Welcome!

The Nevada Opioid Center of Excellence (NOCE) is dedicated to developing and sharing evidence -based training and offering technical assistance to professionals and community members alike. Whether you're a care provider or a concerned community member, NOCE provides resources to support those affected by opioid use.

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Nevada Opioid
Center of Excellence
CASAT | School of Public Health

Session 1: Opioid Use & Health Across the Lifespan

National to Nevada Perspective

This presentation covers key insights and actionable data on substance use and health.

- Understanding Opioid Use Disorder (OUD) across all age groups.
- Examining inequities that contribute to overdose trends, focusing on Nevada.
- Utilizing local data (Clark and Washoe Counties) to improve clinical practice and care.

Session Objectives

By the end of this session, participants will be able to:

- Recognize Opioid Use Disorder (OUD) as a treatable, chronic medical condition.
- Analyze OUD's impact across different age groups and demographic inequities.
- Evaluate Nevada-specific data and trends related to the opioid crisis.
- Identify systems-level root causes driving the opioid crisis.
- Apply evidence-based strategies to reduce opioid-related harm.

Pre-Test: Test Your Knowledge

Opioid Use Disorder is best described as:

- A. A moral failure
- B. A chronic medical condition
- C. A temporary phase
- D. A voluntary choice

Which age group is has the highest overdose

- A. Youth
- B. 25-44 year olds
- C. 65+
- D. Women aged 35-50

The most effective approach to the opioid crisis involves:

- A. Individual treatment
- B. Increased law enforcement
- C. Systems-level interventions
- D. Waiting for natural resolution

The Human Impact of the Opioid Crisis

The opioid crisis continues to devastate communities across the U.S.

Over 108,000 people died from drug overdoses in 2023.

This led to an estimated 3.1 million years of potential life lost.

About 80% of these deaths involved synthetic fentanyl.

A Century of Crisis: The Opioid Epidemic's Evolution

The opioid crisis is a complex issue shaped by historical events, medical practices, pharmaceutical marketing, and societal changes.

Early Opioid Era (1800s - Early 1900s)

- Morphine isolated (1803) for pain relief.
- Post-Civil War: Increased morphine use.
- 1898: Bayer marketed heroin as non-addictive.
- Fueled early addiction crises.

The Rise of Prescription Opioids (1990s)

- Increased focus on chronic pain treatment.
- 1995: OxyContin introduced.
- Marketing downplayed addiction risks.
- Dramatic rise in opioid prescriptions.

"Pain as the 5th Vital Sign" (Late 1990s - 2000s)

- Pain assessment as 5th vital sign promoted.
- Encouraged aggressive pain management.
- Clinicians prescribed opioids more readily.
- Increased patient exposure and dependence.

A Century of Crisis: The Opioid Epidemic's Evolution (Continued)

The opioid crisis is a complex issue shaped by historical events, medical practices, pharmaceutical marketing, and societal changes.

Regulatory Responses & Crackdowns (2010s)

- Stricter prescription guidelines and monitoring programs implemented.
- "Pill mills" shut down, reducing legal access.
- Aimed to curb over-prescription.

Shift to Illicit Opioids & Heroin (Mid-2010s)

- Reduced prescription access led users to illicit markets.
- Heroin became a cheaper, accessible alternative.
- New wave of overdoses driven by street drugs.
- Crisis evolved from prescription-driven to illicit-driven.

A Century of Crisis: The Opioid Epidemic's Evolution (Continued)

The opioid crisis is a complex issue shaped by historical events, medical practices, pharmaceutical marketing, and societal changes.

Emergence of Fentanyl (Late 2010s - Present)

- Rapid rise of illicitly manufactured fentanyl.
- Fentanyl 50-100 times more potent than morphine.
- Often mixed with other drugs, leading to accidental overdoses.
- Became the leading cause of overdose deaths.

Current State & Ongoing Challenges (Present)

- Continued high rates of overdose deaths.
- Increasing prevalence of polysubstance use.
- Overdose crisis now driven by synthetic opioids.
- Focus on harm reduction, treatment access, and prevention.

Opioid Crisis: Diverse Impacts

The opioid crisis affects different groups in unique ways. Understanding these demographic differences helps us tailor preven tion and treatment efforts:

Adolescents High risk from counterfeit pills; require age-appropriate prevention.

Parents Struggle with untreated mental health and chronic stress.

Key Statistics:

- Snapchat shut down ~144,000 drug-related accounts in the US in just 6 months (2021)
- Facebook removed 4+ million drug-related exchanges globally in Q4 2021
- Instagram removed 1.2 million drug-related exchanges in the same period
- 63 families have filed lawsuits against Snapchat for fentanyl-related deaths

Opioid Crisis: Diverse Impacts (Continued)

The opioid crisis affects different groups in unique ways. Understanding these demographic differences helps us tailor preven tion and treatment efforts:

Working -Age Adults Most affected by overdose deaths; often face employment barriers and stigma.

Older Adults Often prescribed opioids for chronic pain; at risk of addiction due to polypharmacy and age-related changes.

The Rise of Polysubstance Overdoses

The overdose crisis is no longer just about opioids; it's increasingly driven by the dangerous combination of multiple substa nces.

Fentanyl & Meth

- Major cause of fatal overdoses.
- Harder to reverse.
- Intensifies withdrawal.

Alcohol & Benzos

- High risk with opioids (respiratory depression).
- Often prescribed legally.
- Easily overlooked in prevention.

Co-Occurring Mental Health

- OUD rarely stands alone.
- Linked to depression, anxiety, PTSD.
- Mental health care is vital for recovery.

Over 60% of US overdose deaths involve multiple substances, highlighting the need for holistic treatment.

Inequities in Overdose Trends

Overdose mortality is deeply shaped by longstanding structural inequities, including:

- Unequal access to treatment
- Chronic economic instability
- Discrimination within healthcare systems
- Disproportionate exposure to community trauma and violence

These factors lead to critical demographic disparities impacting overdose trends across:

- Different age groups
- Racial and ethnic groups
- Geographic and socioeconomic factors
- Historical policies

> Opioid overdose is not just a medical challenge —it's a social and structural crisis that demands systemic solutions.

Overdose Inequities by Demographics

Overdose trends show distinct impacts on specific demographic groups due to structural inequities.

Black and American Indian/Alaska Native Populations Experienced a **44% increase** in opioid-involved overdose deaths between 2019 and 2020, even as rates in other groups stabilized.

Overdose Inequities by Demographics (Continued)

Overdose trends show distinct impacts on specific demographic groups due to structural inequities, exacerbating vulnerabiliti es for older Black men and women.

Older Black Men and Women (Especially Heads of Household)

This demographic has experienced a **five-fold increase** in fatal overdoses since 2015, highlighting critical systemic failures.

Untreated Chronic Pain

Many face inadequate pain management, leading to self-medication and higher risks of overdose.

Medical Mistrust

Historical and ongoing discrimination contributes to distrust in healthcare systems, delaying or preventing necessary care.

Unaddressed Mental Illness

Lack of access to mental health services leaves conditions untreated, often correlating with substance use.

Late-Life Economic Challenges

Financial strains, often due to caregiving responsibilities or fixed incomes, can increase stress and vulnerability to substance misuse.

Youth & Opioid Crisis

- Opioid harm is growing among adolescents and young adults, particularly youth of color.
- A major cause is the easy availability of counterfeit fentanyl -laced pills.
- These pills are sold on social media and delivered directly, increasing access and risk.

Key Factors for Vulnerability in Youth of Color:

- Limited access to mental health support and trauma counseling.
- Higher rates of school disruption and housing instability.
- Increased exposure to community violence.

Adverse Childhood Experiences (ACEs) in Nevada

In Nevada, high rates of Adverse Childhood Experiences (ACEs) among youth are linked to early self-medication and substance experimentation.

Defining ACEs

Experiences such as abuse and household dysfunction.

Substance Use Link

Elevated ACEs correlate with self-medication and early experimentation.

Counterfeit Pills

Fentanyl-laced pills pose a fatal risk, even for first-time users.

Intervention Gap

Insufficient trauma counseling and mental health resources leave youth unsupported.

Years of Life Lost

Overdoses in youth result in significant loss of potential life; prevention is critical.

Nevada: Local Impact

The national patterns we've discussed are very real here in Nevada. They're not just abstract statistics; they're actively sh aping our communities.

- National trends are directly impacting Nevada's communities.
- The state often shows these patterns with high local intensity.
- We need to understand how vulnerabilities manifest in specific Nevada areas, from Las Vegas to rural counties.
- Learning from Nevada's story can help us break these cycles everywhere.

Opioid Crisis: Impact on Key Demographics

Nationally and in Nevada, adults aged 25 -44 are at the epicenter of the opioid crisis. This age group experiences the highest proportion of fatal opioid overdoses, often facing unique pressures:

- High career demands
- Significant family responsibilities
- Financial strain

For women in this age range, the challenges are even greater, as Opioid Use Disorder (OUD) often overlaps with:

- Postpartum depression
- Generalized anxiety
- Chronic stress from caregiving or low -wage employment

These combined struggles create a cycle of vulnerability, leading to devastating and often untreated consequences.

Navigating Barriers: Women with OUD

Stigma and judgment from society and healthcare providers.

Fear of losing child custody.

Distrust due to past negative healthcare experiences.

Lack of access to essential care, especially postpartum.

The **first 12 months postpartum is a high -risk period for overdose deaths**, and these barriers prevent life-saving care.

Mothers & OUD: Understanding the Gaps

- Mothers, especially heads of household, face immense pressure from work and childcare, leading to stress, anxiety, and exhaustion.
- These pressures can contribute to self-medication, escalating substance use, and missed opportunities for intervention.

Systemic Challenges for Mothers with OUD

Fragmented Care: Addiction treatment isn't integrated into standard prenatal or primary care.

Unmet Mental Health Needs: Major gaps in addressing mental health often lead to self-medication.

Insufficient Behavioral Health: Limited access to these crucial services within obstetric care.

Weak Postpartum Follow-Up: Inadequate support during the high-risk postpartum period.

These systemic failures result in tragic, preventable outcomes for mothers and families.

We need specialized, non-punitive, and trauma-informed care for pregnant and postpartum individuals. This means integrating OUD treatment with mental health support and family stabilization services.

Working-Age Adults (45-64): High-Risk Group

This demographic accounts for the **largest share of fatal opioid overdoses** in Nevada and the U.S., driven by work pressures, chronic pain, and specific job risks.

Opioid Use Origin

Many start with **prescription pain management** and transition to **illicit fentanyl** due to changing access or increased tolerance.

Common Co-use

Methamphetamine co-use is frequent, particularly for those working long hours with untreated chronic pain, increasing health risks.

Key Risk Factors

Workplace pressures: economic stress, delayed treatment, and "pushing through pain" culture.

Untreated mental health issues: contributing to self-medication.

High-risk occupations: prevalent in Nevada's hospitality, transportation, construction, warehouse, and manufacturing sectors.

Polysubstance use: mixing opioids with alcohol or other stimulants to cope with work demands.

Older Adults (Ages 65 and Older)

Older adults represent a **silent and rapidly growing segment** of the opioid crisis.

- **High Opioid Prescriptions:** Over 25% of seniors (65+) are prescribed opioid medications for chronic pain.
- **Dangerous Combinations:** Opioids are often taken with benzodiazepines (for anxiety/sleep), a highly risky combination.

Older Adults: Increased Vulnerability

Age-Related Changes in Metabolism

Older adults often experience altered drug metabolism, increasing sensitivity to opioids and the risk of adverse effects.

Cognitive Decline Affecting Medication Management

Cognitive impairments can lead to challenges in managing complex medication regimens, increasing the risk of accidental overdose or misuse.

Social Isolation

Lack of social connections and support can exacerbate mental health issues, contributing to self-medication with opioids and delaying intervention.

Higher Rates of Chronic Pain

Chronic pain conditions are prevalent in older adults, often leading to long-term opioid prescriptions and a greater potential for dependence and addiction.

Effective Intervention Strategies

Coordinated Medication Reviews Actively involve pharmacists in medication management for older adults.

Standardized Prescribing Protocols Implement clear guidelines for opioid and benzodiazepine prescriptions.

Geriatric-Specific Screening Tools Utilize tools designed to identify opioid use disorder (OUD) risk in older adults.

Intentional Monitoring & Caregiver Education Shift to proactive monitoring and comprehensive caregiver support.

Cumulative System Impact Across the Lifespan

Childhood Trauma & Poverty

Early life trauma and poverty increase vulnerability to substance use.

Untreated Mental Health

Unaddressed mental health issues often lead to substance dependence for coping.

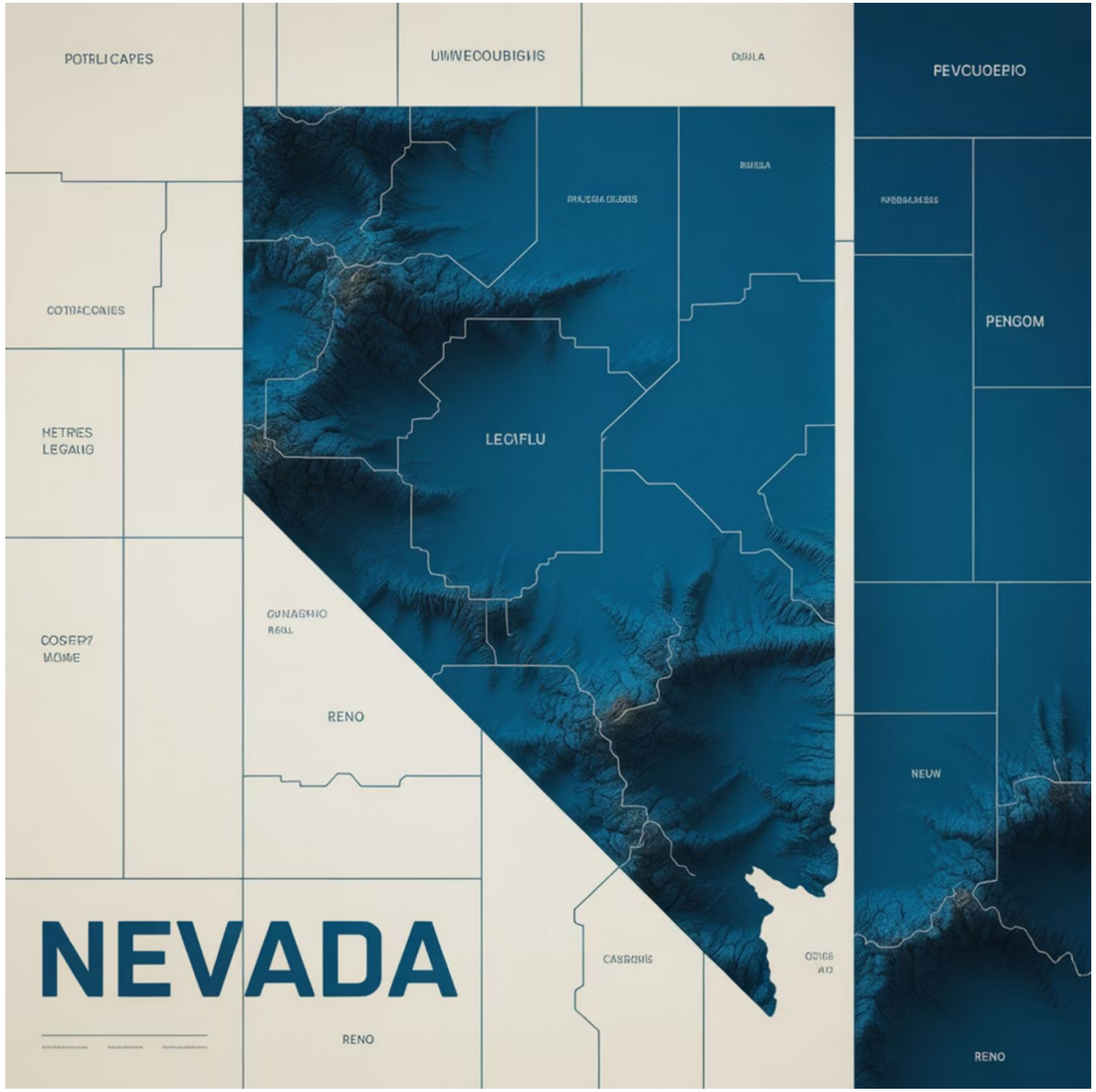
Adult Instability

Adult stressors like financial hardship, injuries, and caregiving can perpetuate substance use.

Later - Life Vulnerability

Factors like isolation, chronic illness, and polypharmacy heighten overdose risk in older adults.

Nevada's Unique Opioid Challenges



- The national opioid crisis affects Nevada differently.
- state faces distinct complexities and urgent local needs.
- We'll explore Nevada's demographics, geography, and innovative local solutions.

Addressing the Opioid Crisis: Beyond Individual Blame

The opioid crisis is not just about individual choices; it's driven by deeper structural issues.

Housing Instability

Economic Inequality

Racial Discrimination

Fragmented Healthcare

Limited Treatment Access

Nevada Opioid Crisis: Key Overview

Nevada's opioid crisis shows a complex mix of geographical, demographic, and economic factors. Here are the main points:

Clark County

- Home to 77% of Nevada's population.
- Highest per-capita overdose death rate (28.8 per 100,000 residents in 2023).
- Mainly driven by fentanyl and methamphetamine.

Washoe County

- 16% of the state's population.
- Saw a 76% increase in overdose deaths since 2019.

Vulnerable Populations

- Males have the most fatal overdoses.
- Pregnant women and mothers face unique risks: neonatal opioid withdrawal, postpartum overdose, and family instability.

Overdose Crisis in Las Vegas's Vulnerable Communities

In Las Vegas, certain ZIP codes (89101, 89104, 89106) are hit hardest, showing strong links between the overdose crisis and community challenges:

- Residents in these areas often rely more on assistance programs like TANF and SNAP.
- Many families face unstable housing situations.
- There are higher rates of hospital visits due to overdoses.

National Patterns Reflected Locally

The situation in Las Vegas directly mirrors broader national trends, emphasizing that a comprehensive, multi-faceted approach is essential for effective solutions.

Economic Struggles and Vulnerability

Just as seen nationwide, economic hardship and instability in Las Vegas create environments where individuals are more susceptible to opioid misuse and addiction.

Racial and Ethnic Disparities

The disproportionate impact of the opioid crisis on certain racial and ethnic groups observed nationally is also evident locally, highlighting systemic inequalities in healthcare access and outcomes.

Broad Approach to Solutions

Addressing these complex issues requires interventions that go beyond individual treatment, tackling the underlying social, economic, and systemic factors that fuel the crisis.

Adolescents and Young Adults in Nevada

- Nevada youth experience unusually high levels of childhood trauma, which is a major risk factor for early substance use.
- Many adolescents obtain counterfeit pills laced with fentanyl, often believing them to be legitimate medications like oxycodo ne or Xanax.
- The unpredictable potency of fentanyl means even first -time experimentation can lead to fatal overdose, frequently stemming from attempts to self -medicate anxiety or trauma.

Association Between ACE Score and Opioid Use

Adverse Childhood Experiences (ACEs)—such as abuse, neglect, household dysfunction, violence, and caregiver substance use—have a *strong, dose-dependent* relationship with later opioid use, misuse, and addiction.

1. ACE Scores Predict Higher Risk of Opioid Misuse

- **Individuals with ≥ 5 ACEs are 2–4x more likely to misuse prescription opioids.**
- **Exposure to childhood trauma increases risk of using opioids to cope with chronic emotional or physical pain.**
- **ACEs disrupt normal stress-response systems (HPA axis), increasing vulnerability to addiction and compulsive behaviors.**

2. Dose-Response Relationship (The More ACEs → The Higher the Risk)

Studies show:

- **Each additional ACE increases the odds of opioid misuse.**
- **Youth with ≥ 4 ACEs have significantly higher rates of:**
  Early exposure to prescription opioids
  Non-medical opioid use
  Overdose risk

This makes ACEs a *predictive biomarker* of substance use vulnerability.

3. Mechanisms Behind the Link

ACEs alter both brain biology and behavioral coping:

Mechanism	Explanation
Neurobiological changes	Chronic childhood stress alters reward pathways and pain perception—making opioids more reinforcing
Chronic stress → chronic pain	Adults with high ACEs report more pain conditions → higher likelihood of being prescribed opioids
Maladaptive coping	Trauma increases risk of depression, anxiety, PTSD → opioids used to emotionally numb
Early exposure environment	Parental substance use normalizes opioid behavior and increases access

4. Pregnant & Postpartum Populations

Women with higher ACE scores:

- **Are more likely to use opioids during pregnancy**
- **Have higher risk for opioid use disorder (OUD)**
- **Have higher risk for postpartum relapse**
- **Infants born to mothers with high ACEs face greater risk of neonatal opioid withdrawal and instability in caregiving environments**

This is why trauma-informed care in prenatal and postpartum settings is critical.

5. Clinical Implications

- **Screening for ACEs identifies risk early**
- **Trauma-informed prenatal care improves engagement and reduces relapse**
- **Peer-support, MAT (medication-assisted treatment), mental health therapy, and social support reduce risk pathways**

Recovery Story: Maria's Journey

> "I thought I was taking Xanax for my anxiety, but it was fentanyl. I overdosed on my first try. The trauma counselor at my sc hool saved my life by connecting me to treatment without judgment."

Key Recovery Elements

- Trauma-informed school support
- Peer recovery programs
- Family therapy

Current Status

- 18 months in recovery
- Peer educator
- College student

Impact

Now helps other teens recognize counterfeit pills and access mental health support.

Prevention and Intervention for Nevada Youth

Prevention Challenges

- Limited OUD treatment for youth
- Lack of school support and supervision
- Stigma prevents seeking help

Protective Factors

- Early mental health screening
- Trauma-informed safe spaces in schools
- Peer education & naloxone training

Key Takeaway: Early intervention and youth mental health investment are crucial to prevent OUD and overdose.

OUD Impact: Reproductive -Age Women in Nevada

Women aged 25-44 in Nevada face significant challenges with Opioid Use Disorder (OUD).

- This demographic experiences unique and overlapping vulnerabilities to OUD.
- They represent a growing proportion of overdose deaths in Nevada and nationally.
- Pregnant and postpartum women face additional compounding risks:
  - Untreated depression
  - Chronic sleep deprivation
  - Economic instability and stress

Neonatal Abstinence Syndrome (NAS) Rates in Nevada

Neonatal Abstinence Syndrome (NAS) occurs when a baby is born dependent on opioids and experiences withdrawal symptoms after birth.

NAS rates highlight the significant impact of untreated maternal Opioid Use Disorder (OUD).

Clark County

Per 1,000 live births (2022)

Washoe County

Per 1,000 live births (2023)

These rates point to critical system gaps in:

- Behavioral-health integration
- Prenatal treatment access
- Post-delivery follow -up

Barriers to Care for Mothers

Many mothers avoid seeking care for Opioid Use Disorder (OUD) due to significant and well -founded fears:

- Fear of punitive actions from healthcare providers.
- Concern about Child Protective Services (CPS) involvement.
- Anxiety over losing child custody.
- Societal judgment and potential criminal charges.
- Profound fear of family separation.

Comprehensive Response Strategies for Maternal OUD

Non-Punitive Prenatal Screening

Focus on early identification and support, fostering trust with mothers.

Integrated Mental Health Care

Address co-occurring mental health conditions for holistic well-being.

MOUD Access During Pregnancy

Ensure continuous access to MOUD for both mother and baby's health.

Family-Centered Recovery Support

Provide comprehensive support for the entire family unit, including parenting resources and safe environments.

Nevada's Opioid Crisis: Working Adults

Prescription Start

Many working adults (45 -64) become dependent from legitimate opioid prescriptions, often due to workplace injuries or chronic pain.

Shift to Illicit Fentanyl

Increased tolerance and difficulty accessing prescriptions push individuals towards dangerous illicit fentanyl.

Methamphetamine & Stress

Rising methamphetamine co-use is linked to physically demanding jobs in hospitality, construction, and transportation, exacerbated by stress and chronic pain.

Barriers to Treatment for Working -Age Adults

Job Insecurity Workers avoid treatment due to fear of losing their job.

Limited Insurance Coverage Many lack comprehensive health insurance, making treatment unaffordable.

Stigma and Isolation Pressure to "power through" pain leads to hidden substance use and delayed help -seeking.

The Cycle of Treatment Failure

01

Hospital Discharge

Patients are discharged without initiation of MOUD.

02

Lack of Follow-Up

No coordinated follow-up care is provided.

03

Relapse & Overdose

This perpetuates cycles of relapse and preventable overdose deaths.

Older Adults in Nevada: Overdose Risk

Older adults in Nevada face a growing overdose risk due to key factors:

Polypharmacy

Dangerous interactions from multiple prescriptions.

Alcohol Use

Mixing alcohol with prescribed opioids and sedatives.

Social Isolation

Living alone delays overdose recognition and response.

Chronic Pain & Mental Health

Challenges in safe pain management and emotional coping.

Grandmothers as Caregivers: Overdose Risk Factors

- Profound emotional strain from grief, trauma, and responsibility for grandchildren's wellbeing.
- Significant financial pressure due to fixed incomes and unexpected childcare costs.
- Physical exhaustion from caring for young children while managing their own health.
- Social isolation due to stigma and limited time for connections.
- Increased reliance on sedatives or pain medications to cope with overwhelming stress and grief.

Intervention Strategies for Older Adults in Nevada

Key Challenges Faced by Older Adults:

- Many seniors see multiple doctors, leading to uncoordinated prescriptions.
- Increased risk of dangerous drug interactions, especially with opioids and benzodiazepines.
- Social isolation can heighten vulnerability to substance misuse.
- Age-related cognitive changes can impair medication management.

Intervention Strategies for Older Adults

To effectively address the unique challenges faced by older adults in Nevada, the following strategies are recommended:

Medication Reviews

Implement regular medication reviews by pharmacists to identify and mitigate dangerous drug interactions.

Standardized Screening

Develop standardized screening protocols for risky drug combinations, especially involving opioids and sedatives.

Social Support Programs

Increase and promote social support programs to combat isolation and foster community engagement among older adults.

Age-Appropriate Treatment

Ensure access to addiction treatment programs specifically designed to meet the needs of older adults.

Maternal Health: A Key Indicator

Maternal health serves as a critical measure of our healthcare system's strength. When pregnant or new mothers with Opioid Us e Disorder (OUD) don't receive integrated, supportive care, severe consequences follow.

System Failures Manifest As:

Preventable Maternal Deaths

Deaths that could have been avoided with better care.

Neonatal Abstinence Syndrome (NAS)

Newborn withdrawal, indicating inadequate prenatal support.

Preterm Birth

Babies born early, often linked to substance use and lack of care.

Postpartum Relapse

Increased risk of mothers returning to substance use after birth.

Family Separation

Children removed from parents due to unaddressed OUD.

These are clear signs of systemic gaps in providing adequate support and care.

Integrated Care Pathway for OUD in Pregnancy

Prenatal Period

- Early screening and MOUD initiation
- Integrated mental health support and counseling

Delivery

- Continued MOUD and trauma-informed labor support
- Vigilant infant monitoring

Integrated Care Pathway: Postpartum Support

- Seamless follow-up care
- Comprehensive mental health support
- Childcare assistance
- Long-term recovery planning

System Responsiveness and Family Impact

Our integrated approach focuses on creating a responsive system that positively impacts families:

Early Intervention

Timely screening for substance use & mental health.

Supportive Treatment

Compassionate care with continuous MOUD access.

Holistic Support

Addresses practical barriers and postpartum needs.

Community Well - being

Improves outcomes for families and the wider community.

Overdose Data Trends (2023 – 2024)

Nevada is facing a devastating dual epidemic, driven by synthetic fentanyl combined with methamphetamine. This has led to an urgent public health crisis with increasing overdose deaths:

Clark County experienced a **54% increase** in overdose deaths from 2019 to 2023.

Washoe County saw an even more severe **76% increase** in overdose deaths over the same period.

- More than half of all fatal overdoses in both counties now involve polysubstance use, including methamphetamine alongside opioids.

Polysubstance Overdoses: A Growing Challenge

The increasing prevalence of polysubstance use, especially with fentanyl and methamphetamine, is creating new challenges in overdose prevention and treatment.

- Naloxone is often less effective for polysubstance overdoses.
- These overdoses lead to more severe medical complications and longer hospital stays.

Mental Health & Overdose Connection

A significant number of individuals who die from opioid overdose also have diagnosed or undiagnosed mental health conditions. This highlights the critical need for integrated care that addresses both substance use and mental health.

High Co-occurrence

Over 70% of individuals with Opioid Use Disorder also struggle with a mental health condition.

Common Conditions

Depression, anxiety disorders, and PTSD frequently co-occur with OUD.

Increased Risk

Untreated mental health conditions significantly elevate the risk of overdose.

Mental -Health Burden in Nevada

Intertwined Crises

Mental health and Opioid Use Disorder (OUD) are deeply intertwined, often leading to chronic suffering and self-medication.

Nevada's Prevalence

Over 20% of adults in Clark and Washoe Counties report poor mental health (≥14 days/month).

Common Risk Factors

Suicide attempts and overdoses share risks like unresolved trauma, social isolation, chronic pain, and untreated mental health.

Suicide & Substance Use

57% of Nevada suicides involve firearms, often linked to untreated pain and substance use in veterans and older men.

Mental Health Conditions & OUD Risk

Major Depressive Disorder

Persistent sadness & hopelessness increase vulnerability to substance use.

Generalized Anxiety Disorder

Chronic worry often leads to self-medication with opioids.

Postpartum Depression

Affects 1 in 7 new mothers; increases overdose risk if untreated.

Post-Traumatic Stress Disorder

Strongly linked to self-medication and substance dependence.

The Need for Integrated Care

Holistic Prevention

Integrated behavioral health services are crucial for comprehensive prevention across all care settings, addressing both mental and physical needs.

Missed Treatment Risks

Separating mental health from general medical care often leads to significant gaps, resulting in patients not receiving necessary and timely interventions.

Fragmented Barriers

Current challenges include disjointed care systems and a lack of coordination, which hinder effective treatment and support for patients.

Improved Outcomes

A unified approach to care significantly improves patient access to services and provides better support, especially for those at risk of OUD.

Maternal and Infant Health in Nevada

Understanding Neonatal Abstinence Syndrome (NAS) is crucial for maternal and infant well-being.

- NAS indicates opioid exposure during pregnancy and highlights areas for prevention.
- It reflects how effectively our healthcare system provides timely and compassionate addiction care to mothers.

Key Data Points:

Clark County (2022): NAS rate of 11.9 per 1,000 live births, leading to about 295 infant admissions.

- Many infants in Clark County were exposed to opioids alongside other substances like stimulants or alcohol.

Washoe County (2023): NAS rate of 7.5 per 1,000 live births.

- Infants in Washoe County often need extended hospitalization and specialized long-term care.
- Even with a lower rate than Clark County, the need for intervention in Washoe County remains significant.

Integrated Care Models: The Solution

Two-generation care models offer a holistic approach by integrating essential services for transformative outcomes:

1 **Addiction Treatment**

Targeted programs for substance use recovery.

2 **Mental Health Services**

Therapy, counseling, and support for mental well-being.

3 **Parenting Support**

Resources and guidance for effective parenting.

4 **Childcare Services**

Safe and nurturing environments for children.

By combining these key services, integrated care models effectively address the interconnected needs of mothers and children, saving lives and preserving families.

Breaking Intergenerational Cycles

Understanding the epidemic's historical evolution and current disparities is key breaking intergenerational cycles.

Historical Roots

Early marketing and policy disproportionately affected vulnerable communities.

Lasting Disparities

Ongoing challenges for marginalized groups persist due to these patterns.

Intergenerational Risk

Exposure in prior generations increased vulnerability for future ones.

Systemic Barriers

Poverty, lack of mental health services, and discrimination worsen the crisis.

Path Forward

Address historical trauma and systemic barriers for equitable care and opportunity.

Developing targeted interventions that acknowledge past experiences will build a more equitable future.

Key Takeaways: From Understanding to Action

Our goal now is to turn awareness into actionable strategies that can truly make a difference.

- Polysubstance overdoses, particularly fentanyl and meth, require comprehensive and integrated responses.
- Integrate mental health and OUD care, as many overdose fatalities are linked to mental health conditions.
- Prioritize compassionate maternal and two-generation care to combat Neonatal Abstinence Syndrome and support families.

Low MOUD Uptake Among Working Adults

Less than 5% of nonfatal overdose survivors receive Medication for Opioid Use Disorder (MOUD) within 30 days. This is a criti cal missed opportunity that often leads to subsequent fatal overdoses.

Key Factors Contributing to Low Uptake:

- Discharge from EDs without MOUD or follow -up.
- Pressure for quick return to work disrupts recovery.
- Employment loss pushes individuals back to substance use.

Workplace Barriers to Opioid Treatment

Employer policies often hinder access to treatment for opioid use disorder, contributing to relapse and overdose. Key barrier s include:

- Lack of adequate paid medical leave for recovery.
- Inflexible work schedules preventing treatment appointments.
- Absence of confidential return -to-work programs.

Supporting Working Adults in Recovery

Automatic MOUD Referrals

Ensure automatic MOUD referrals from emergency departments.

Employer Partnerships

Foster strong employer partnerships that normalize recovery.

Recovery - Friendly Practices

Implement recovery-friendly workplace practices.

Older Adults: Medication -Related Challenges

Older adults often face higher risks of accidental overdose and medication misuse.

This is largely due to managing multiple prescriptions from various specialists, which can lead to dangerous drug interaction s.

Key Solutions for Medication Safety:

- Pharmacist-led medication reviews
- Screening for risky drug combinations
- Caregiver education on safe medication use

Adverse Childhood Experiences (ACEs)

- Includes various forms of abuse (physical, emotional, sexual), neglect, and household dysfunction (e.g., domestic violence, substance use).
- Predict serious adult health issues, such as substance use disorders, mental illness, and early mortality.
- These life-altering experiences shape brain development and coping mechanisms throughout life.

The Cycle of Intergenerational Trauma

ACEs Increase Risk: Higher ACE scores significantly raise the likelihood of depression, chronic pain, and substance use in adulthood.

Self-Medication: Many adults with high ACEs use substances to cope with difficult emotions, anxiety, and psychological pain.

Intergenerational Cycles: Without intervention, patterns of trauma and substance use can unfortunately be passed down from one generation to the next.

Key Pillars for Effective Prevention

Trauma-Informed Mental Health Access

Prioritize services that are sensitive to past traumas.

School-System Partnerships

Integrate support systems for youth directly within schools.

Non-Punitive Screening

Create safe environments for youth to seek help for substance use without fear.

Trauma - Informed Care Strategies

System - Wide Care Integration

Integrate trauma - informed approaches across healthcare, schools, and the justice system.

Accessible Youth Support

Provide readily available mental health resources for youth to prevent addiction.

Parent Education & Resilience

Educate parents on trauma and resilience to foster supportive home environments.

Understanding Root Causes

The opioid crisis is shaped by interconnected systems impacting health outcomes.

Access to Care: Gaps in healthcare, including mental health services.

Socioeconomic Stability: Issues with affordable housing and economic opportunities.

Support Systems: Challenges in childcare and reliable transportation.

Opioid Crisis: Systemic Failures by Age

Neonatal Abstinence

- Inadequate maternal behavioral health.
- Lack of supportive prenatal environments.

Working Adults

- Limited workplace protection.
- Insufficient pain alternatives.
- No employer treatment support.

Older Adults

- Medication errors & polypharmacy.
- Profound social isolation.

Effective & Sustainable Responses

Addressing the opioid crisis requires coordinated efforts and strategic investments:

Unified Referral Pathways: Connect emergency departments to outpatient treatment.

Universal OUD Screening: Routine screening in all healthcare settings.

Widespread Naloxone: Broad access to life-saving overdose reversal.

These efforts are crucial for building community resilience and robust support for individuals affected by OUD.

Post-Test: Review Your Knowledge

Let's quickly recap what we've learned. Answer these questions and see how your understanding has grown.

1. Opioid Use Disorder is best described as:

- A. A moral failure
- **B. A chronic medical condition**
- C. A temporary phase
- D. A voluntary choice

2. Which age group accounts for the largest share of fatal opioid overdoses?

- A. Adolescents (15-24)
- B. Young adults (25-44)
- **C. Working-age adults (45-64)**
- D. Older adults (65+)

3. The most effective approach to the opioid crisis involves:

- A. Individual treatment
- B. Increased law enforcement
- **C. Systems-level interventions**
- D. Waiting for natural resolution

Your Call to Action

Before we conclude, let's consider one concrete action you can take:

- What is one step you will take in your practice or system to reduce opioid -related harm and save lives?

Consider actions such as:

- Screening patients for Opioid Use Disorder (OUD).
- Advocating for Medication for Opioid Use Disorder (MOUD) access.
- Implementing trauma -informed care principles.

Every action contributes to saving lives and keeping families together.

Moving Forward Together

To effectively combat the opioid crisis, we must:

- Unite our efforts through open communication and education.
- Ensure widespread access to life-saving naloxone and treatment options.
- Actively support individuals in recovery and reduce associated stigma.
- Advocate for policies that build healthier, safer communities for everyone.

A Call to Action for OUD Care

- Break silence, dismantle OUD stigma.
- Ensure compassionate, evidence-based care.
- Support all individuals with OUD.

Further Support & Resources

- Contact your local behavioral health authority for questions, resources, or support.

National Clinical & Harm Reduction Resources

- **SAMHSA** – Overdose Prevention & Harm Reduction Framework + Toolkits
  https://www.samhsa.gov
  Naloxone guidance, fentanyl test strip information, treatment locators, grant language.
- **CDC Overdose Prevention**
  https://www.cdc.gov/overdose
  Data dashboards, fentanyl/xylazine clinical briefs, community toolkits.
- **Harm Reduction Coalition (National Harm Reduction Coalition)**
  https://harmreduction.org
  Training modules, safer-use guides, syringe programs, naloxone resources.
- **NEXT Distro**
  https://nextdistro.org
  Mail-based naloxone and fentanyl test strip distribution for people who cannot access programs locally.
- **Never Use Alone Hotline**
  https://neverusealone.com / 800-484-3731
  Anonymous phone support where someone will stay on the line and call EMS if an overdose occurs.

Nevada-Specific Resources

- **Nevada 211** – Statewide behavioral health, housing, and SUD service referral
  https://www.nevada211.org
- **Trac-B Exchange (Las Vegas & Reno)** – Syringe services, HIV/HCV testing, FTS, naloxone
  https://tracbexchange.com
- **Vitality Integrated Programs (Clark & Washoe)** – MOUD, behavioral health, peer support
  https://vitalityunlimited.org
- **Empowered Motherhood Initiative** – Maternal mental health + SUD support
  (Insert program link once finalized; placeholder: doctorej.com/empoweredmotherhood)
- **Nevada Overdose Data Dashboard**
  (State epidemiology surveillance – opioid, fentanyl, stimulant trends)
  https://nvopioidresponse.org (or county dashboard URLs)

Clinical Education & Treatment

- **Providers Clinical Support System (PCSS)**
  https://pcssnow.org
  Free training on buprenorphine, methadone, and naltrexone for clinicians.
- **CDC "Xylazine in Overdose" Clinical Guidelines**
  https://www.cdc.gov/overdose
  Naloxone still required, plus airway support & wound care guidance.
- **National Institute on Drug Abuse (NIDA)**
  https://nida.nih.gov
  Updated brain science, addiction neurocircuitry diagrams, treatment research.

Community & Family Support

- **Partnership to End Addiction**
  https://drugfree.org
  Parent guidance, teen prevention, and family support coaches.
- **Shatterproof**
  https://shatterproof.org
  Stigma education, treatment locator, policy advocacy tools.
- **Veteran Crisis Line**
  Dial 988, then press 1
  For veterans and family members managing PTSD, depression, or substance use.