

Nevada State Unintentional Drug Overdose Reporting System

Report of Deaths: January to December 2023 - Washoe

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 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 Washoe County Regional Medical Examiner's Office for compiling the data used in this report.

Suggested citation: Chavez L., Lensch T. (2025). *Nevada State Unintentional Drug Overdose Reporting System, Report of Deaths January to December 2023 – Washoe County*. School of Public Health, University of Nevada, Reno. <https://www.nvopioidresponse.org/od2a/>.

This publication was supported by the Nevada State Department of Health and Human Services through the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention.

Key Findings:

There were **290 drug overdose deaths (crude rate: 56 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 (175 deaths per 100,000)*.
- Nearly **one-fourth of deaths involved an opioid (24.1%)** and nearly **one-third involved a stimulant (31.7%)**, and **42.8% involved both substances**.
- **Illicitly manufactured fentanyl and fentanyl analogs were involved in nearly half of all deaths (55.2%)**.
- **Factors related to opioid deaths that have significantly increased:** evidence of snorting/sniffing.
- **Factors related to opioid deaths that have significantly decreased:** identifying as *White, non-Hispanic*, heroin related deaths, evidence of ingestion or injection, a history of being treated for substance abuse, and overdose occurring in a home setting.

Questions or comments?

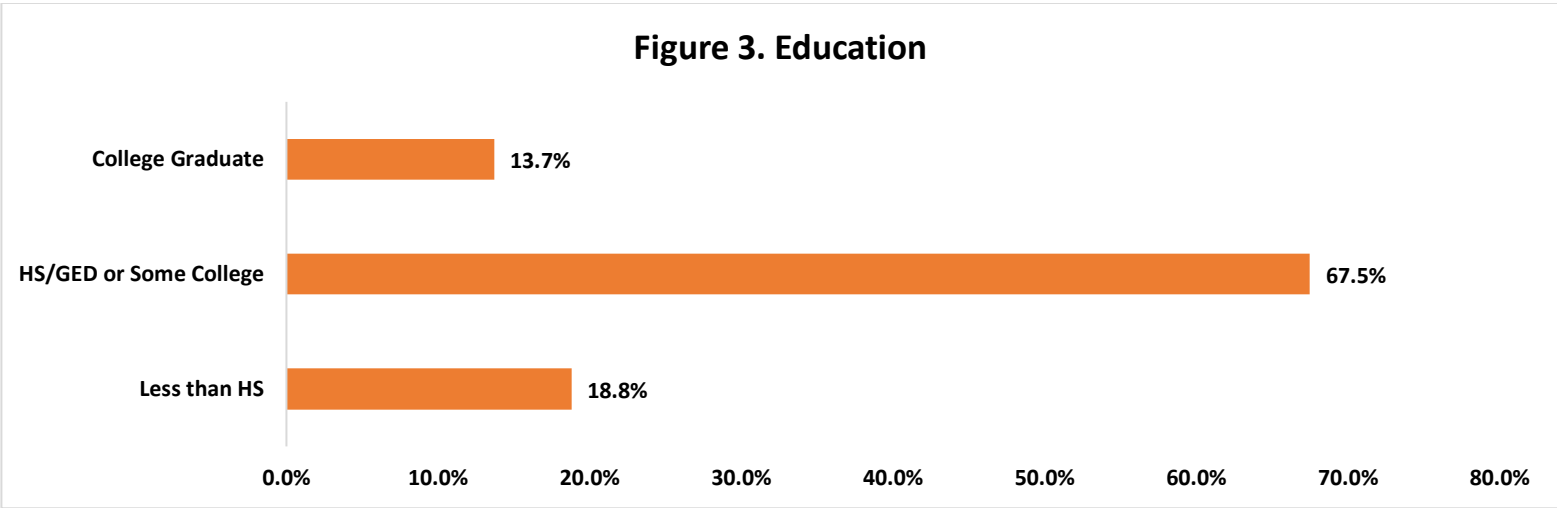
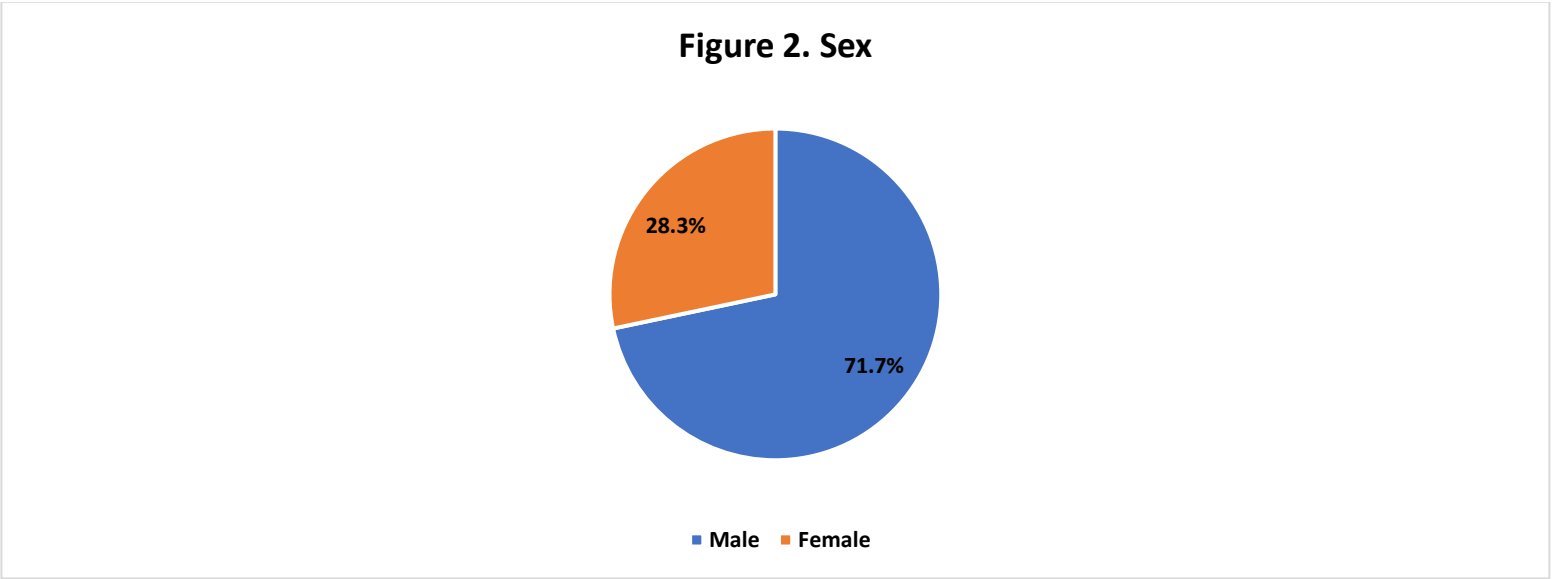
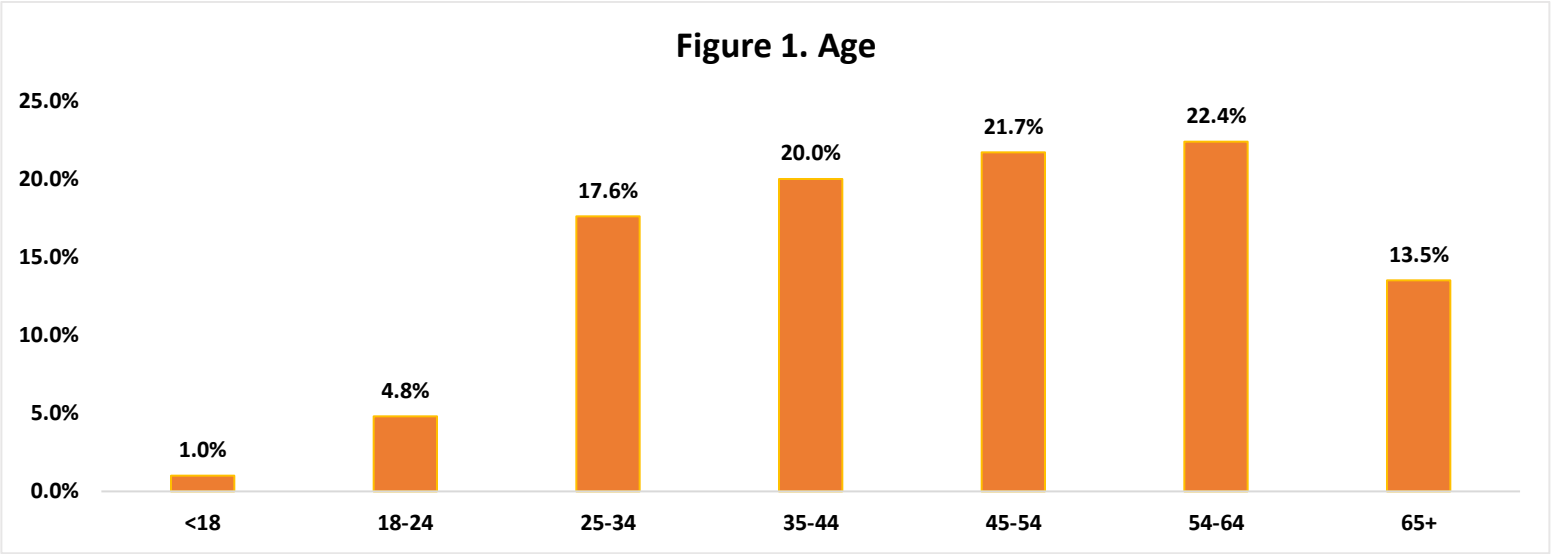
Please contact Taylor Lensch, PhD, MPH, at tlensch@unr.edu.



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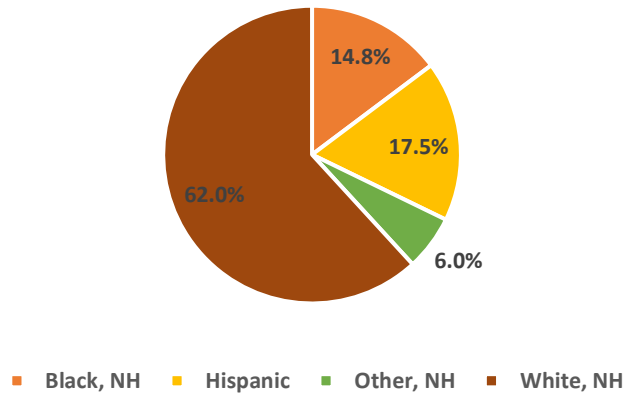


Section 1: Demographics, Toxicology, Circumstances of 2023 Cases (N=836)



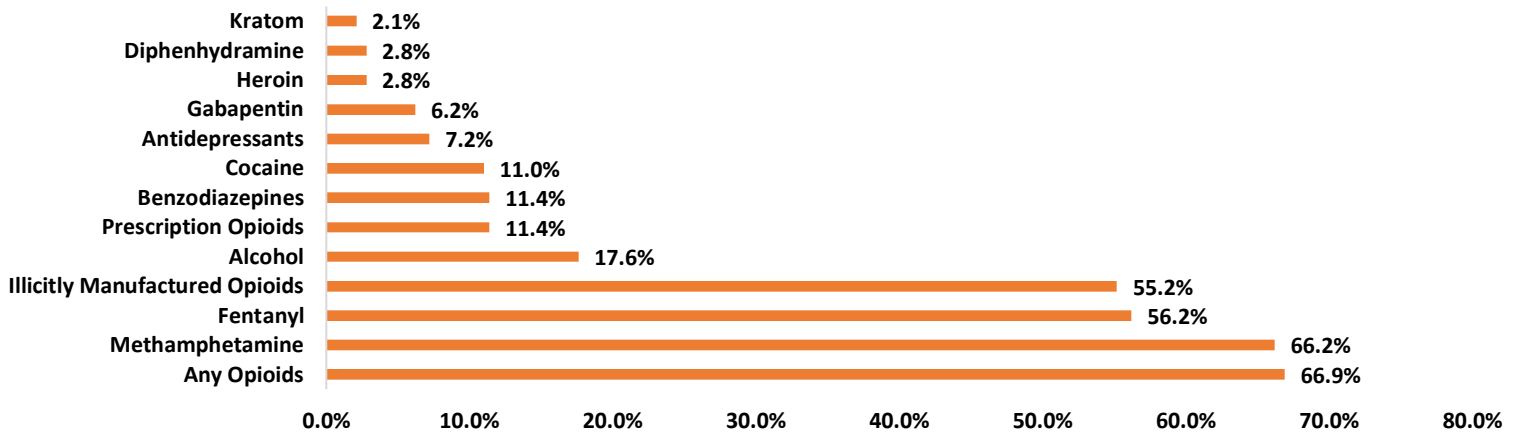
Note: Missing data is excluded in percentage calculations.

Figure 5. Race/Ethnicity



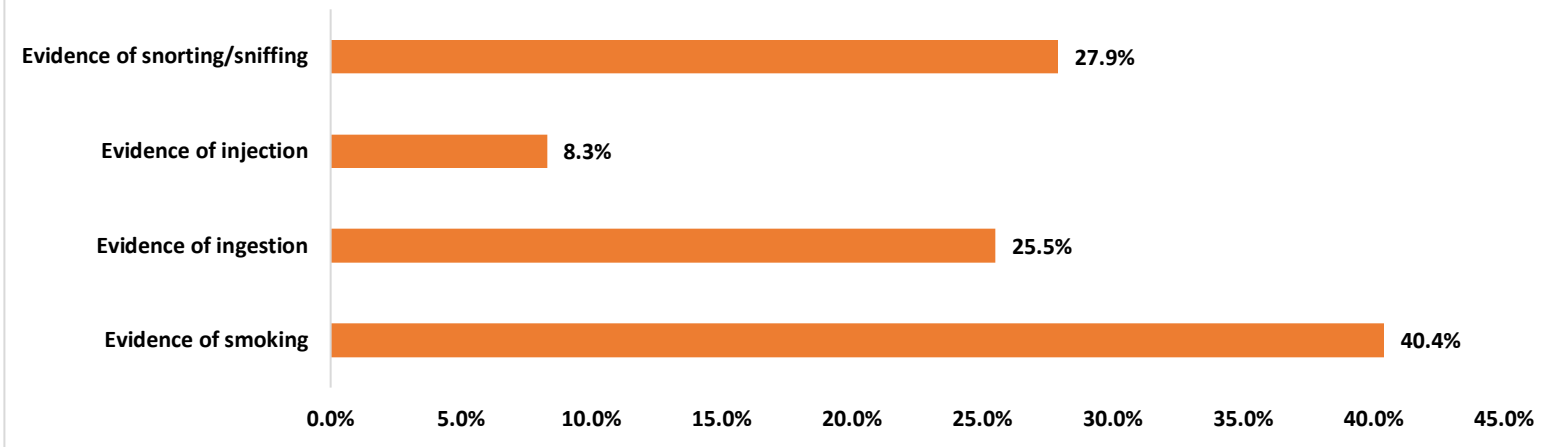
Note: Missing data is excluded in percentage calculations. Other races include Asian, Pacific Islander, Native American, Alaskan Native, and those identifying as other or unknown races. NH=Non-Hispanic

Figure 6. Most Common Substances Causing Death



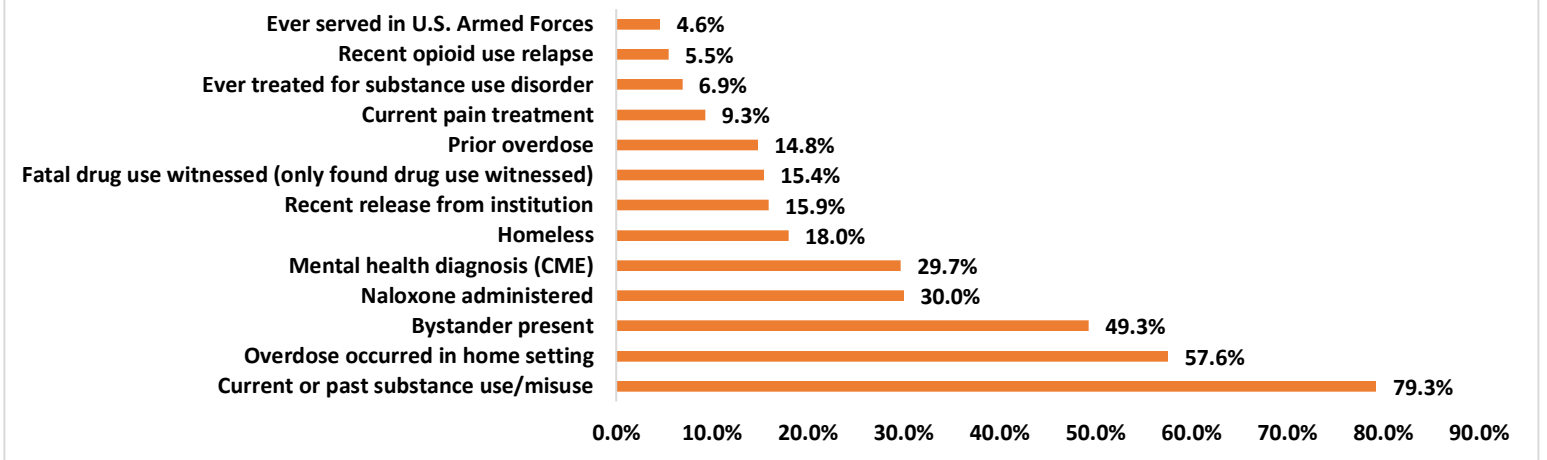
Note: Based on toxicology results for substances ruled by the Coroner/Medical Examiner as causing death. Substances are not mutually exclusive.

Figure 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 290 drug overdose deaths of unintentional/undetermined intent from January to December, 2023 in Washoe County among residents. Decedents were mostly between the ages of 45-54 (21.7%), 55-64 (22.4%) mostly male (71.7%), possessed a high school degree, GED, or some college (67.5%), and were White, non-Hispanic (62.0 %), (**Figures 1-4**).

More than 1 in 4 deaths involved an opioid (24.1%). Fentanyl and fentanyl analogs contributed to nearly half the deaths (55.2%) (**Figure 5**). Methamphetamine contributed to over half of the deaths (56.2%). The suspected route of administration for substances was as follows: evidence of smoking (40.4%), evidence of snorting/sniffing (27.9%), evidence of oral ingestion (25.5%), and evidence of injection (8.3%) (**Figure 6**). The top five circumstances documented among decedents were current or past substance use/misuse history (79.3%), overdose occurring in a home setting (57.6%), having a bystander present at the time of overdose (49.3%), having naloxone administered (30.0%), and having a mental health diagnosis (29.7%) (**Figure 7**).

Section 2: Comparisons: 2022 vs 2023

Table 1. Demographic characteristics of overdose decedents in Washoe County among residents, 2022 vs 2023

	2022	2023		
Characteristic	N ^a =223	N ^a =290	Percent Change ^b	Trend ^c
Age				
<18 years	0.9%	0.0%	-100%	No Significant Change
18-24 years	5.8%	4.8%	-17.24%	No Significant Change
25-34 years	22.4%	17.6%	-21.43%	No Significant Change
35-44 years	17.9%	20.0%	11.73%	No Significant Change
45-54 years	17.0%	21.7%	27.65%	No Significant Change
55-64 years	22.4%	22.4%	0.00%	No Significant Change
65+ years	13.5%	13.5%	0.00%	No Significant Change
Sex (Sex)(Chi)				
Male	66.8%	71.7%	7.34%	No Significant Change
Female	33.2%	28.3%	-14.76%	No Significant Change
Education				
Less than HS	19.1%	18.8%	-1.57%	No Significant Change
HS/GED or Some College	63.6%	67.5%	6.13%	No Significant Change
College Graduate	17.3%	13.7%	-20.81%	No Significant Change
Race/Ethnicity				
Black, NH	12.9%	14.8%	14.73%	No Significant Change
Hispanic	16.9%	17.5%	3.55%	No Significant Change
*Other, NH	5.4%	6.0%	11.11%	No Significant Change
White, NH	62.8%	62.0%	-1.27%	Significant Decrease

Note: 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). Red indicates if the trend was significant and going in a harmful direction (e.g. increase 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, or unknown race.
NH=Non-Hispanic

^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 =223	N ^a =290	Percent Change ^b	Trend ^c
Any Opioids	63.7%	66.9%	5.02%	No Significant Change
Fentanyl	50.7%	56.2%	10.85%	No Significant Change
Illicitly Manufactured Opioids	49.3%	55.2%	11.97%	No Significant Change
Prescription Opioids	13.9%	11.4%	-17.99%	No Significant Change
Heroin	6.7%	2.8%	-58.21%	Significant Decrease
Any Stimulants	67.7%	74.5%	10.04%	No Significant Change
Methamphetamine	59.2%	66.2%	11.82%	No Significant Change
Cocaine	8.5%	11.0%	29.41%	No Significant Change
Other Substances				
Benzodiazepines	11.7%	11.4%	-2.56%	No Significant Change
Alcohol	13.0%	17.6%	35.39%	No Significant Change
Antidepressants	4.5%	7.2%	60.00%	No Significant Change
Diphenhydramine	4.9%	2.8%	-42.86%	No Significant Change
Gabapentin	4.5%	6.2%	37.78%	No Significant Change
Kratom	2.7%	2.1%	-22.22%	No Significant Change
Route of administration				
Evidence of smoking	32.3%	40.4%	25.08%	No Significant Change
Evidence of ingestion	42.2%	25.5%	-39.57%	Significant Decrease
Evidence of injection	13.9%	8.3%	-40.29%	Significant Decrease
Evidence of snorting/sniffing	19.3%	27.9%	44.56%	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 2020 and 2022 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 Washoe County among residents, 2022 vs 2023				
	2022	2023		
Circumstance	N ^a =223	N ^a =290	Percent Change ^b	Trend ^c
Overdose occurred in home setting	66.8%	57.6%	-13.77%	Significant Decrease
Current or past substance use/misuse	74.4%	79.3%	6.59%	No Significant Change
Bystander present	47.5%	49.3%	3.79%	No Significant Change
Mental health diagnosis (CME)	28.3%	29.7%	4.95%	No Significant Change
Naloxone administered	30.5%	30.0%	-1.64%	No Significant Change
Current pain treatment	14.4%	9.3%	-35.42%	No Significant Change
Prior overdose	13.0%	14.8%	13.85%	No Significant Change
Homeless	11.6%	18.0%	55.17%	No Significant Change
Fatal drug use witnessed (only found drug use witnessed)	13.0%	15.4%	18.46%	No Significant Change
Recent release from institution	11.2%	15.9%	41.96%	No Significant Change
Ever treated for substance use disorder	15.7%	6.9%	-56.05%	Significant Decrease
Ever served in U.S. Armed Forces	6.9%	4.6%	-33.33%	No Significant Change
Recent opioid use relapse	9.0%	5.5%	-38.89%	No Significant Change
<p>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.</p> <p>^a Missing data excluded from percentage calculations. Trend indicates whether a percentage change was statistically significant.</p> <p>^b Percent change is the absolute percent change divided by the 2022 percentage, multiplied by 100.</p> <p>^c Trend indicates whether a percent change was statistically significant, p-value<0.05</p>				

Summary: There was an increase in the proportion of deaths of those who were identified as White (14.0%). There was a significant increase in deaths occurring caused by those snorting/sniffing (88.4%), and that occurred in a home setting (12.1%)—any Stimulants (8.23%). There was a significant decrease in deaths caused by Heroin (-46.7%), associated with ingestion (-21.3%), associated with ingestion (-22.6%), and among individuals who were previously treated for substance use disorder (-42.9%) (**Table 1**).