

Nevada State Unintentional Drug Overdose Reporting System

January - June 2022: Clark County

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 Clark County, Nevada utilizing the State Unintentional Drug Overdose Reporting System (SUDORS) for the period of **January 1, 2022 to June 30, 2022**.

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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<https://www.nvopioidresponse.org/od2a/>

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Key Findings:

There were **272 drug overdose deaths of unintentional or undetermined intent among Nevada residents from January to June, 2022:**

- Compared to the same time period in 2021, there was an **8% decrease in drug overdose deaths** in 2022.
- Over **1 in 4 who died by drug overdose were 35-44 years old**, 54% were white, and 66% were male (Table 1).
- About **3 in 5 of deaths involved an opioid** (60%) (Table 2).
- **Illicitly manufactured fentanyl and fentanyl analogs were involved in over 1 in 3 deaths** (36%) (Table 2).
- **2 in 3 deaths involved a stimulant** (67%) (Table 2).
- **Methamphetamine was involved in over half of total deaths** (54%) (Table 2).
- Almost **1 in 3 deaths involved an opioid and stimulant** (29%) (Table 4).
- **68% 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, 2022		
	272	%*
Age		
<18 years	3	1.1%
18-24 years	12	4.4%
25-34 years	46	16.9%
35-44 years	76	27.9%
45-54 years	61	22.4%
55-64 years	48	17.6%
65+ years	26	9.6%
Sex		
Male	180	66.2%
Female	92	33.8%
Education		
Less than HS	41	15.9%
HS/GED	181	70.2%
College Degree	36	14.0%
Race/Ethnicity		
Black, NH	52	19.7%
Hispanic	54	20.5%
Other, NH^	15	5.7%
White, NH	143	54.2%
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, 2022		
Substance Type	272 ^a	% ^a
Any Opioids^b	162	60%
IMFs ^c	97	36%
Prescription Opioids	46	17%
Heroin	34	13%
Any Stimulants^d	182	67%
Methamphetamine	147	54%
Cocaine	35	13%
Other Substances		
Benzodiazepines	33	12%
Alcohol	28	10%
Antidepressants	8	3%
Diphenhydramine	4	1%
Gabapentin	7	3%
Kratom	10	4%
Suspected route of administration^e		
Evidence of ingestion	50	18.4%

Evidence of smoking	69	25.4%
Evidence of injection	28	10.3%
Evidence of snorting/sniffing	27	9.9%
Note: ^a Substances 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). ^b Any opioids include the number of deaths where any type of opioid (illicit or prescription) contributed to death. ^c IMFs=illicitly manufactured fentanyl and fentanyl analogs. ^d Any stimulants include the number of deaths where any type of stimulant (illicit or prescription) contributed to death. ^e Suspected 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, 2022		
Circumstances documented	262	%
Current or past substance use/misuse	224	85%
Bystander present [%]	115	44%
Mental health diagnosis [%]	64	24%
Naloxone administered	43	16%
Current pain treatment	21	8%
Experienced homelessness	29	11%
Ever served in U.S. Armed Forces	24	9%
Recent release from institution [%]	18	7%
Fatal drug use witnessed [%]	14	5%
Ever treated for substance use disorder [%]	23	9%
Prior overdose [%]	28	11%
Recent opioid use relapse	8	3%
Overdose occurred within a house/apartment/dwelling setting	205	78%
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=262). [%] 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 272 drug overdose deaths of unintentional/undetermined intent from January to June, 2022 in Nevada among residents in Clark County. Decedents were mostly between the ages of 35-44 (27.9%), mostly male (66.2%), possessed a high school degree or equivalent (70.2%), and were White, non-Hispanic (54.2%) (**Table 1**).

Three in five deaths involved an opioid (60.0%), two in three deaths involved a stimulant (67%), and 29% of deaths involved both an opioid and stimulant. Illicitly manufactured fentanyl and fentanyl analogs contributed to over 1 in 3 deaths (36%). Methamphetamine contributed to over half of deaths (54%) (**Table 2**).

The top five circumstances documented among decedents were having a current or past substance use/misuse history (85%), overdose occurring in a home (78%), having a bystander present at the time of overdose (44%), having a mental health diagnosis (24%), and having naloxone administered (16%) (**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, 2022

	Opioid		Stimulant		Opioid + Stimulant	
	84	%*	104	%*	78	%*
Age						
<18 years	3	3.6%	0	0.0%	0	0.0%
18-24 years	2	2.4%	3	2.9%	7	9.0%
25-34 years	19	22.6%	10	9.6%	16	20.5%
35-44 years	28	33.3%	18	17.3%	29	37.2%
45-54 years	10	11.9%	32	30.8%	15	19.2%
55-64 years	11	13.1%	30	28.8%	7	9.0%
65+ years	11	13.1%	11	10.6%	4	5.1%
Sex						
Male	53	63.1%	73	70.2%	51	65.4%
Female	31	36.9%	31	29.8%	27	34.6%
Education						
Less than HS	9	11.0%	22	23.7%	10	12.8%
HS/GED	56	68.3%	60	64.5%	61	78.2%
College Degree	17	20.7%	11	11.8%	7	9.0%
Race/Ethnicity						
Black, NH	13	15.7%	21	21.6%	17	21.8%
Hispanic	19	22.9%	19	19.6%	16	20.5%
Other, NH^	5	6.0%	6	6.2%	3	3.8%
White, NH	46	55.4%	51	52.6%	42	53.8%

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, 2022

Circumstances documented	Opioid		Stimulant		Opioid + Stimulant	
	82	%	100	%	74	%
Current or past substance use/misuse	66	80.5%	86	86.0%	69	93.2%
Bystander present [%]	35	42.7%	37	37.0%	35	47.3%
Mental health diagnosis [%]	26	31.7%	20	20.0%	13	17.6%
Naloxone administered	11	13.4%	10	10.0%	19	25.7%
Current pain treatment	15	18.3%	3	3.0%	2	2.7%
Experienced homelessness	0	0.0%	20	20.0%	6	8.1%
Ever served in U.S. Armed Forces	6	7.3%	11	11.0%	7	9.5%
Recent release from institution [%]	3	3.7%	9	9.0%	6	8.1%
Fatal drug use witnessed [%]	4	4.9%	1	1.0%	9	12.2%
Ever treated for substance use disorder [%]	10	12.2%	5	5.0%	8	10.8%
Prior overdose [%]	16	19.5%	3	3.0%	9	12.2%
Recent opioid use relapse	5	6.1%	0	0.0%	3	4.1%
Overdose occurred within a house/apartment/dwelling setting	77	93.9%	57	57.0%	60	81.1%

Note: Based on information documented during the death scene investigation, and due to limited information on scene in some investigations, data 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 84 deaths where opioids contributed, 104 deaths where stimulants contributed, and 78 deaths where opioids and stimulants contributed to drug overdose deaths of unintentional/undetermined intent from January to June, 2022 in Nevada among residents in Clark County (**Table 4**).

Opioids: Decedents were mostly between the ages of 35-44 (33.3%), mostly male (63.1%), possessed a high school degree or equivalent (68.3%), and were White, non-Hispanic (55.4%) (**Table 4**). The top five circumstances documented among decedents were overdose occurring in a home (93.9%), having a current or past substance use/misuse history (80.5%), having a bystander present at the time of overdose (42.7%), having a mental health diagnosis (31.7%), and having a previous overdose (19.5%) (**Table 5**).

Stimulants: Decedents were mostly between the ages of 45-54 (30.8%), mostly male (70.2%), possessed a high school degree or equivalent (64.5%), and were White, non-Hispanic (52.6%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (86.0%), overdose occurring in a home (57.0%), having a bystander present at the time of overdose (37.0%), having a mental health diagnosis (20.0%), and experiencing homelessness (20.0%) (**Table 5**).

Opioid + Stimulants: Decedents were mostly between the ages of 35-44 (37.2%), mostly male (65.4%), possessed a high school degree or equivalent (78.2%), and were White, non-Hispanic (53.8%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (93.2%), overdose occurring in a home (81.1%), having a bystander present at the time of overdose (47.3%), having naloxone administered (25.7%), and having a mental health diagnosis (17.6%) (**Table 5**).