



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Nevada State Unintentional Drug Overdose Reporting System (SUDORS): A Comparison of Characteristics of Overdose Fatalities among Nevada Residents and Non-Residents

Division of Public and Behavioral Health
State of Nevada Department of Human Services

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ABOUT THE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

The Division of Public and Behavioral Health (DPBH) is one of five divisions within the Department of Health and Human Services, which falls within the Executive Branch of the State of Nevada. It is the primary provider of public health services in many rural areas of the state and provides certain public health services statewide, though the majority of public health services in urban areas are provided by local health authorities. The Division also provides a wide range of behavioral health services through civil and forensic inpatient psychiatric hospitals in northern and southern Nevada, rural outpatient clinics and programs, and other critical facilities.

ABOUT THE LARSON INSTITUTE

This publication was prepared by the Larson Institute for Health Impact. The Larson Institute, housed within the University of Nevada, Reno School of Public Health, translates academic research into actionable community practices that improve public health outcomes. Through community engagement and workforce development, we build public health capacity, support state systems and mobilize community partners to advance community health and well-being. Learn more by visiting us at larsoninstitute.org. For questions about this report, please contact the Larson Institute's Data Analytics Manager, Taylor Lensch, at tlensch@unr.edu.

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INTRODUCTION

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.

Purpose

The information contained in this special report highlights overdose mortality within the State of Nevada utilizing the State Unintentional Drug Overdose Reporting System (SUDORS) for the period January 1, 2019 to December 31, 2023. Analyses specifically compare Nevada residents to non-residents to assess differences in overdose characteristics and outcomes. By examining potential differences in overdose patterns, substances involved, and contextual factors between these two groups, this report aims to better understand cross-jurisdictional overdose dynamics and identify implications for prevention, surveillance, and response efforts within Nevada.

Data Characteristics

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–X44 (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. **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.

Acknowledgements

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Questions or comments? Please contact Nevada OD2A's Epidemiologist, Taylor Lensch, PhD, MPH, at tlensch@unr.edu.

COMPARISON OF CHARACTERISTICS OF OVERDOSE DEATHS, BY RESIDENCE STATUS

Summary

There were 4,414 drug overdose deaths of unintentional or undetermined intent from January 2019 to December 2023 in the state of Nevada among residents and non-residents. Compared with Nevada residents, non-resident decedents were more often in the 35–44 (28.1% vs. 21.4%) and 25–34 (23.9% vs. 19.9%) age groups. Non-residents were also more likely to be male (79% vs. 69.3%), more commonly had a high school degree, GED, or some college (66.1% vs. 68.7%), and were more frequently White, non-Hispanic (59.7% vs. 63.6%) (Figures 1–4).

More than 1 in 2 deaths involved methamphetamine for both resident and non-residents (53.6% vs 61.1%, respectively). About half of deaths for non-residents (49.3%) and residents (50.1%) involved illicit opioids, and fentanyl and fentanyl analogs contributed to over one-third of all deaths in state (39.2%) and out of state (38.1%) (Figure 5).

The suspected routes of administration for substances among non-residents were: smoking (19.2% vs 24.5% among residents), snorting/sniffing (13.8% vs 13.2% among residents), oral ingestion (19% vs 29.7% among residents), and injection (13.2% vs 13.5% among residents) (Figure 6). Regarding circumstances, the biggest differences observed among residents and non-residents were an overdose that occurred in a household (74.1% among residents and 21.2% among non-residents), having a mental health problem (26.1% among residents and 16.2% among non-residents), and experiencing homelessness (11.3% among residents and 24.7% among non-residents) (Figure 7).

Figure 1. Age distribution of overdose deaths in Nevada by residence status, 2019-2023, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

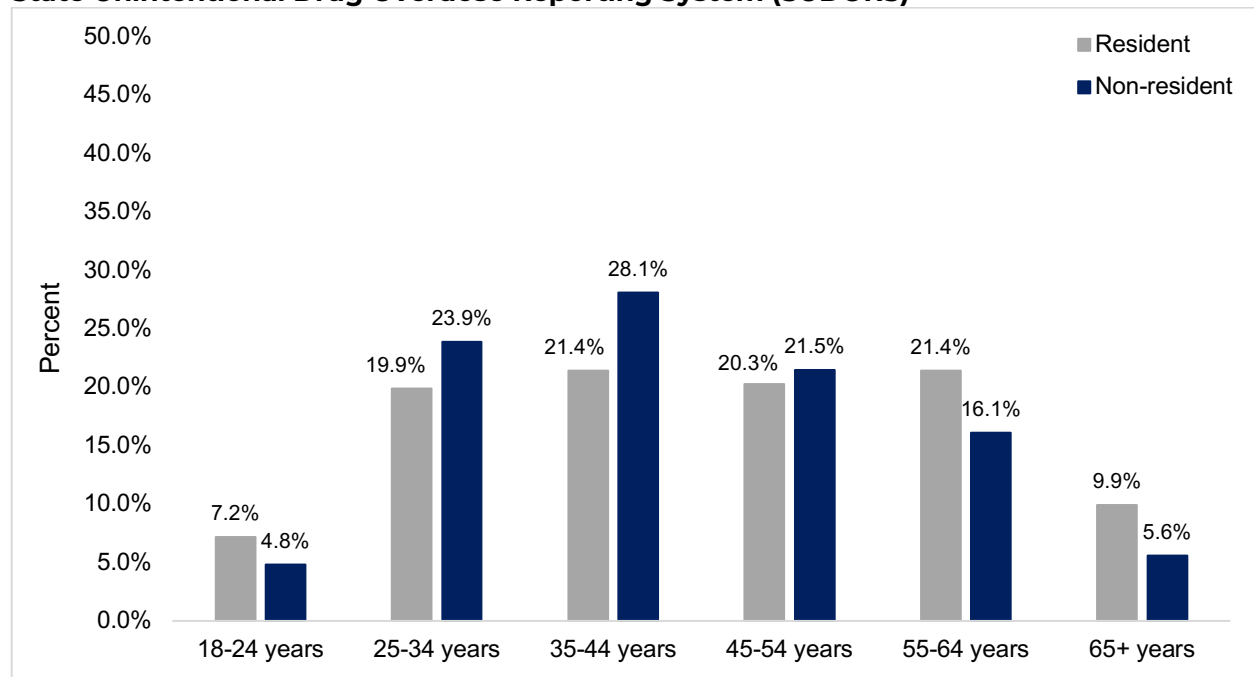


Figure 2. Sex distribution of overdose deaths in Nevada by residence status, 2019-2023, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

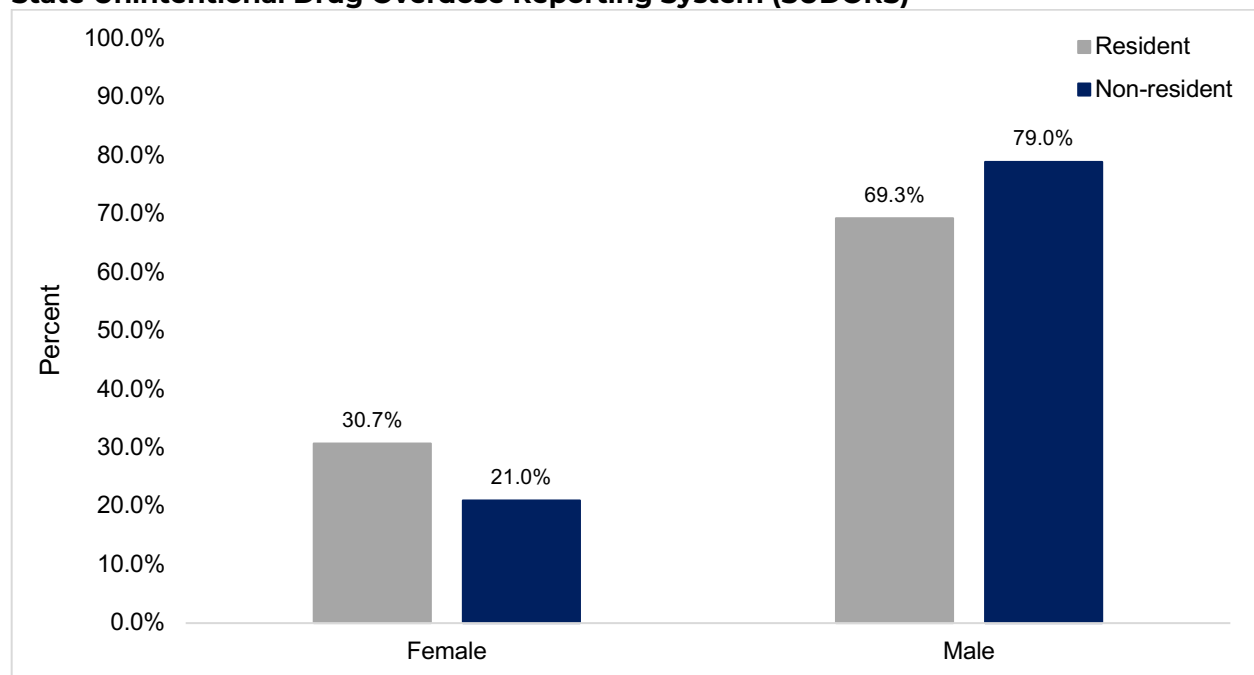


Figure 3. Education distribution of overdose deaths in Nevada by residence status, 2019-2023, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

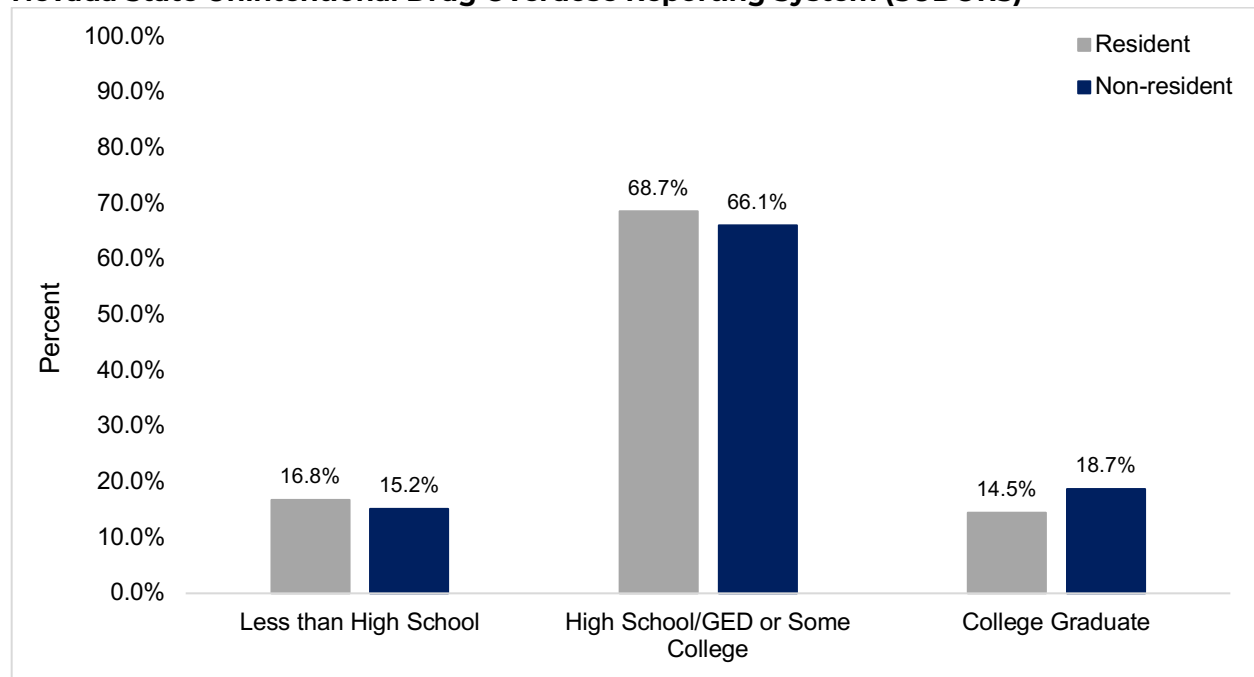


Figure 4. Race/ethnicity distribution of overdose deaths in Nevada by residence status, 2019-2023, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

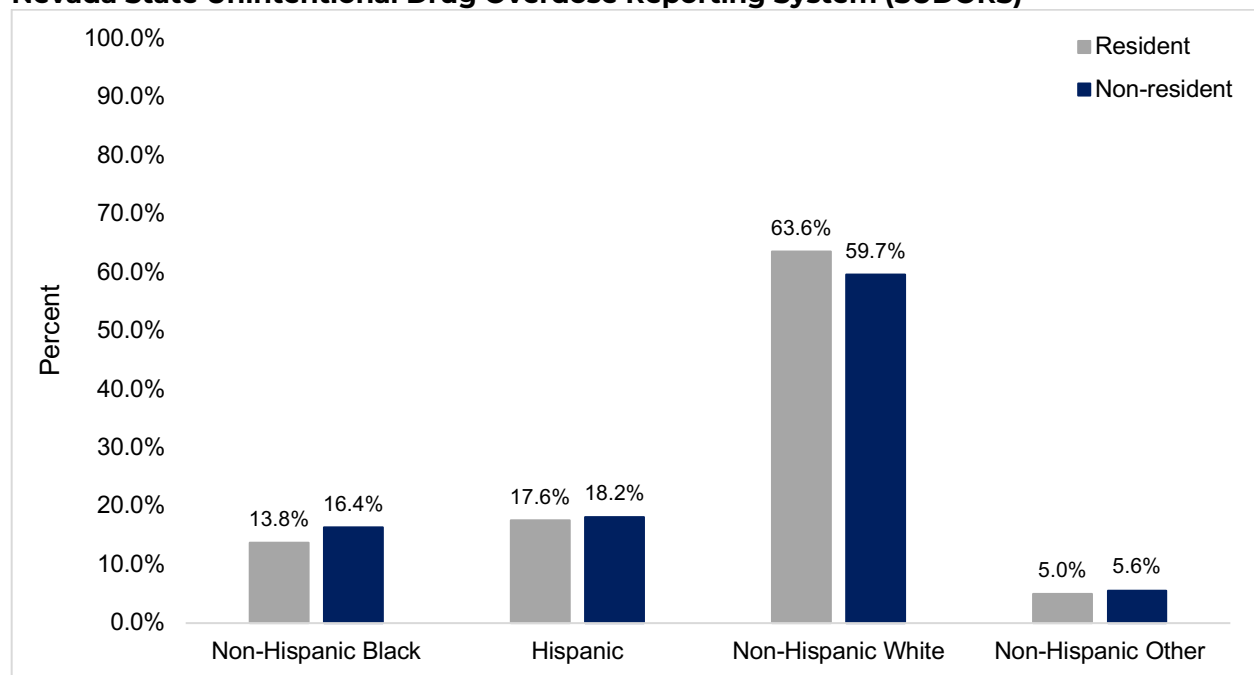
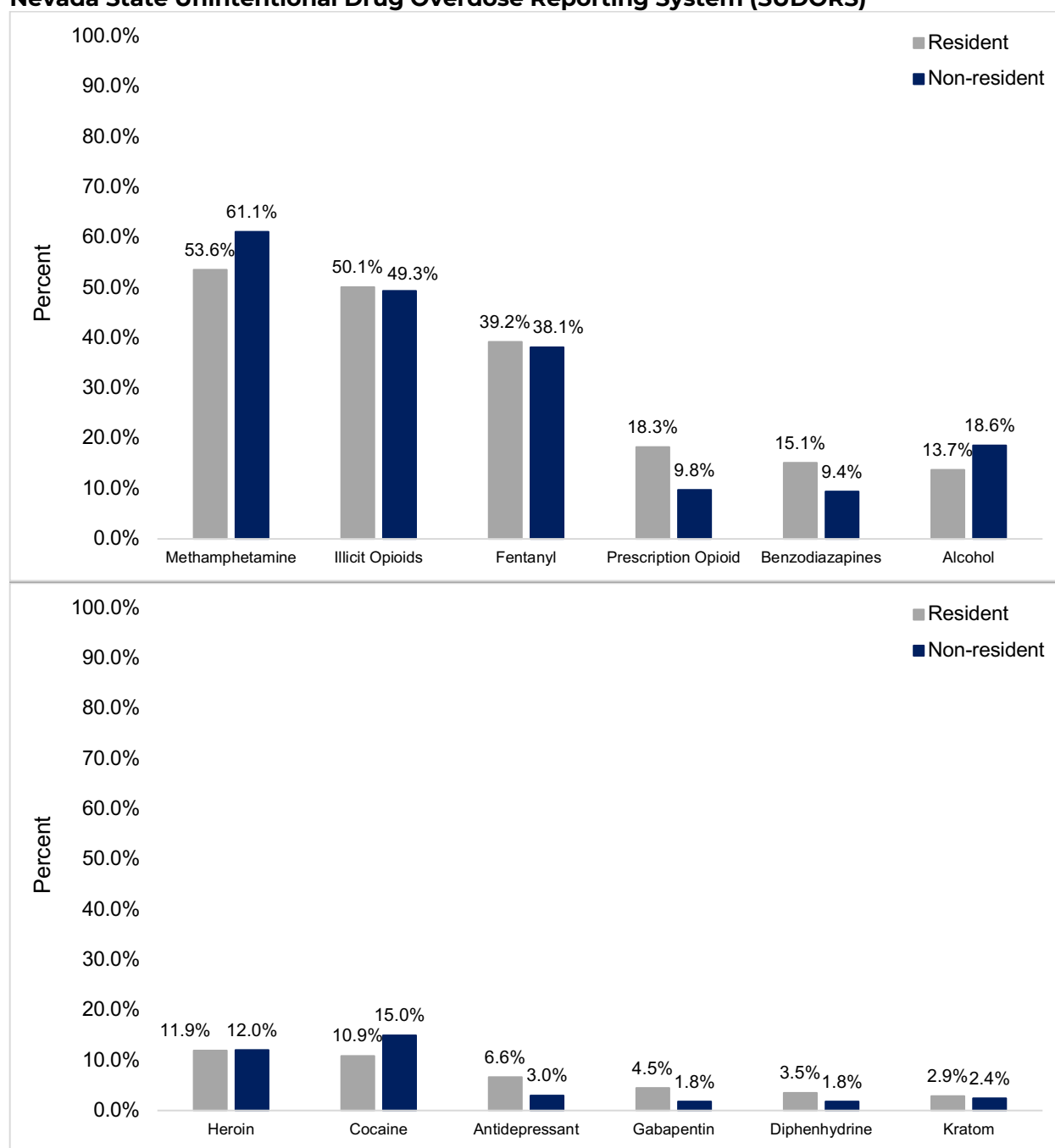
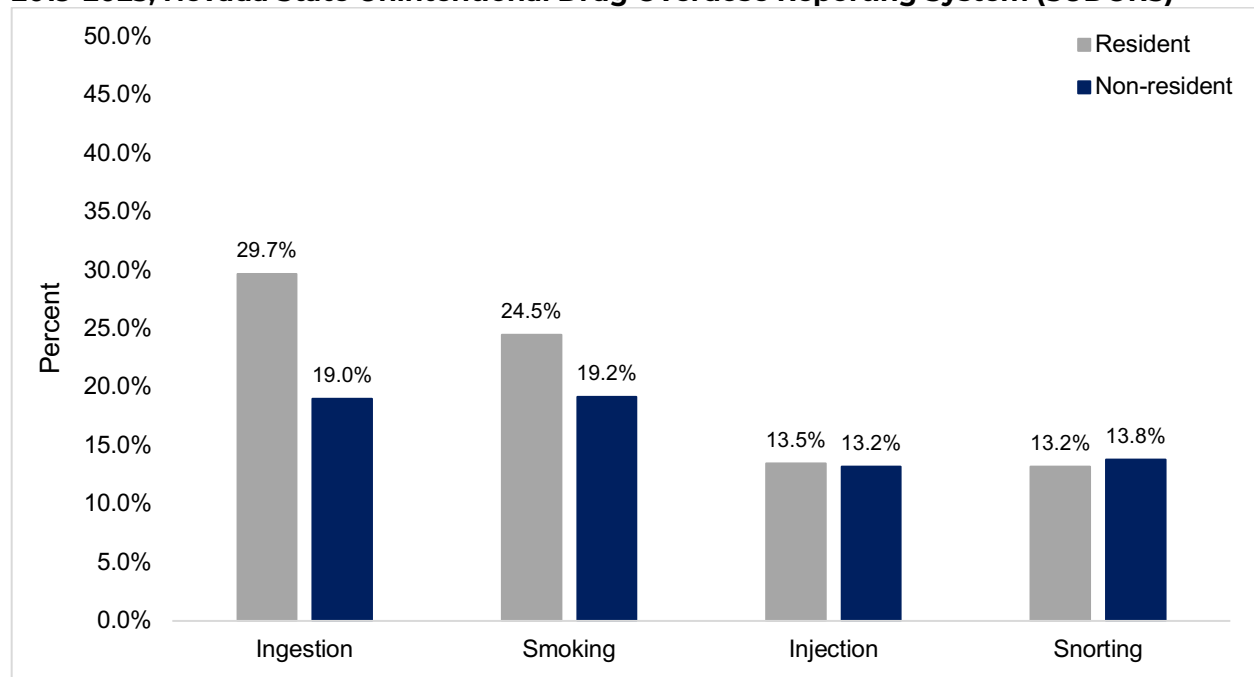


Figure 5. Substances involved in overdose deaths in Nevada by residence status, 2019-2023, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)



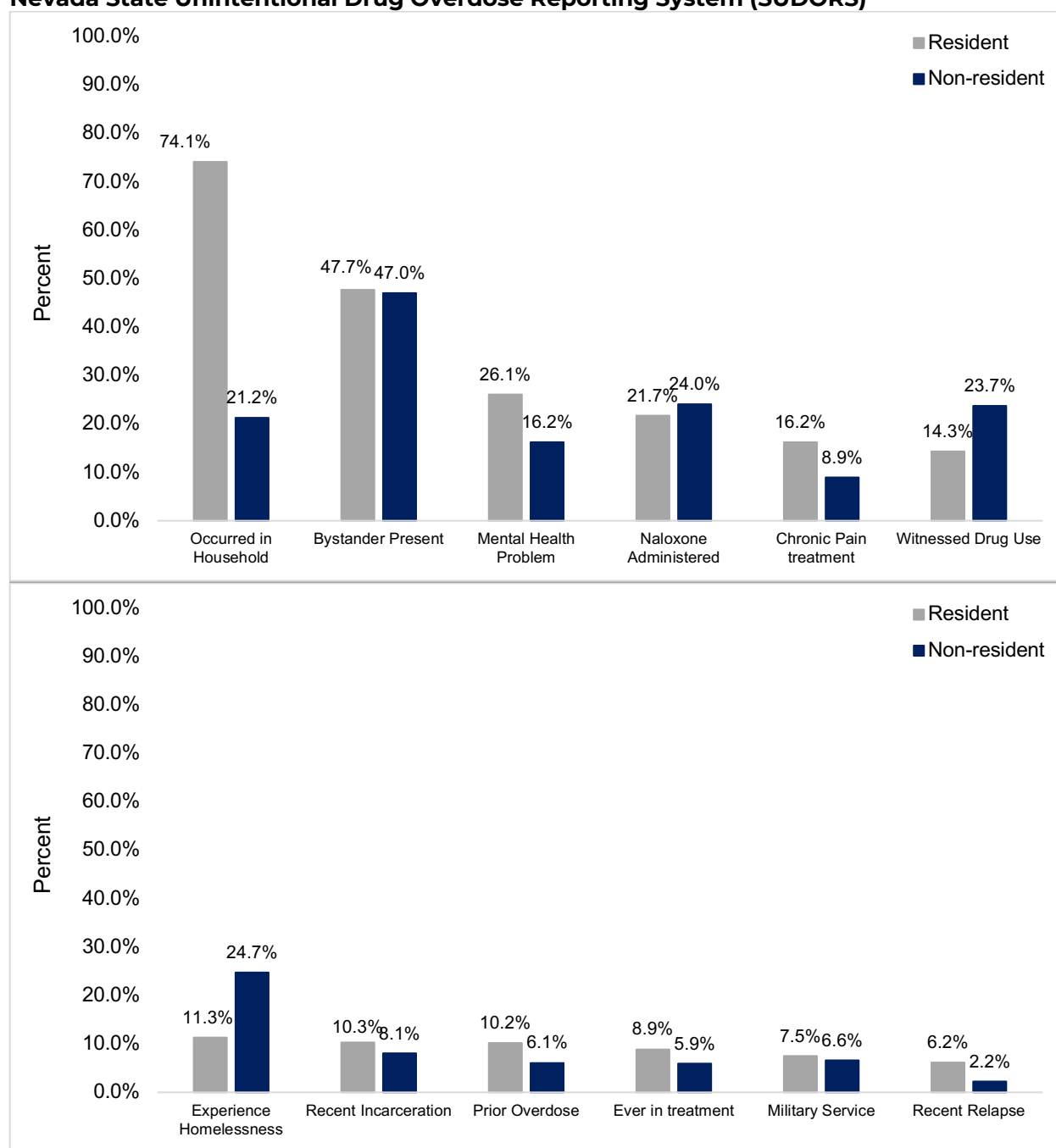
Note: Based on toxicology results for substances ruled by the Coroner/Medical Examiner as causing death. Substances are not mutually exclusive. Illicit opioid is defined as any opioid that is not medically used or prescribed.

Figure 6. Route of substance administration of overdose deaths in Nevada by residence status, 2019-2023, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)



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 involved in overdose deaths in Nevada by residence status, 2019-2023, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)



Note: Based on information documented during the death scene investigation, and due to limited information on scene in some investigations, these results may underestimate their occurrence. Percentages use the denominator of those who had known circumstances.

IMPLICATIONS

Nevada resident vs. non-resident substance use differed in important ways. Non-residents had higher stimulant involvement, including methamphetamine (61.1% vs. 53.6%) and cocaine (15.0% vs. 10.9%). In contrast, Nevada residents had higher prescription opioid involvement (18.3% vs. 9.8%). Fentanyl involvement was similar across groups (39.2% NV vs. 38.1% non-resident). Demographic patterns were broadly similar, although non-residents had slightly higher proportions of Black non-Hispanic and Hispanic decedents. Both populations remained predominantly male, with males accounting for the majority of deaths in every year.

The overdose setting differed greatly between residents and non-residents. Deaths occurring in a household were common among Nevada residents (74.1%) but rare among non-residents (21.2%). Despite this, the proportion with a bystander present was nearly the same (47.7% vs. 47.0%). Structural vulnerability was higher among non-residents. Homelessness was more than twice as common (24.7% vs. 11.3%) and witnessed drug use was also higher (23.7% vs. 14.3%). These patterns point to non-residents overdosing more often in public places. Correspondingly, treatment-related indicators, prior overdose, recent relapse, and ever being in substance use disorder treatment, were consistently lower among non-resident decedents.

Overall Implication

When residence status is considered, two distinct overdose risk profiles emerge: Nevada residents more often die in home settings with a mixed opioid–stimulant profile and greater prior treatment contact, while non-resident individuals face higher stimulant involvement, more instability in where overdoses occur, and fewer recorded substance use disorder treatment touchpoints. These differences highlight the need for tailored prevention efforts that reflect both population-level trends and the specific circumstances unique to each group.

APPENDIX 1: DATA TABLES

Table 1. Demographic characteristics by residence status, 2019–2023, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

Characteristic	Resident N	Resident %	Non-resident N	Non-resident %
Age				
-----	-----	-----	-----	-----
18-24 Years	279	7.2%	24	4.8%
25-34 Years	770	19.9%	119	23.9%
35-44 Years	828	21.4%	140	28.1%
45-54 Years	789	20.3%	107	21.5%
55-64 Years	828	21.4%	80	16.1%
65+ Years	384	9.9%	28	5.6%
Sex				
-----	-----	-----	-----	-----
Female	1201	30.7%	105	21.0%
Male	2714	69.3%	394	79.0%
Education				
-----	-----	-----	-----	-----
College Graduate	533	14.5%	91	18.7%
HS/GED or Some College	2533	68.7%	322	66.1%
Less than HS	621	16.8%	74	15.2%
Race				
-----	-----	-----	-----	-----
Black	542	13.8%	82	16.4%
Hispanic	689	17.6%	91	18.2%
Other*	195	5.0%	28	5.6%
White	2489	63.6%	298	59.7%

Note: Missing data excluded from percentage calculations.

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

Table 2. Substances involved and suspected routes of administration among overdose decedents by residence status, 2019–2023, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

Characteristic	Resident N	Resident %	Non-resident N	Non-resident %
Opioids Involved (Cause of Death)				
-----	-----	-----	-----	-----
Any opioids	2485	63.5%	287	57.5%
Fentanyl	1536	39.2%	190	38.1%
Rx opioids	717	18.3%	49	9.8%
Heroin	466	11.9%	60	12.0%
Illicit opioids	1961	50.1%	246	49.3%
Stimulants Involved (Cause of Death)				
-----	-----	-----	-----	-----
Methamphetamine	2097	53.6%	305	61.1%
Cocaine	426	10.9%	75	15.0%
Other Substances Involved (Cause of Death)				
-----	-----	-----	-----	-----
Benzodiazepines	590	15.1%	47	9.4%
Alcohol	536	13.7%	93	18.6%
Antidepressants	258	6.6%	15	3.0%
Diphenhydramine	137	3.5%	9	1.8%
Gabapentin	178	4.5%	9	1.8%
Kratom	112	2.9%	12	2.4%
Suspected Routes of Administration				
-----	-----	-----	-----	-----
Smoking	960	24.5%	96	19.2%
Ingestion	1161	29.7%	95	19.0%
Injection	528	13.5%	66	13.2%
Snorting	515	13.2%	69	13.8%

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%. Route of administration based on death investigation reports.

Table 3. Circumstances documented among overdose decedents by residence status, 2019–2023, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

Characteristic	Resident N	Resident %	Non-resident N	Non-resident %
Circumstances				
-----	-----	-----	-----	-----
Occurred in Household	2876	74.1%	104	21.2%
Bystander Present	1840	47.7%	231	47.0%
Mental Health Problem	1022	26.1%	81	16.2%
Naloxone Administered	848	21.7%	120	24.0%
Chronic Pain Treatment	625	16.2%	44	8.9%
Prior Overdose	393	10.2%	30	6.1%
Experiencing Homelessness	409	11.3%	100	24.7%
Witnessed Drug Use	336	14.3%	61	23.7%
Recent Incarceration	394	10.3%	40	8.1%
Ever in Treatment	343	8.9%	29	5.9%
Military Service	281	7.5%	32	6.6%
Recent Relapse	238	6.2%	11	2.2%

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.