

Nevada State Unintentional Drug Overdose Reporting System

January - June 2022: Washoe 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 Washoe 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 **109 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 a **23% decrease in drug overdose deaths** in 2022.
- About **1 in 4 who died by drug overdose were 25-34 years old**, 85% were white, and 69% were male (Table 1).
- Over **half of deaths involved an opioid** (60%) (Table 2).
- **Illicitly manufactured fentanyl and fentanyl analogs were involved in almost 1 in 2 deaths** (49%) (Table 2).
- **7 in 10 of deaths involved a stimulant** (70%) (Table 2).
- **Methamphetamine** was involved in **over half of total deaths** (62%) (Table 2).
- **1 in 3 deaths involved an opioid and stimulant** (34%) (Table 4).
- **71% 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, 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, 2022		
	109	%*
Age		
<18 years	1	0.9%
18-24 years	8	7.3%
25-34 years	25	22.9%
35-44 years	19	17.4%
45-54 years	21	19.3%
55-64 years	22	20.2%
65+ years	13	11.9%
Sex		
Male	75	68.8%
Female	34	31.2%
Education		
Less than HS	22	21.6%
HS/GED	64	62.7%
College Degree	16	15.7%
Race/Ethnicity		
Black, NH	3	2.8%
Hispanic	11	10.3%
Other, NH^	2	1.9%
White, NH	91	85.0%
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	109 ^a	% ^a
Any Opioids^b	65	60%
IMFs ^c	53	49%
Prescription Opioids	14	13%
Heroin	9	8%
Any Stimulants^d	76	70%
Methamphetamine	68	62%
Cocaine	6	6%
Other Substances		
Benzodiazepines	18	17%
Alcohol	8	7%
Antidepressants	6	6%
Diphenhydramine	6	6%
Gabapentin	7	6%
Kratom	3	3%
Suspected route of administration^e		
Evidence of ingestion	35	32.1%

Evidence of smoking	49	45.0%
Evidence of injection	17	15.6%
Evidence of snorting/sniffing	19	17.4%

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, 2022		
Circumstances documented	104	%
Current or past substance use/misuse	81	78%
Bystander present [%]	46	44%
Mental health diagnosis [%]	29	28%
Naloxone administered	31	30%
Current pain treatment	17	16%
Experienced homelessness	11	11%
Ever served in U.S. Armed Forces	10	10%
Recent release from institution [%]	10	10%
Fatal drug use witnessed [%]	8	8%
Ever treated for substance use disorder [%]	19	18%
Prior overdose [%]	11	11%
Recent opioid use relapse	9	9%
Overdose occurred within a house/apartment/dwelling setting	85	82%

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 (N=104). [%]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 109 drug overdose deaths of unintentional/undetermined intent from January to June, 2022 in Nevada among residents in Washoe County. Decedents were mostly between the ages of 25-34 (22.9%), mostly male (68.8%), possessed a high school degree or equivalent (62.7%), and were White, non-Hispanic (85.0%) (**Table 1**).

Over half of deaths involved an opioid (60%), over half of deaths involved a stimulant (70%), and 1 in 3 deaths involved both an opioid and stimulant. Illicitly manufactured fentanyl and fentanyl analogs contributed to almost half of deaths (49%). Methamphetamine contributed to over half of deaths (62%).

The top five circumstances documented among decedents were overdose occurring in a home (82%), having a current or past substance use/misuse history (78%), having a bystander present at the time of overdose (44%), having naloxone administered (30%), and having a mental health diagnosis (28%) (**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	
	28	%*	39	%*	37	%*
Age						
<18 years	1	3.6%	0	0.0%	0	0.0%
18-24 years	7	25.0%	0	0.0%	1	2.7%
25-34 years	8	28.6%	1	2.6%	15	40.5%
35-44 years	3	10.7%	6	15.4%	9	24.3%
45-54 years	4	14.3%	9	23.1%	6	16.2%
55-64 years	2	7.1%	15	38.5%	4	10.8%
65+ years	3	10.7%	8	20.5%	2	5.4%
Sex						
Male	18	64.3%	28	71.8%	26	70.3%
Female	10	35.7%	11	28.2%	11	29.7%
Education						
Less than HS	8	28.6%	4	11.1%	9	27.3%
HS/GED	14	50.0%	29	80.6%	19	57.6%
College Degree	6	21.4%	3	8.3%	5	15.2%
Race/Ethnicity						
Black, NH	0	0.0%	2	5.1%	1	2.9%
Hispanic	6	21.4%	1	2.6%	4	11.4%
Other, NH^	0	0.0%	2	5.1%	0	0.0%
White, NH	22	78.6%	34	87.2%	30	85.7%

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	
	27	%	37	%	35	%
Current or past substance use/misuse	19	70.4%	28	75.7%	32	91.4%
Bystander present [%]	10	37.0%	19	51.4%	13	37.1%
Mental health diagnosis [%]	9	33.3%	8	21.6%	10	28.6%
Naloxone administered	8	29.6%	6	16.2%	16	45.7%
Current pain treatment	8	29.6%	4	10.8%	5	14.3%
Experienced homelessness	0	0.0%	8	21.6%	3	8.6%
Ever served in U.S. Armed Forces	2	7.4%	5	13.5%	2	5.7%
Recent release from institution [%]	3	11.1%	4	10.8%	3	8.6%
Fatal drug use witnessed [%]	3	11.1%	1	2.7%	4	11.4%
Ever treated for substance use disorder [%]	8	29.6%	3	8.1%	8	22.9%
Prior overdose [%]	8	29.6%	1	2.7%	2	5.7%
Recent opioid use relapse	4	14.8%	0	0.0%	5	14.3%
Overdose occurred within a house/apartment/dwelling setting	25	92.6%	27	73.0%	27	77.1%

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 28 deaths where opioids contributed, 39 deaths where stimulants contributed, and 37 deaths where opioids and stimulants contributed to drug overdose deaths of unintentional/undetermined intent from January to June, 2022 in Nevada among residents in Washoe County (**Table 4**).

Opioids: Decedents were mostly between the ages of 25-34 (28.6%), mostly male (64.3%), possessed a high school degree or equivalent (50.0%), and were White, non-Hispanic (78.6%) (**Table 4**). The top five circumstances documented among decedents were overdose occurring in a home (92.6%), having a current or past substance use/misuse history (70.4%), having a bystander present at the time of overdose (37.0%), having a mental health diagnosis (33.3%), and having naloxone administered (29.6%) (**Table 5**).

Stimulants: Decedents were mostly between the ages of 55-64 (38.5%), mostly male (71.8%), possessed a high school degree or equivalent (80.6%), and were White, non-Hispanic (87.2%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (75.7%), overdose occurring in a home (73.0%), having a bystander present at the time of overdose (51.4%) having a mental health diagnosis (21.6%), and experiencing homelessness (21.6%) (**Table 5**).

Opioid + Stimulants: Decedents were mostly between the ages of 25-34 (40.5%), mostly male (70.3%), possessed a high school degree or equivalent (57.6%), and were White, non-Hispanic (85.7%) (**Table 4**). The top five circumstances documented among decedents were having a current or past substance use/misuse history (91.4%), overdose occurring in a home (77.1%), having naloxone administered (45.7%), having a bystander present at the time of overdose (37.2%), and having a mental health diagnosis (28.6%) (**Table 5**).