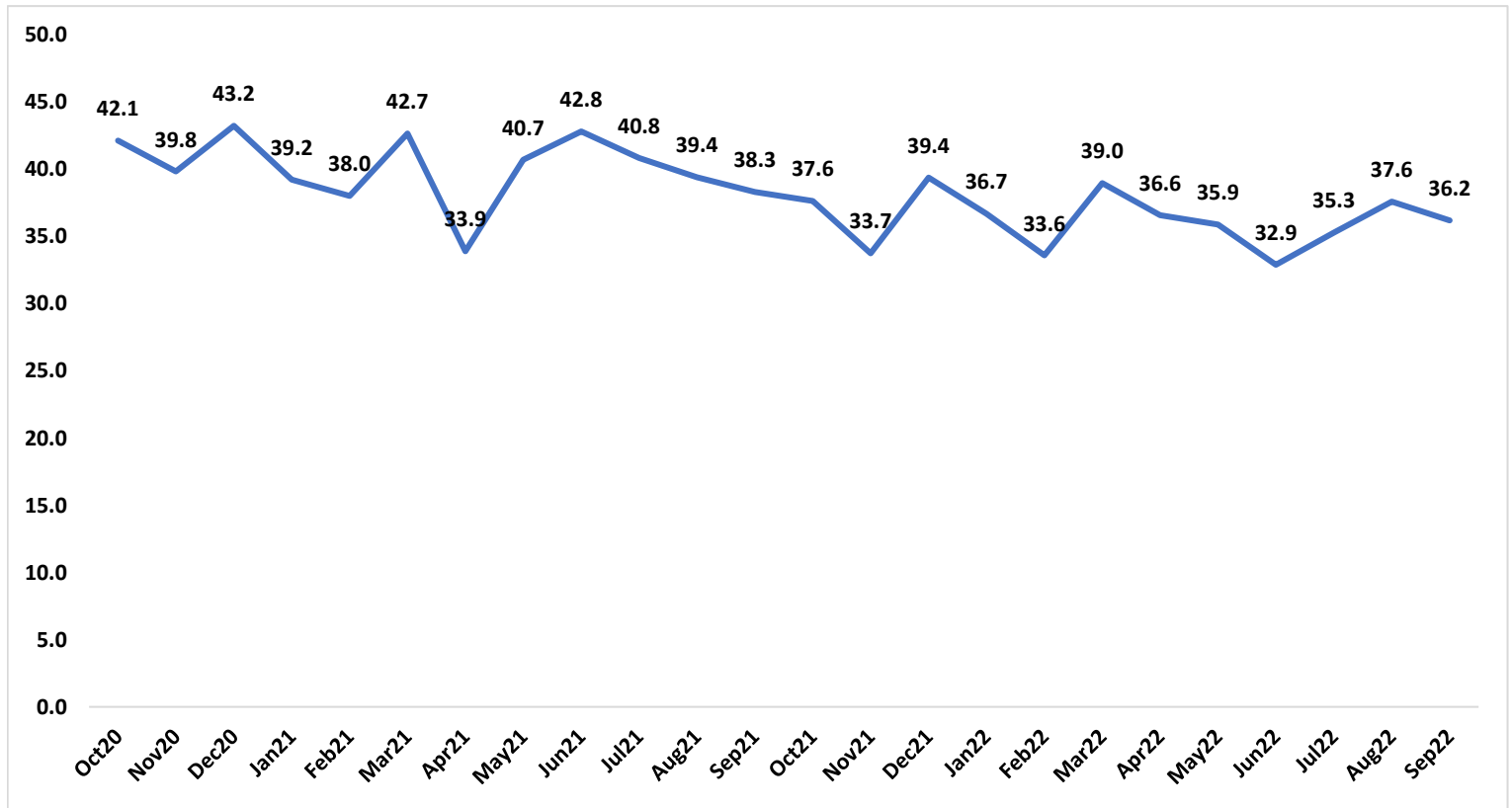
Note: Race and ethnicity categories utilize calculated and combined race and ethnicity categories using the CDC NSSP broad definition (if ethnicity is not reported, it is non-Hispanic), which was computed using PHIN flatline codes. All categories are non-Hispanic unless otherwise stated. Native Hawaiian/Other Pacific Islander are included in the Asian category. Data quality may change month to month race/ethnicity. Percentages exclude missing data. AI/AN = American Indian/Alaskan Native.

Figure 6. Age of suspected drug-related overdose ED visits in NV, September 2022 (N=723)



II. Prescription Drug Monitoring Program:

Figure 7. Monthly opioid prescription rates per 1,000 residents in NV, October 2020-September 2022



III. Fatal Overdose Data

Table 1. Drug- and opioid-related overdose deaths of any intent in Nevada among residents by month, 2020-2021

Month	Drug-related Overdose		Opioid-related Overdose	
	2020	2021	2020	2021
Jan	50	79	35	53
Feb	51	74	35	52
Mar	47	68	28	46
Apr	77	68	55	50
May	88	67	59	44
Jun	62	91	38	49
Jul	78	109	51	56
Aug	89	71	55	41
Sep	46	57	31	35
Oct	73	61	51	43
Nov	65	65	47	45
Dec	79	73	56	45
Total	805	883	541	559

	2020 Rate	2021 Rate	% Change
Drug-related deaths	25.9	28.4	+9.8%
Opioid-related deaths	17.2	17.8	+3.3%

Data are from the Nevada Electronic Death Registry System (EDRS) and include the following: accidental poisonings, intentional self poisonings, assault by drug poisonings, and drug poisoning of undetermined intent for drug-related poisoning and any of the following opioid-related substances contributed to the cause of death: opium, heroin, natural and semi-synthetic opioids, methadone, synthetic opioids, and other/unspecified opioids. Rates and percent changes may differ from other reports using different criteria (i.e. intent, type of drug, inclusion/exclusion of non-residents). Rates are per 100,000 population.

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