Nevada State Unintentional Drug Overdose Reporting System

Report of Deaths: January to December 2023 - *Clark*

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 in the State of Nevada, utilizing the State Unintentional Drug Overdose Reporting System (SUDORS) for the period beginning January 1, 2023, ***to December 31, 2023***, and the preceding year.

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). *Potential opportunity for linkage to care or implementation of a 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.

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.

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Acknowledgements: We would like to acknowledge the abstraction team at the Clark County Office of the Coroner/Medical Examiner and the Clark County Regional Medical Examiner's Office for compiling the data used in this report.

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Key Findings:

There were **628 drug overdose deaths (crude rate: 26 drug overdose deaths per 100,000 population) of unintentional or undetermined intent among Nevada residents** from **January to December, 2023:**

- The highest rate of overdose deaths occurred among *Black, non-Hispanic persons* **(44 deaths per 100,000).**
- Over **one-thirds of deaths involved an opioid** (31.7%) and **nearly one-third** with **a stimulan**t (28.3%), and **37.6% involved both substances**.
- **Illicitly manufactured fentanyl and fentanyl analogs** were **involved in nearly half of all deaths** (51.6%).
- **Factors related to opioid deaths that have significantly increased**: identifying as male, deaths related to any opioids, fentanyl, illicitly manufactured opioids, alcohol, evidence of smoking, evidence of snorting/sniffing, overdose occurring in home setting, having pain treatment, and recent overdose relapse.
- **Factors related to opioid deaths that have significantly decreased**: Identifying as female, heroine deaths, evidence of ingestion, bystander present, and evidence of mental health diagnosis.

Questions or comments?

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Nevada Department of Health and Human Services

NV-OD2A OVERDOSE DATA TO ACTION

LARSON INSTITUTE School of Public Health

Section 1: Demographics, Toxicology, Circumstances of 2023 Cases (N=836)

Figure 1. Age

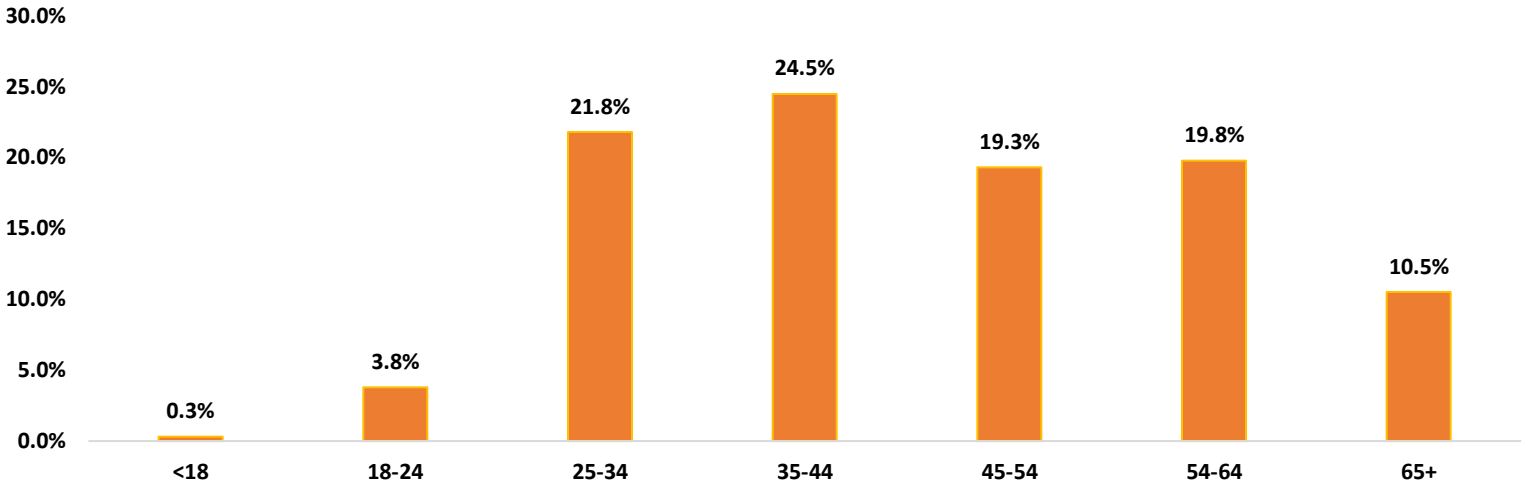


Figure 2. Sex

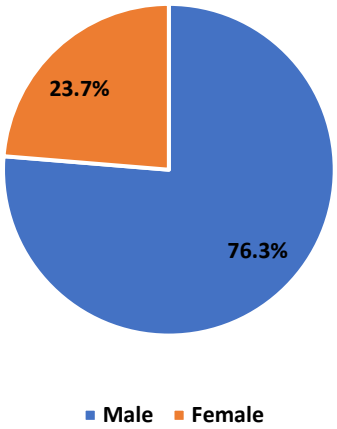
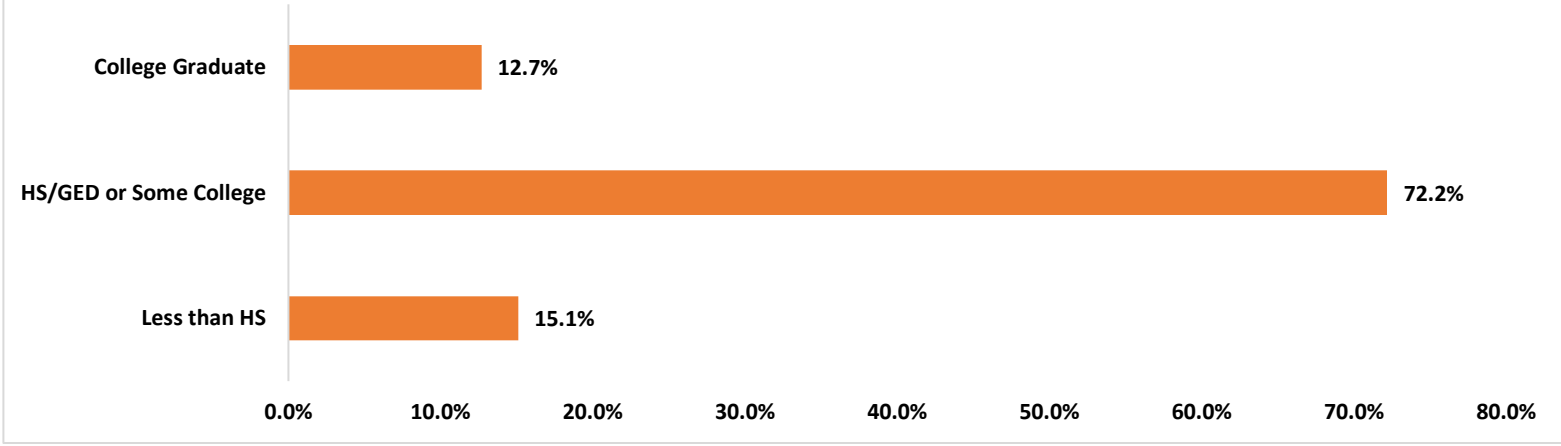
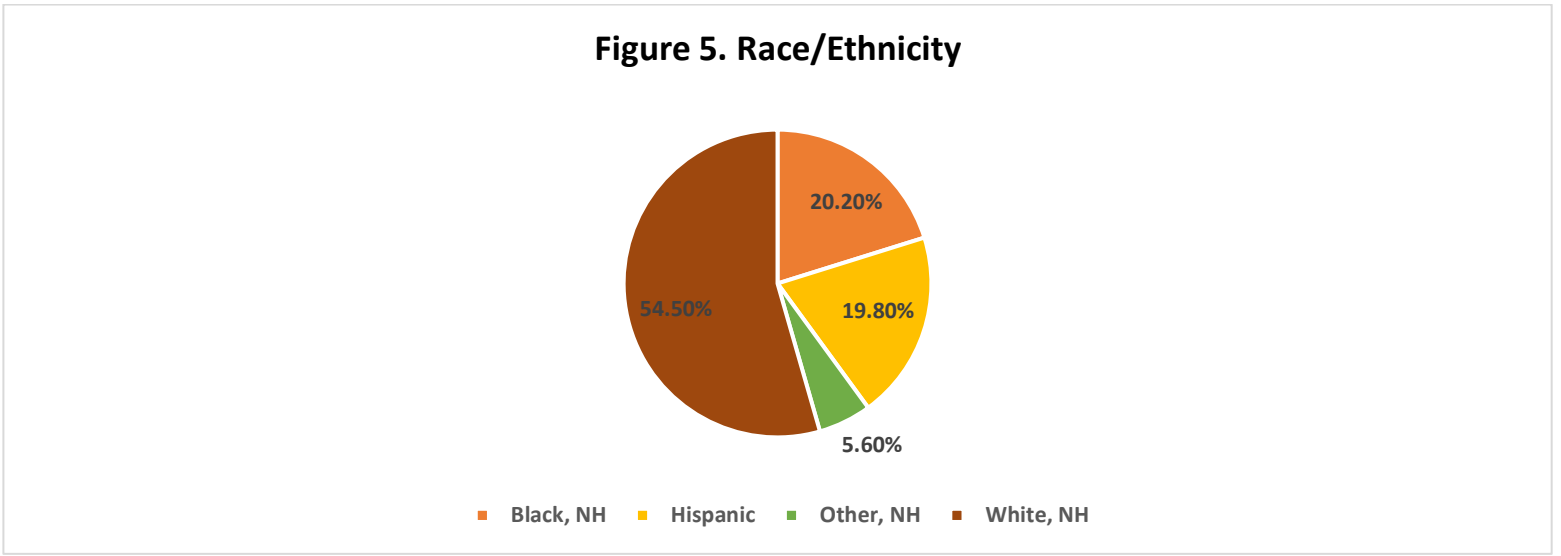


Figure 3. Education



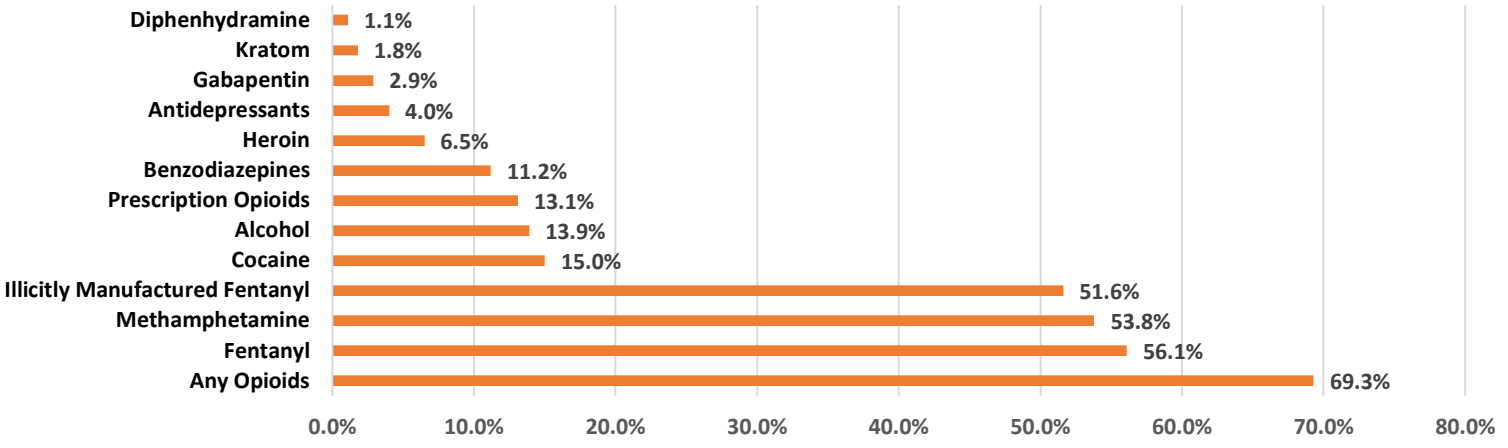
Note: Missing data is excluded in percentage calculations.

Figure 5. Race/Ethnicity



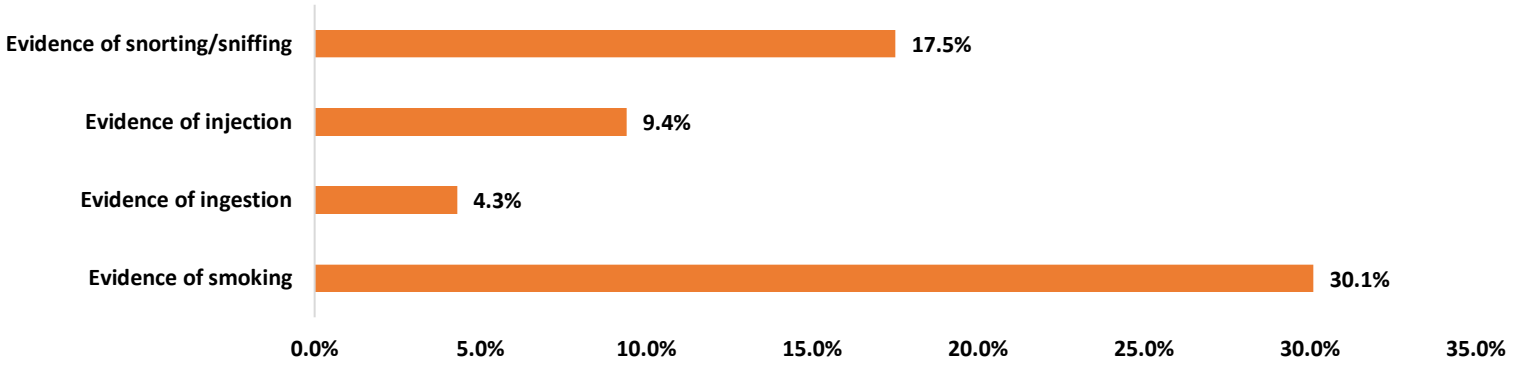
Note: Missing data is excluded in percentage calculations. Other races include Asian, Pacific Islander, Native American, Alaskan Native, and those identified as other races. NH=Non-Hispanic, or unknown race.

Figure 5. Most Common Substances Causing Death



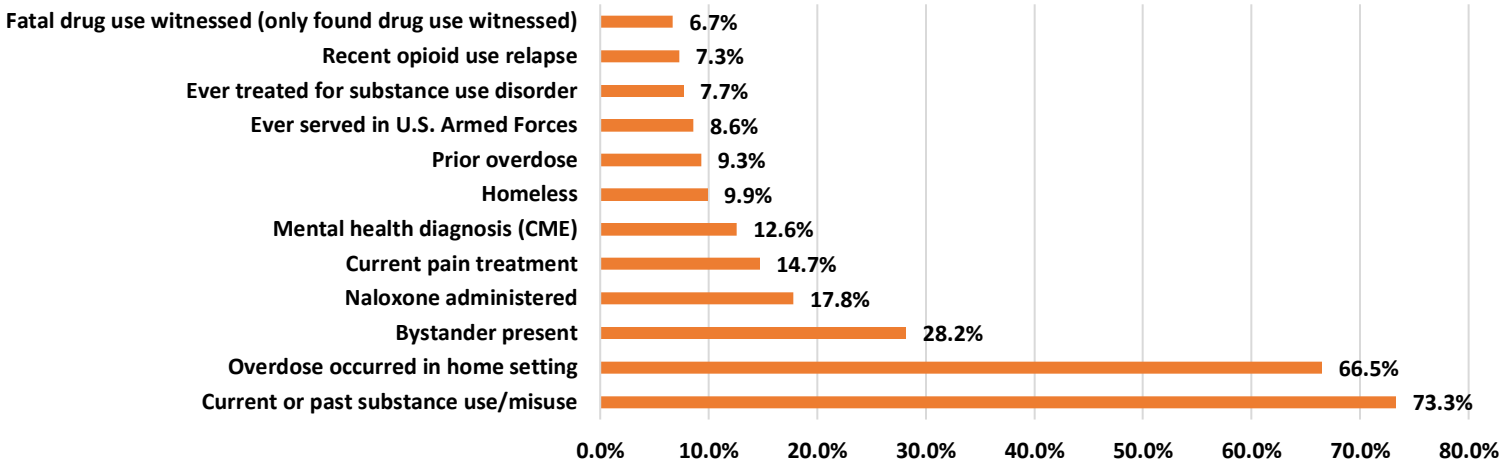
Note: Based on toxicology results for substances ruled by the Coroner/Medical Examiner as causing death. Substances are not mutually exclusive.

Figure 6. Suspected Route of Administration



Note: Suspected route of administration information is based on information documented during the death scene investigation, and due to limited information on the scene in some investigations, may underestimate the occurrence.

Figure 7. Circumstances Documented



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.

Summary: There were 628 drug overdose deaths of unintentional/undetermined intent from January to December, 2023 in Clark County among residents. Decedents were mostly between the ages of 35-44 (24.5%), 25-34 (21.8%) mostly male (76.3%), possessed a high school degree, GED, or some college (72.2%), and were White, non-Hispanic (54.5 %), (**Figures 1-4**).

More than 1 in 3 deaths involved an opioid (31.7%). Fentanyl and fentanyl analogs contributed to over half the deaths (56.1%), and illicitly manufactured fentanyl contributed to nearly half of the deaths (51.6%) (**Figure 5**). Methamphetamine contributed to over half of the deaths (53.8%). The suspected route of administration for substances was as follows: evidence of smoking (30.1%), evidence of snorting/sniffing (17.5%), evidence of injection (9.4%), and evidence of oral ingestion (4.3%). (**Figure 6**). The top five circumstances documented among decedents were overdose occurring in a home setting (66.5%), current or past substance use/misuse history (73.3%), having a bystander present at the time of overdose (28.2%), having naloxone administered (17.8%), and having a current pain treatment (14.7%) (**Figure 7**).

Section 2: Comparisons: 2022 vs 2023

Table 1. Demographic characteristics of overdose decedents in Clark County among residents, 2022 vs 2023				
	2022	2023		
Characteristic	**N[a]=498**	**N[a]=628**	**Percent Change[b]**	**Trend[c]**
Age				
<18 years	1.0%	0.3%	-70.0%	**No Significant Change**
18-24 years	5.0%	3.8%	-24.0%	**No Significant Change**
25-34 years	18.3%	21.8%	19.1%	**No Significant Change**
35-44 years	26.6%	24.5%	-7.9%	**No Significant Change**
45-54 years	19.9%	19.3%	-3.0%	**No Significant Change**
55-64 years	19.5%	19.8%	1.5%	**No Significant Change**
65+ years	9.7%	10.5%	8.3%	**No Significant Change**
Sex				
Male	69.3%	76.3%	20.5%	**Significant Increase**
Female	30.7%	23.7%	-22.8%	**Significant Decrease**
Education				
Less than HS	17.5%	15.1%	-13.7%	**No Significant Change**
HS/GED or Some College	69.6%	72.2%	3.7%	**No Significant Change**
College Graduate	13.0%	12.7%	-2.3%	**No Significant Change**
Race/Ethnicity				
Black, NH	19.5%	20.2%	3.6%	**No Significant Change**
Hispanic	19.1%	19.8%	3.7%	**No Significant Change**
*Other, NH	8.0%	5.6%	-30.0%	**No Significant Change**
White, NH	53.4%	54.5%	2.1%	**No Significant Change**

Note: Red indicates if the trend was significant and going in a harmful direction (e.g. increase in substance as a contributing cause of death). Green indicates if the trend was significant and going in a less harmful direction (e.g. decrease in substance as a contributing cause of death). No significant change indicates there was no statistically significant change between 2022 and 2023 for a particular characteristic.

* Other race includes Asian, Pacific Islander, Native American, Alaskan Native, those identifying as other race. NH=Non-Hispanic, or unknown race.

[a] Missing data excluded from percentage calculations. Trend indicates whether a percentage change was statistically significant.

[b] Percent change is the absolute percent change divided by the 2022 percentage, multiplied by 100.

[c] Trend indicates whether a percent change was statistically significant, p-value<0.05

Table 2. Top substances causing death and suspected route of administration, 2022 vs 2023				
	2022	2023		
Substance	**N[a]=498**	**N[a]=628**	**Percent Change[b]**	**Trend[c]**
Any Opioids	58.6%	69.3%	18.3%	**Significant Increase**
Fentanyl	38.6%	56.1%	45.3%	**Significant Increase**
Illicitly Manufactured Opioids	32.3%	51.6%	59.8%	**Significant Increase**
Prescription Opioids	14.5%	13.1%	-9.7%	**No Significant Change**
Heroin	11.0%	6.5%	-40.9%	**Significant Decrease**
Any Stimulants	68.7%	65.9%	-4.1%	**No Significant Change**
Methamphetamine	55.2%	53.8%	-2.5%	**No Significant Change**
Cocaine	11.7%	15.0%	28.2%	**No Significant Change**
Other Substances				
Benzodiazepines	9.8%	11.2%	14.3%	**No Significant Change**
Alcohol	9.8%	13.9%	41.8%	**Significant Increase**
Antidepressants	2.6%	4.0%	53.9%	**No Significant Change**
Diphenhydramine	1.2%	1.1%	-8.3%	**No Significant Change**
Gabapentin	2.2%	2.9%	31.8%	**No Significant Change**
Kratom	2.6%	1.8%	-30.8%	**No Significant Change**
Route of administration				
Evidence of smoking	18.5%	30.1%	62.7%	**Significant Increase**
Evidence of ingestion	18.7%	4.3%	-77.0%	**Significant Decrease**
Evidence of injection	9.8%	9.4%	-4.1%	**No Significant Change**
Evidence of snorting/sniffing	8.8%	17.5%	98.9%	**Significant Increase**

Note: Substances are not mutually exclusive, and decedents may have had multiple substances listed as the cause of death, so individual counts may have exceeded the total and percentages may exceed 100%. Red indicates if the trend was significant and going in a harmful direction (e.g. increase in substance as a contributing cause of death). Green indicates if the trend was significant and going in a less harmful direction (e.g. decrease in substance as a contributing cause of death). No significant change indicates there was no statistically significant change between 2022 and 2023 for a particular characteristic. Route of administration based on death investigation reports.

[a] Missing data excluded from percentage calculations. Trend indicates whether a percentage change was statistically significant.

[b] Percent change is the absolute percent change divided by the 2022 percentage, multiplied by 100.

[c] Trend indicates whether a percent change was statistically significant, p-value<0.05

Table 3. Circumstances associated with overdose in Clark County among residents, 2022 vs 2023				
	2022	2023		
Circumstance	**N[a]=498**	**N[a]=628**	**Percent Change[b]**	**Trend[c]**
Overdose occurred in home setting	60.6%	66.5%	9.7%	**Significant Increase**
Current or past substance use/misuse	77.5%	73.3%	-5.4%	**No Significant Change**
Bystander present	46.4%	28.2%	-39.2%	**Significant Decrease**
Mental health diagnosis (CME)	18.3%	12.6%	-31.2%	**Significant Decrease**
Naloxone administered	14.7%	17.8%	21.1%	**No Significant Change**
Current pain treatment	9.7%	14.7%	51.6%	**Significant Increase**
Prior overdose	8.3%	9.3%	12.1%	**No Significant Change**
Homeless	12.7%	9.9%	-22.1%	**No Significant Change**
Fatal drug use witnessed (only found drug use witnessed)	7.9%	6.7%	-15.2%	**No Significant Change**
Recent release from institution	7.9%	5.9%	-25.3%	**No Significant Change**
Ever treated for substance use disorder	7.0%	7.7%	10.0%	**No Significant Change**
Ever served in U.S. Armed Forces	9.2%	8.6%	-6.5%	**No Significant Change**
Recent opioid use relapse	3.6%	7.3%	102.8%	**Significant Increase**

Note: Circumstances prior to death were not available for all cases and missing data were excluded. These findings likely underestimate the true proportion of case characteristics. Red indicates if the trend was significant and going in a harmful direction (e.g. increase in substance as a contributing cause of death). Green indicates if the trend was significant and going in a less harmful direction (e.g. decrease in substance as a contributing cause of death). No significant change indicates there was no statistically significant change between 2022 and 2023 for a particular characteristic.

[a] Missing data excluded from percentage calculations. Trend indicates whether a percentage change was statistically significant.

[b] Percent change is the absolute percent change divided by the 2022 percentage, multiplied by 100.

[c] Trend indicates whether a percent change was statistically significant, p-value<0.05

Summary: There was a significant increase in the proportion of deaths of those who were identified as Male (38.8%), while those who identified as Female saw a reduction in deaths (-2.6%). There was a significant increase in deaths associated with any opioids (49.0%), fentanyl (83.3%), illicitly manufactured opioids (101.2%), and antidepressants (77.6%). Heroin (-25.5%) related deaths, though, were found to have significantly decreased. Deaths associated with evidence of smoking (105.4%) and snorting/sniffing (150.0%) were found to have significantly increased, while deaths related to ingestion (71.0%) of drugs decreased. A significant increase in deaths of individuals found to have overdosed in their home (49.6%), had current pain treatment (114.0%), and recent opioid relapse (187.5%) was also found. There was a significant decrease in deaths found to have bystanders present (-14.1%) and of the deceased having had a mental health diagnosis (-13.2%). (**Table 1**).