

Nevada State Unintentional Drug Overdose Reporting System

Report of Deaths: January to June 2022 - 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 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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Key Findings:

There were **424 drug overdose deaths** (crude rate: **13.3 drug overdose deaths per 100,000 population**) of **unintentional or undetermined intent among Nevada residents from January to June, 2022:**

- Compared to the same time period in 2021, there was a **slight decrease (4%) in the rate of drug overdose deaths** in 2022.
- Nearly **1 in 4 who died by drug overdose were 35-44 years old**, 65% were white, and 66% were male (Table 1).
- **3 in 5 deaths involved an opioid** (60%) (Table 2).
- **Illicitly manufactured fentanyl and fentanyl analogs were involved in 2 in 5 deaths** (39%) (Table 2).
- **2 in 3 deaths involved a stimulant** (67%) (Table 2).
- **Methamphetamine was involved in over half of total deaths** (56%) (Table 2).
- Almost **1 in 3 deaths involved an opioid and stimulant** (28%) (Table 4).
- **69% 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		
	424	%*
Age		
<18 years	4	0.9%
18-24 years	22	5.2%
25-34 years	79	18.6%
35-44 years	104	24.5%
45-54 years	89	21.0%
55-64 years	80	18.9%
65+ years	46	10.8%
Sex		
Male	280	66.0%
Female	144	34.0%
Education		
Less than HS	70	17.4%
HS/GED	278	69.2%
College Degree	54	13.4%
Race/Ethnicity		
Black, NH	56	13.5%
Hispanic	72	17.4%
Other, NH^	18	4.3%
White, NH	268	64.7%
Behavioral Health Region#		
Clark	272	64.5%
Northern	19	4.5%
Rural	10	2.4%
Southern	12	2.8%
Washoe	109	25.8%
<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, 2022		
Substance Type	424 ^a	% ^a
Any Opioids^b	253	60%
IMFs ^c	165	39%
Prescription Opioids	74	17%
Heroin	42	10%
Any Stimulants^d	283	67%
Methamphetamine	237	56%
Cocaine	36	8%

Other Substances		
Benzodiazepines	60	14%
Alcohol	40	9%
Antidepressants	18	4%
Diphenhydramine	12	3%
Gabapentin	17	4%
Kratom	15	4%
Suspected route of administration^e		
Evidence of ingestion	92	21.7%
Evidence of smoking	134	31.6%
Evidence of injection	51	12.0%
Evidence of snorting/sniffing	52	12.3%
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	407	%
Current or past substance use/misuse	335	82%
Bystander present [%]	182	45%
Mental health diagnosis [%]	103	25%
Naloxone administered	86	21%
Current pain treatment	49	12%
Experienced homelessness	41	10%
Ever served in U.S. Armed Forces	38	9%
Recent release from institution [%]	30	7%
Fatal drug use witnessed [%]	25	6%
Ever treated for substance use disorder [%]	50	12%
Prior overdose [%]	42	10%
Recent opioid use relapse	18	4%
Overdose occurred within a house/apartment/dwelling setting	324	80%
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 424 drug overdose deaths of unintentional/undetermined intent from January to June, 2022 in Nevada among residents. Decedents were mostly between the ages of 35-44 (24.5%), mostly male (66.0%), possessed a high school degree or equivalent (69.2%), were White, non-Hispanic (64.7%), and had residency in Clark County (64.5%) (**Table 1**).

Nearly 3 in 5 deaths involved an opioid (65%), over two-thirds of deaths involved a stimulant (67%), and 28% of deaths involved both an opioid and stimulant. Illicitly manufactured fentanyl and fentanyl analogs contributed to approximately 2 in 5 deaths

(39%). Methamphetamine contributed to over half of deaths (56%). The suspected route of administration for substances were as follows: evidence of smoking (31.6%), evidence of oral ingestion (21.7%), evidence of injection (12.0%), and evidence of snorting/sniffing (12.3%) (Table 2).

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 (80%), having a bystander present at the time of overdose (45%), having a mental health diagnosis (25%), and having naloxone administered (21%) (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	
	128	%*	158	%*	125	%*
Age						
<18 years	4	3.1%	0	0.0%	0	0.0%
18-24 years	11	8.6%	3	1.9%	8	6.4%
25-34 years	29	22.7%	12	7.6%	36	28.8%
35-44 years	34	26.6%	28	17.7%	39	31.2%
45-54 years	17	13.3%	42	26.6%	23	18.4%
55-64 years	17	13.3%	49	31.0%	13	10.4%
65+ years	16	12.5%	24	15.2%	6	4.8%
Sex						
Male	78	60.9%	110	69.6%	85	68.0%
Female	59	46.1%	48	30.4%	40	32.0%
Education						
Less than HS	20	15.9%	29	20.3%	20	16.5%
HS/GED	82	65.1%	100	69.9%	88	72.7%
College Degree	24	19.0%	14	9.8%	13	10.7%
Race/Ethnicity						
Black, NH	14	11.0%	23	15.2%	18	14.6%
Hispanic	29	22.8%	21	13.9%	22	17.9%
Other, NH^	5	3.9%	8	5.3%	4	3.3%
White, NH	79	62.2%	99	65.6%	79	64.2%
Behavioral Health Region[#]						
Clark	84	66.1%	104	65.8%	78	62.9%
Northern	4	3.1%	11	7.0%	3	2.4%
Rural	4	3.1%	1	0.6%	5	4.0%
Southern	7	5.5%	3	1.9%	1	0.8%
Washoe	28	22.0%	39	24.7%	37	29.8%

Note: *Missing data is excluded in percentage calculations. ^Other race includes Asian, Pacific Islander, Native American, Alaskan Native, and those identifying as other race. #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, 2022

	Opioid	Stimulant	Opioid + Stimulant
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Circumstances documented	124	%	151	%	119	%
Current or past substance use/misuse	94	75.8%	124	82.1%	110	92.4%
Bystander present [%]	54	43.5%	60	39.7%	54	45.4%
Mental health diagnosis [%]	40	32.3%	31	20.5%	24	20.2%
Naloxone administered	22	17.7%	18	11.9%	41	34.5%
Current pain treatment	31	25.0%	8	5.3%	9	7.6%
Experienced homelessness	0	0.0%	24	15.9%	14	11.8%
Ever served in U.S. Armed Forces	9	7.3%	18	11.9%	10	8.4%
Recent release from institution [%]	7	5.6%	13	8.6%	10	8.4%
Fatal drug use witnessed [%]	7	5.6%	3	2.0%	15	12.6%
Ever treated for substance use disorder [%]	21	16.9%	10	6.6%	18	15.1%
Prior overdose [%]	25	20.2%	5	3.3%	12	10.1%
Recent opioid use relapse	9	7.3%	0	0.0%	9	7.6%
Overdose occurred within a house/apartment/dwelling setting	115	92.7%	95	62.9%	93	78.2%

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 124 deaths where opioids contributed, 151 deaths where stimulants contributed, and 119 deaths where opioids and stimulants contributed to drug overdose deaths of unintentional/undetermined intent from January to June, 2022 in Nevada among residents (**Table 4**).

Opioids: Decedents were mostly between the ages of 35-44 (26.6%), mostly male (60.9%), possessed a high school degree or equivalent (65.1%), were White, non-Hispanic (62.2%), and had residency in Clark County (66.1%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (75.8%), overdose occurring in a home (92.7%), having a bystander present at the time of overdose (43.5%), having a mental health diagnosis (32.3%), and receiving current treatment for pain (25.0%) (**Table 5**).

Stimulants: Decedents were mostly between the ages of 55-64 (31.0%), mostly male (69.6%), possessed a high school degree or equivalent (69.9%), were White, non-Hispanic (65.6%), and had residency in Clark County (65.8%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (82.1%), overdose occurring in a home (62.9%), having a bystander present at the time of overdose (39.7%), having a mental health diagnosis (20.5%), and experiencing homelessness (15.9%) (**Table 5**).

Opioid + Stimulants: Decedents were mostly between the ages of 35-44 (31.2%), mostly male (68.0%), possessed a high school degree or equivalent (72.7%), were White, non-Hispanic (64.2%), and had residency in Clark County (72.9%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (92.4%), overdose occurring in a home (78.3%), having a bystander present at the time of overdose (45.4%), having naloxone administered (34.5%), and having a mental health diagnosis (20.2%) (**Table 5**).