Nevada State Unintentional Drug Overdose Reporting System

Report of Deaths: January to December 2023 - *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 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 Washoe County Regional Medical Examiner Office for compiling the data used in this report.

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Key Findings:

There were **1,052 drug overdose deaths** (**crude rate: 32.0 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 in *Washoe County Region* (**57 deaths per 100,000**).
- The highest rate of overdose deaths occurred among *Black, non-Hispanic persons* (**51 deaths per 100,000**).
- Nearly **one-thirds of deaths involved an opioid (29.3%) or involved a stimulant (29.9%),** and **38.4% involved both substances**.
- **Illicitly manufactured fentanyl and fentanyl analogs** were **involved in over 1 in 2 deaths (51.8%).**
- **Opioid deaths without stimulants**: highest prevalence of having a naloxone administered, have drug use witnessed, and be recently released from an institution.
- **Stimulant deaths without opioids**: highest prevalence of overdose occuring in a overdose occurred in a home setting, have a bystander present, have a mental health diagnosis, have had current pain treatment, a prior overdose, ever been treated for substance use disorder, and hhave had an opioid use relapse
- **58.0% 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***

Questions or comments?

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NV-OD2A
OVERDOSE DATA TO ACTION

LARSON INSTITUTE
School of Public Health

Section 1: Demographics, Toxicology, Circumstances of 2023 Cases (N=1,052)

Figure 1. Age

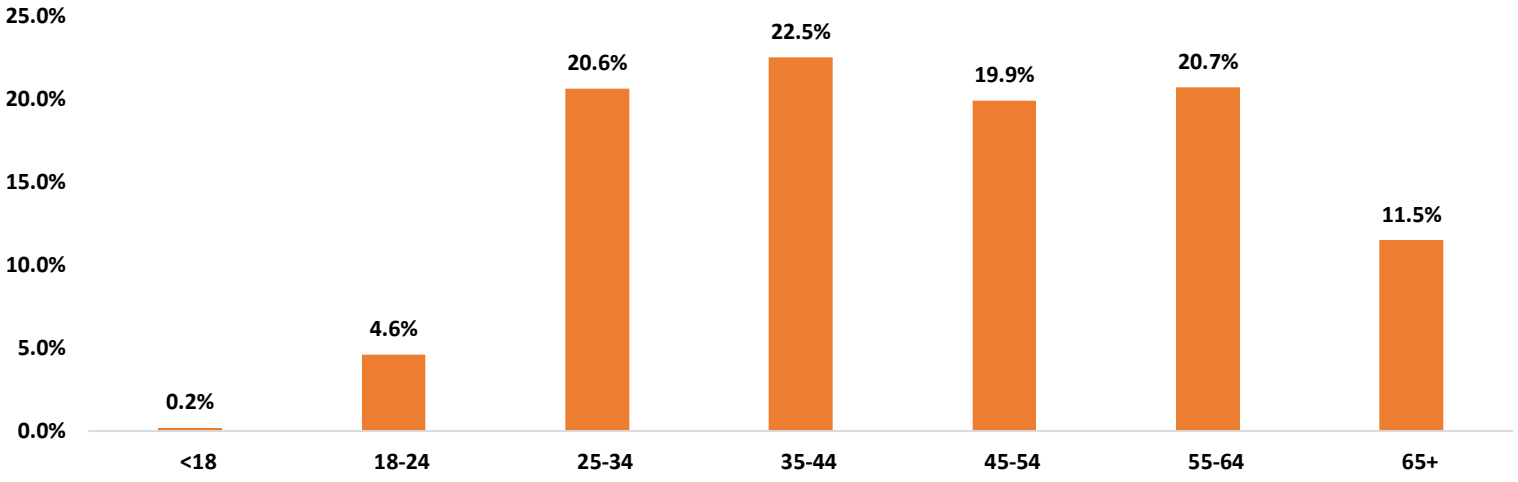


Figure 2. Sex

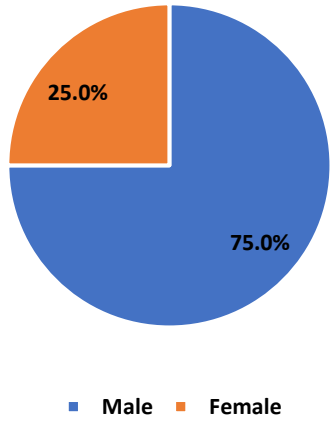
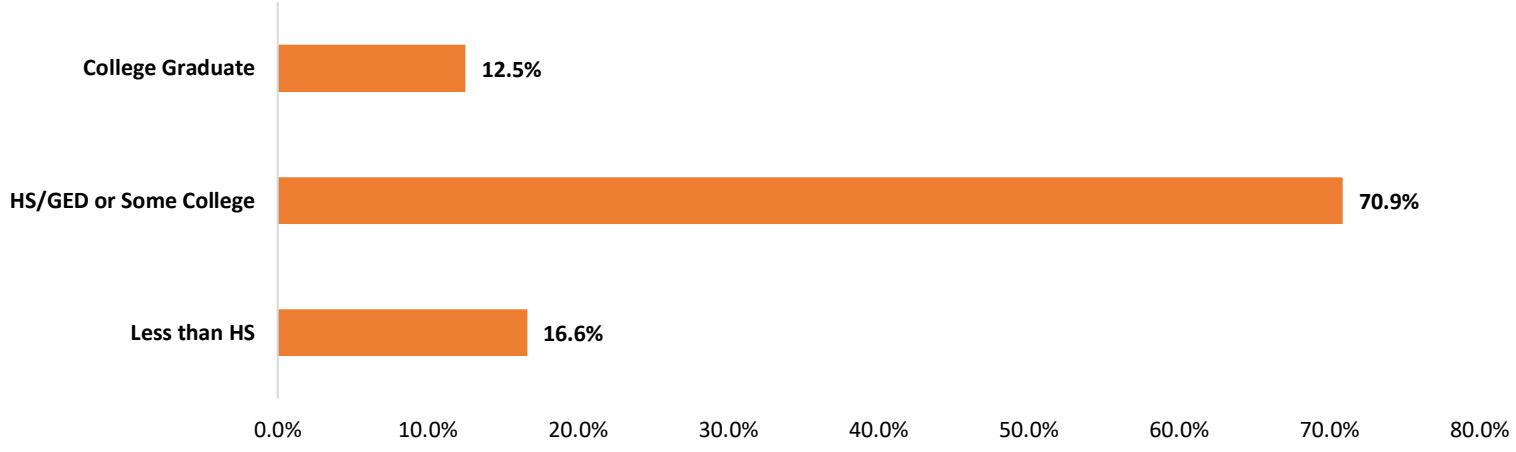
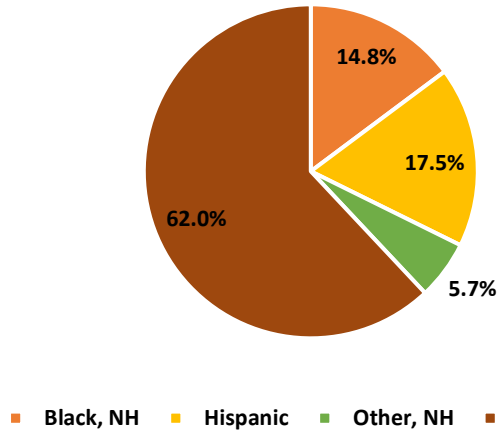


Figure 3. Education



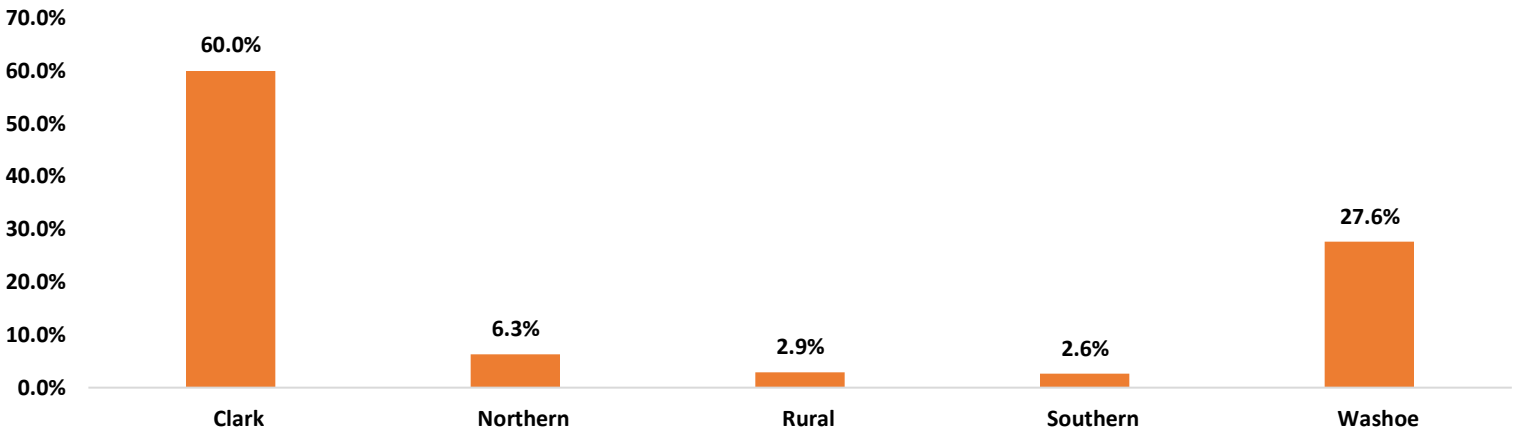
Note: Missing data is excluded in percentage calculations.

Figure 4. Race/Ethnicity



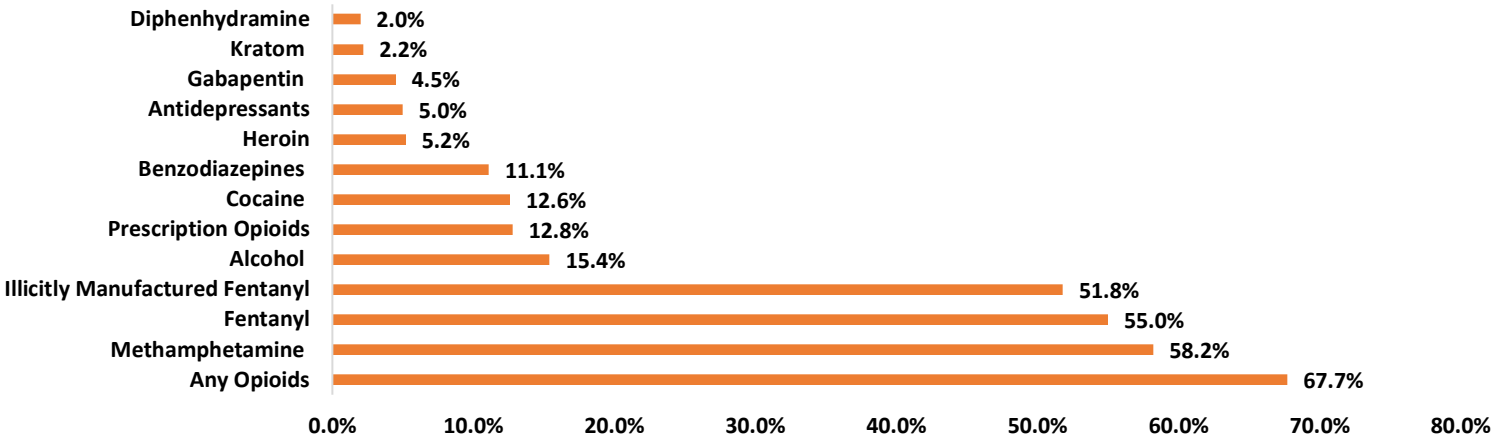
Note: Other races include Asian, Pacific Islander, Native American, Alaskan Native, unknown, and those identifying as other races. NH=Non-Hispanic

Figure 5. Overdose Location by Behavioral Health Region



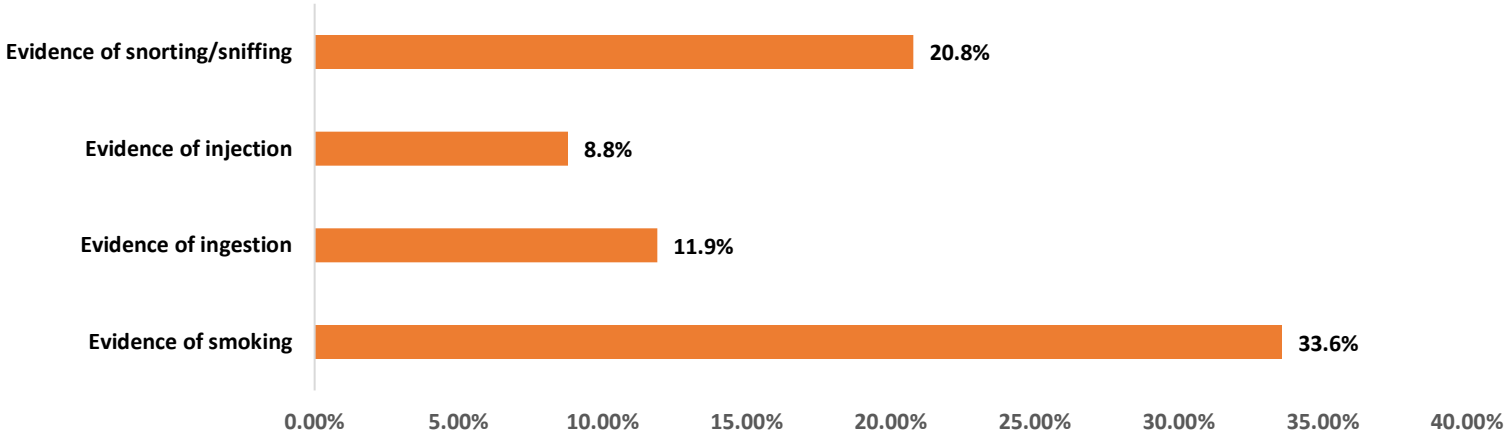
Note: Behavioral health regions include the following counties: Northern (Carson City, Storey, Douglas, Lyon, Churchill Counties), Rural (Humboldt, Pershing, Lander, Eureka, Elko, White Pine Counties), Southern (Mineral, Esmeralda, Nye, Lincoln Counties), Clark (Clark County), and Washoe (Washoe County).

Figure 6. Most Common Substances Causing Death



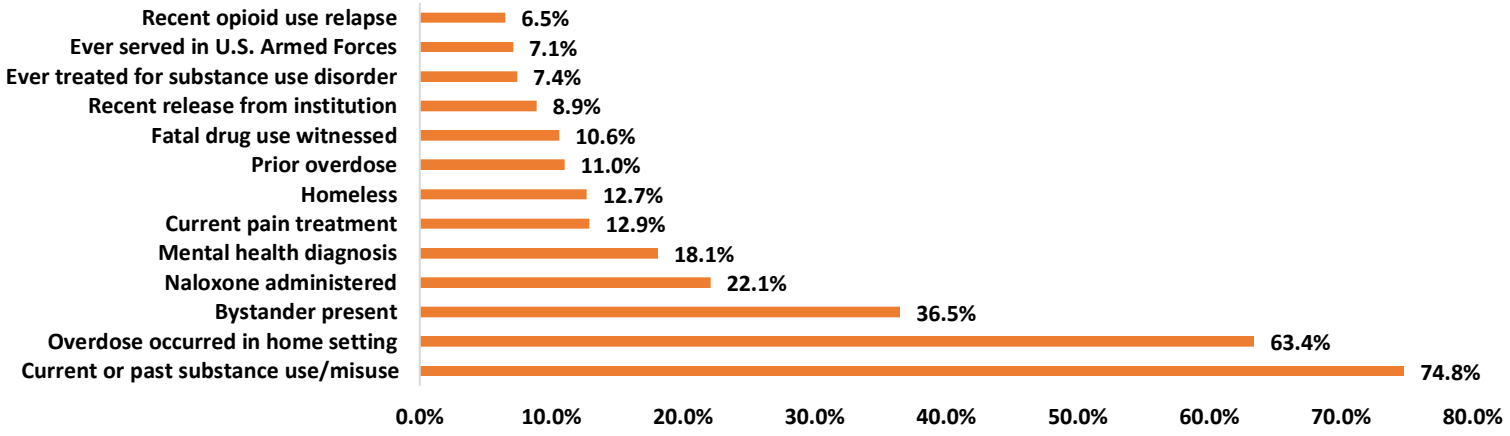
Note: Based on toxicology results for substances ruled by the Coroner/Medical Examiner as causing death. Substances are not mutually exclusive.

Figure 7. Suspected Route of Administration



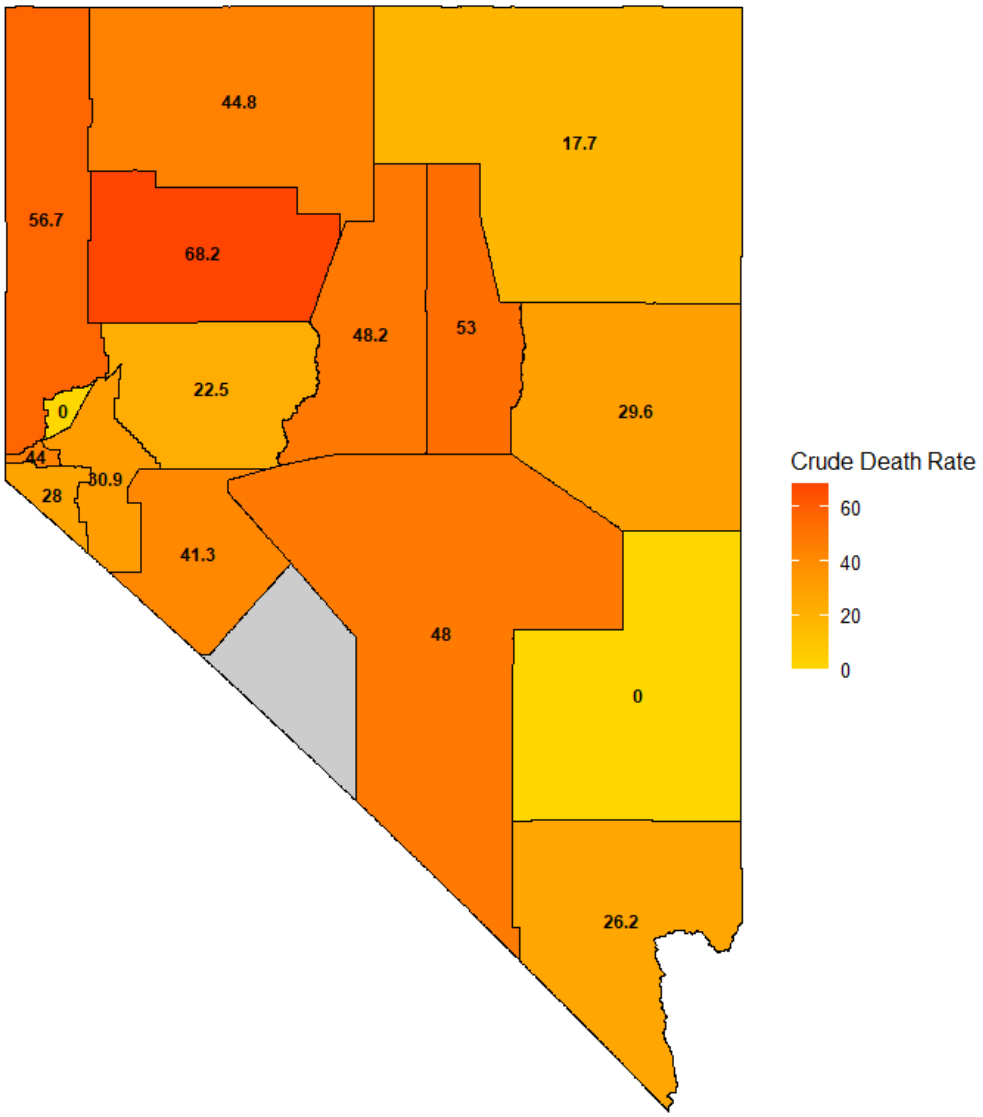
Note: Suspected route of administration information is based on information documented during the death scene investigation, and due to limited information on scene in some investigations, may underestimate their occurrence.

Figure 8. 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.

Figure 9. Crude Death Rate (Per 100,000) by County



Note: Based on information documented during the death scene investigation, and due to limited information on the scene in some investigations, the occurrence may be underestimated. Crude death rate uses the data of those who had known deaths associated with opioids. Esmeralda County did not have any recorded instances and was left blank.

Summary: There were 1,052 drug overdose deaths of unintentional/undetermined intent from January to December, 2023 in Nevada among residents. Decedents were mostly between the ages of 35-44 (22.5%), mostly male (75.0%), possessed a high school degree, GED equivalent, or some college (70.9%), were White, non-Hispanic (62.0%), and had residency in Clark County (60%) (**Figures 1-5**).

Nearly one-third of deaths involved an opioid (29.3%) or a stimulant (29.9%), and 38.4% of deaths involved both an opioid and a stimulant. Illicitly manufactured fentanyl and fentanyl analogs contributed to over half of the deaths (51.8%). (**Figure 6**). Methamphetamine contributed to over half of the deaths (58.2%). The suspected route of administration for substances was as follows: evidence of oral ingestion (11.9%), evidence of smoking (33.6%), evidence of injection (8.8%), and evidence of snorting/sniffing (20.8%) (**Figure 7**).

The top five circumstances documented among decedents were having a current or past substance use/misuse history (74.8%), overdose occurring in the a home setting (63.4%), having a bystander present at the time of overdose (36.5%), having naloxone administered (22.1%), and having a mental health diagnosis (18.1%) (**Figure 8**).

Section 2: Comparisons: 2022 vs 2023

Table 1. Demographic characteristics of overdose decedents in Nevada among residents, 2022 vs 2023				
	2022	2023		
Characteristic	**N[a]=836**	**N[a]=1,052**	**Percent Change[b]**	**Trend[c]**
Age				
<18 years	1.0%	0.2%	-80.0%	**No Significant Change**
18-24 years	5.4%	4.6%	-14.4%	**No Significant Change**
25-34 years	19.9%	20.6%	3.5%	**No Significant Change**
35-44 years	23.3%	22.5%	-3.4%	**No Significant Change**
45-54 years	19.1%	19.9%	4.2%	**No Significant Change**
55-64 years	20.5%	20.7%	1.0%	**No Significant Change**
65+ years	10.8%	11.5%	6.5%	**No Significant Change**
Sex (Sex)(Chi)				
Male	68.2%	75.0%	10.0%	**Significant Increase**
Female	31.8%	25.0%	-21.4%	**Significant Decrease**
Education				
Less than HS	18.8%	16.6%	-11.7%	**No Significant Change**
HS/GED or Some College	67.8%	70.9%	4.6%	**No Significant Change**
College Graduate	13.4%	12.5%	-6.7%	**No Significant Change**
Race/Ethnicity*				
Black, NH	12.9%	14.8%	14.7%	**No Significant Change**
Hispanic	16.9%	17.5%	3.6%	**No Significant Change**
Other, NH	7.4%	5.7%	-23.0%	**No Significant Change**
White, NH	62.8%	62.0%	-1.3%	**No Significant Change**
Region*				
Clark	60.0%	60.0%	0.0%	**No Significant Change**
Northern	6.1%	6.3%	3.3%	**No Significant Change**
Rural	3.7%	2.9%	-21.6%	**No Significant Change**
Southern	1.9%	2.6%	36.8%	**No Significant Change**
Washoe	26.7%	27.6%	3.4%	**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.

*Race/Ethnicity category of other includes Native American/Alaskan Native, Native Hawaiian or Other Pacific Islander, Asian and unknown races.

*Behavioral health regions were categorized as follows: Northern (Carson City, Storey, Douglas, Lyon, Churchill), Rural (Humboldt, Pershing, Lander, Eureka, Elko, White Pine), Southern (Mineral, Esmeralda, Nye, Lincoln), Clark (Clark County), and Washoe (Washoe County).

[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		
Characteristic	**N[a]=836**	**N[a]=1,052**	**Percent Change[b]**	**Trend[c]**
Any Opioids	60.2%	67.7%	12.5%	**Significant Increase**
Fentanyl	42.7%	55.0%	28.8%	**Significant Increase**
Illicitly Manufactured Fentanyl	38.0%	51.8%	36.3%	**Significant Increase**
Prescription Opioids	14.6%	12.8%	-12.3%	**No Significant Change**
Heroin	9.5%	5.2%	-45.3%	**Significant Decrease**
Any Stimulants	68.1%	68.3%	0.3%	**No Significant Change**
Methamphetamine	56.7%	58.2%	2.7%	**No Significant Change**
Cocaine	10.1%	12.6%	24.8%	**No Significant Change**
Other Substances				
Benzodiazepines	10.9%	11.1%	1.8%	**No Significant Change**
Alcohol	11.1%	15.4%	38.8%	**Significant Increase**
Antidepressants	4.0%	5.0%	25.0%	**No Significant Change**
Diphenhydramine	2.4%	2.0%	-16.7%	**No Significant Change**
Gabapentin	3.1%	4.5%	45.2%	**No Significant Change**
Kratom	2.6%	2.2%	-15.4%	**No Significant Change**
Route of administration				
Evidence of smoking	22.7%	33.6%	48.0%	**Significant Increase**
Evidence of ingestion	25.6%	11.9%	-53.5%	**Significant Decrease**
Evidence of injection	11.2%	8.8%	-21.4%	**No Significant Change**
Evidence of snorting/sniffing	11.8%	20.8%	76.3%	**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 Nevada among residents, 2022 vs 2023				
Circumstance	**2022**	**2023**		
Circumstance	**N[a]=836**	**N[a]=1,052**	**Percent Change[b]**	**Trend[c]**
Overdose occurred in home setting	62.6%	63.4%	1.3%	**No Significant Change**
Current or past substance use/misuse	75.4%	74.8%	-0.8%	**No Significant Change**
Bystander present	46.9%	36.5%	-22.2%	**Significant Decrease**
Mental health diagnosis	22.0%	18.1%	-17.7%	**No Significant Change**
Naloxone administered	20.5%	22.1%	7.8%	**No Significant Change**
Current pain treatment	12.0%	12.9%	7.5%	**No Significant Change**
Prior overdose	9.3%	11.0%	18.3%	**No Significant Change**
Homeless	12.1%	12.7%	5.0%	**No Significant Change**
Fatal drug use witnessed	9.9%	10.6%	7.1%	**No Significant Change**
Recent release from institution	9.3%	8.9%	-4.3%	**No Significant Change**
Ever treated for substance use disorder	9.8%	7.4%	-24.5%	**No Significant Change**
Ever served in U.S. Armed Forces	8.4%	7.1%	-15.5%	**No Significant Change**
Recent opioid use relapse	5.6%	6.5%	16.1%	**No Significant Change**

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 among males and a decrease in females from 2022 to 2023 (38.4% increase for males and a 1.1% decrease for females). There were significant increase in the proportion of deaths for those who used any opioid (41.6% increase), Fentanyl (61.9% increase), Illicitly Manufactured Fentanyl (71.4% increase), Alcohol (74.2% increase), has Evidence of smoking (85.8% increase), had Evidence of snorting/sniffing (121.2% increase), and having a bystander present (5.2% increase). Additionally, there was a significant decrease in deaths in the portion of deaths for those who used heroin (30.4% decrease) and who had Evidence of ingestion (41.6% decrease). (**Table 1**).

Section 3: Breakdown of Characteristics and Circumstances by Opioids and Stimulants, 2023

Table 4. Demographic Characteristics by opioids, stimulants, and both substances among Nevada residents, 2022-2023						
	Opioid and Stimulant		Opioid, no Stimulant		Stimulant, no opioid	
	N=625	%	N=662	%	N=553	%
Age						
<18 years	0	0.0%	0	0.0%	10	1.8%
18-24 years	5	0.8%	35	5.3%	53	9.6%
25-34 years	51	8.2%	188	28.4%	138	25.0%
35-44 years	99	15.8%	187	28.3%	135	24.4%
45-54 years	156	25.0%	116	17.5%	80	14.5%
55-64 years	211	33.8%	98	14.8%	69	12.5%
65+ years	103	16.5%	38	5.7%	68	12.3%
Sex						
Male	472	75.5%	476	71.9%	379	68.5%
Female	153	24.5%	186	28.1%	174	31.5%
Education						
Less than HS	102	18.1%	117	18.6%	102	16.3%
HS/GED, Some College	410	72.7%	445	70.8%	348	64.6%
College Graduate	52	9.2%	67	10.7%	88	19.1%
Race/Ethnicity						
Black, NH	96	15.4%	103	15.6%	61	11.0%
Hispanic	85	13.6%	123	18.6%	113	20.4%
*Other, NH	66	10.6%	24	3.6%	29	5.2%
White	376	60.4%	410	62.1%	350	63.3%
Behavioral Health Region						
Clark	371	60.6%	385	59.3%	342	62.1%
Northern	43	7.0%	30	4.6%	37	6.7%
Rural	11	1.8%	28	4.3%	21	3.8%
Southern	19	3.1%	7	1.1%	14	2.5%
Washoe	168	27.5%	199	30.7%	137	24.9%
Route of administration						
Evidence of smoking	131	21.0%	278	42.0%	132	23.9%
Evidence of ingestion	66	10.6%	92	13.9%	161	29.1%
Evidence of injection	29	4.6%	117	17.7%	40	7.2%
Evidence of snorting/sniffing	52	8.3%	156	23.6%	108	19.5%

Note: Yellow highlighted cells indicate the characteristic in each row with the highest percentage for each column. Understanding which characteristics are highest by substance can help inform specific activities to prevent overdose death. Opioid and stimulant include deaths where an opioid and stimulant contributed to death. Opioid, no stimulant includes deaths where an opioid but not a stimulant contributed to death. Stimulant, no opioid includes deaths where a stimulant but not an opioid contributed to death. Calculations exclude overdose deaths where opioids or stimulants were not involved (N=48). Calculations exclude missing data. 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. 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). *Other includes American Indian/Alaska Native, Asian/Pacific Islander and unknown racial groups.

Table 5. Circumstances and other characteristics of decedents among Nevada residents, 2022-2023						
	Opioid and Stimulant		Opioid, no Stimulant		Stimulant, no opioid	
Circumstance	**N=662**	%	**N=553**	**%**	**N=625**	%
Overdose occurred in home setting	350	57.4%	358	55.3%	422	78.3%
Current or past substance use/misuse	180	28.8%	126	19.0%	137	24.8%
Bystander present*	220	36.7%	272	42.2%	234	43.8%
Mental health diagnosis*	87	13.9%	131	19.8%	134	24.2%
Naloxone administered	59	9.4%	196	29.6%	147	26.6%
Current pain treatment	50	8.3%	45	7.0%	124	23.2%
Prior overdose*	17	2.8%	80	12.4%	88	16.5%
Homeless	101	17.6%	96	15.5%	10	1.9%
Fatal drug use witnessed*	18	3.0%	79	12.3%	27	5.1%
Recent release from institution*	48	8.0%	64	10.1%	50	9.4%
Ever treated for substance use disorder*	16	2.7%	59	9.2%	75	14.1%
Ever served in U.S. Armed Forces	51	8.7%	42	6.6%	41	7.6%
Recent opioid use relapse	4	0.7%	41	6.4%	63	11.9%

Note: Yellow highlighted cells indicate the characteristic in each row with the highest percentage for each column. Understanding which characteristics are highest by substance can help inform specific activities to prevent overdose death. 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 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.

Summary: There were 625 deaths where opioids and stimulants contributed, 662 deaths where opioids contributed, and 553 deaths where stimulants contributed to drug overdose deaths of unintentional/undetermined intent from 2022-2023 in Nevada among residents (**Table 4**).

Opioid + Stimulants: Decedents in this group had the highest prevalence of being between the ages of 45-54 (25.0%), 55-64 (33.8%), and 65+ (16.5%). Predominatly males (75.5%) with a HS/GED or Some College (72.7%) and and identifying as an other race (10.6%). Decedents had the highest prevalence of having their overdose occur in the Northern region (7.0%) and the Southern region (3.1%). Decedents had the greatest prevalence of current or past substance use/misuse (28.8%), being homeless (17.6%), and serving in the U.S. Armed Forces (8.7%).

Opioids: Decedents in this group had the highest prevalence of being between the age of 25-34 (28.4%) and ages of 35-44 (28.3%) With decedents also having less than a HS degree (18.6%) and Black (15.6%). Overdoes primarily occurred in Washoe County region(30.7%) or Rural regions (4.3%). With smoking (42.0%), injection (17.7%), and snorting (23.6%) being some of the common routes of administration. Decedents had the greatest prevalence of the overdose occuring with Naloxone being administered (29.6%), having their fatal drug use witnessed (12.3%), and being recently released from institution (10.1%).

Stimulants: Decedents in this group had the highest prevalence of being under the age of 18 (1.8%) or between the ages of 18-24 (9.6%). Decedents had the highest prevalence of being female (31.5%), having a college education (19.1%), Hispanic (20.4%), White, non-Hispanic (63.3%), and having their overdose occur in the Clark County region (62.1%). Ingestion was the most common form of opioid intake (29.1%). Decedents had the greatest prevalence of experiencing the overdose in the home setting (36.7%), bystanders being presented (43.8%), having a mental health diagnosis (24.2%), having curent pain treatment (23.2 %), having had a prior overdose (16.5%), ever reciving treatment for substance abuse disorder (14.1%), and ever having relapsed (11.9%).