Nevada State Unintentional Drug Overdose Reporting System (SUDORS): 2024 Clark County Summary Report

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

Report developed by:
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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 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 and Equity. 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 biannual report highlights **overdose mortality** within Clark County, Nevada utilizing the State Unintentional Drug Overdose Reporting System (SUDORS) for the period beginning ***January 1, 2024 to December 31, 2024***.

Data Characteristics

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. 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

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

Suggested Citation

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This publication was supported by the Nevada State Department of 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.

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

SUMMARY

The 2024 Clark County SUDORS report shows that unintentional and undetermined intent overdose deaths increased in Clark County from 629 deaths in 2023 to 786 deaths in 2024. This represents the highest number shown across the 2019 to 2024 period, following 330 deaths in 2019, 555 in 2020, 510 in 2021, 505 in 2022, and 629 in 2023. The 2024 increase indicates that overdose mortality remains a significant and growing public health concern in Clark County. Compared with statewide patterns, Clark County had slightly higher involvement of stimulants, opioids, fentanyl, and cocaine in overdose deaths, while opioid-stimulant combinations were similar to the statewide percentage.

Substance involvement patterns in Clark County highlight the continued importance of both opioid and stimulant-related overdose prevention. In 2024, stimulants were involved in 74.2% of overdose deaths, opioids were involved in 70.4%, and 46.8% involved both a stimulant and an opioid. Methamphetamine was the most common specific substance involved, contributing to 61.6% of deaths, followed closely by fentanyl at 58.7%. Cocaine was involved in 16.7% of deaths, alcohol in 10.4%, benzodiazepines in 7.9%, and heroin in 3.3%. From 2023 to 2024, most major substance categories increased in Clark County, including any opioid, fentanyl, illicitly manufactured fentanyl, any stimulant, methamphetamine, cocaine, opioid-stimulant combinations, and multiple-substance involvement. Heroin, alcohol, and benzodiazepine involvement decreased. These findings suggest that Clark County's overdose burden is strongly shaped by fentanyl, methamphetamine, and polysubstance use, especially the combination of opioids and stimulants.

Circumstance data point to several opportunities for prevention and response in Clark County. In 2024, evidence of substance use was documented in 79.8% of overdose deaths, 52.0% occurred in a household, and a bystander was present in 40.6% of deaths. Naloxone was administered in 19.5% of deaths, which was lower than the statewide percentage of 22.8% but increased from 2023. Several documented circumstances increased from 2023 to 2024, including evidence of substance use, bystander presence, naloxone administration, mental health diagnosis, and recent release from an institution. At the same time, the percentage of deaths involving homelessness, previous overdose, military service, and prior substance use disorder treatment decreased. Overall, the findings suggest that Clark County overdose prevention efforts should continue to prioritize fentanyl, methamphetamine, polysubstance use, naloxone access, bystander response, and linkage to care, especially for people at elevated risk following release from institutions or recent contact with behavioral health, treatment, or healthcare systems.

SECTION 1: GENERAL CHARACTERISTICS

Figure 1. Total number and rate (per 100,000) of unintentional overdose deaths in Clark County, Nevada, 2019-2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

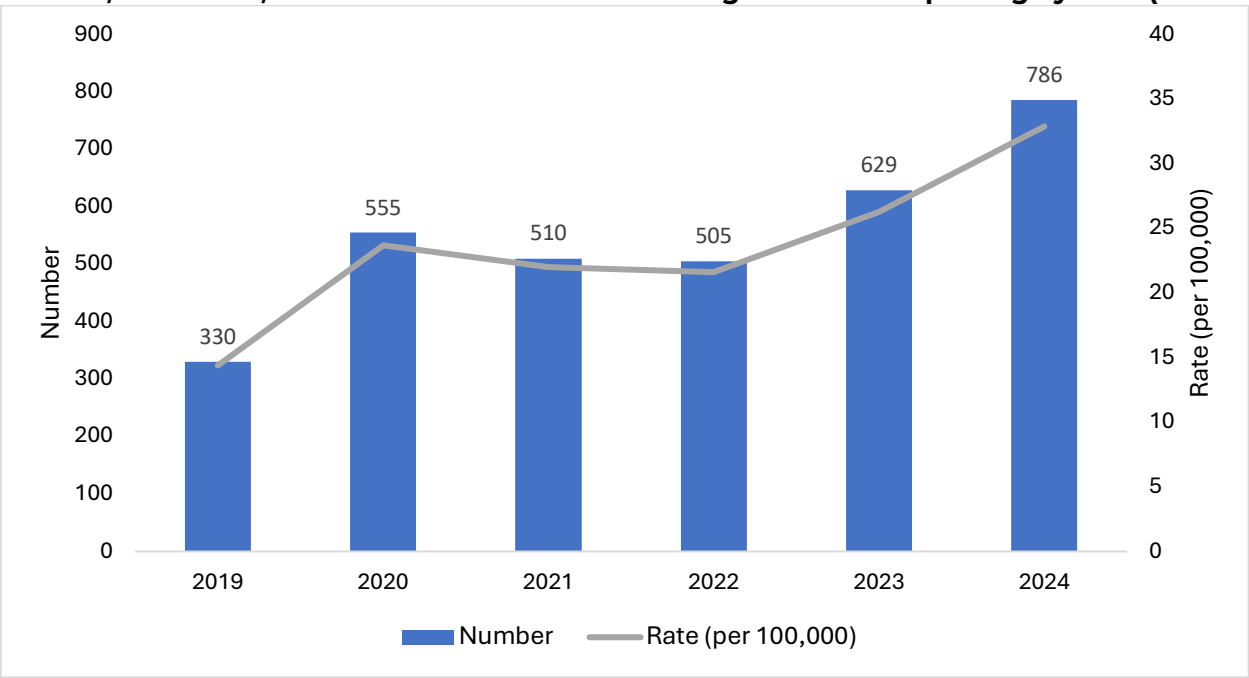
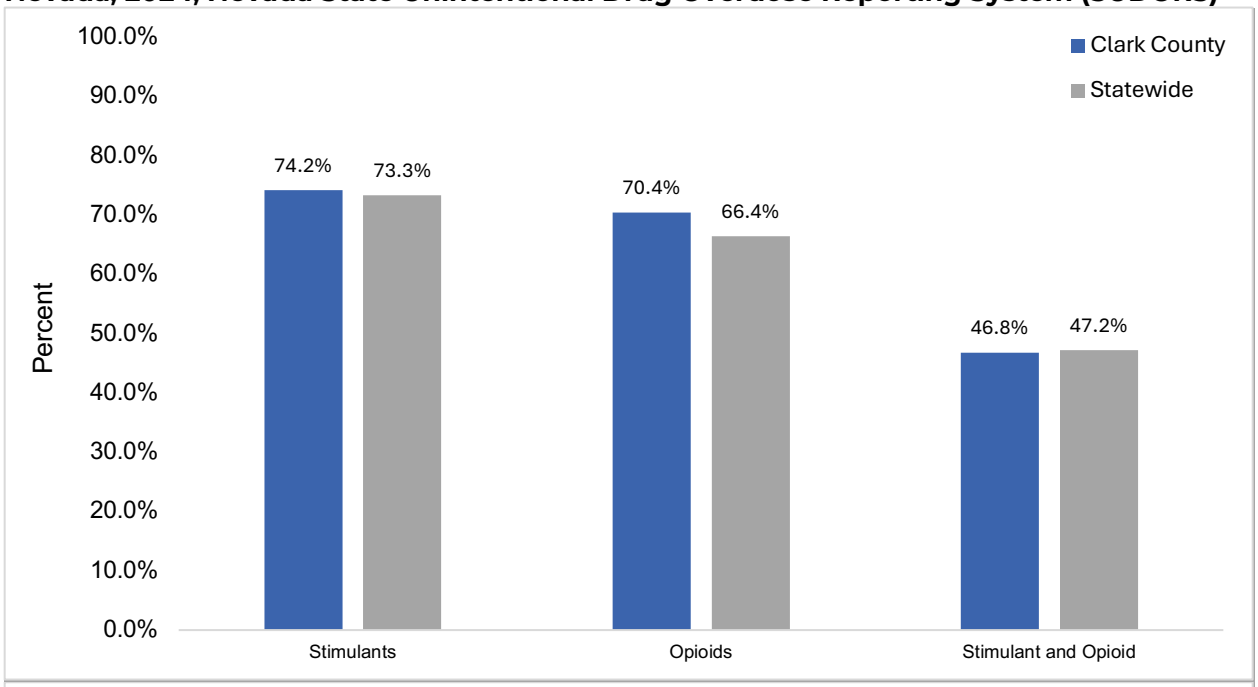
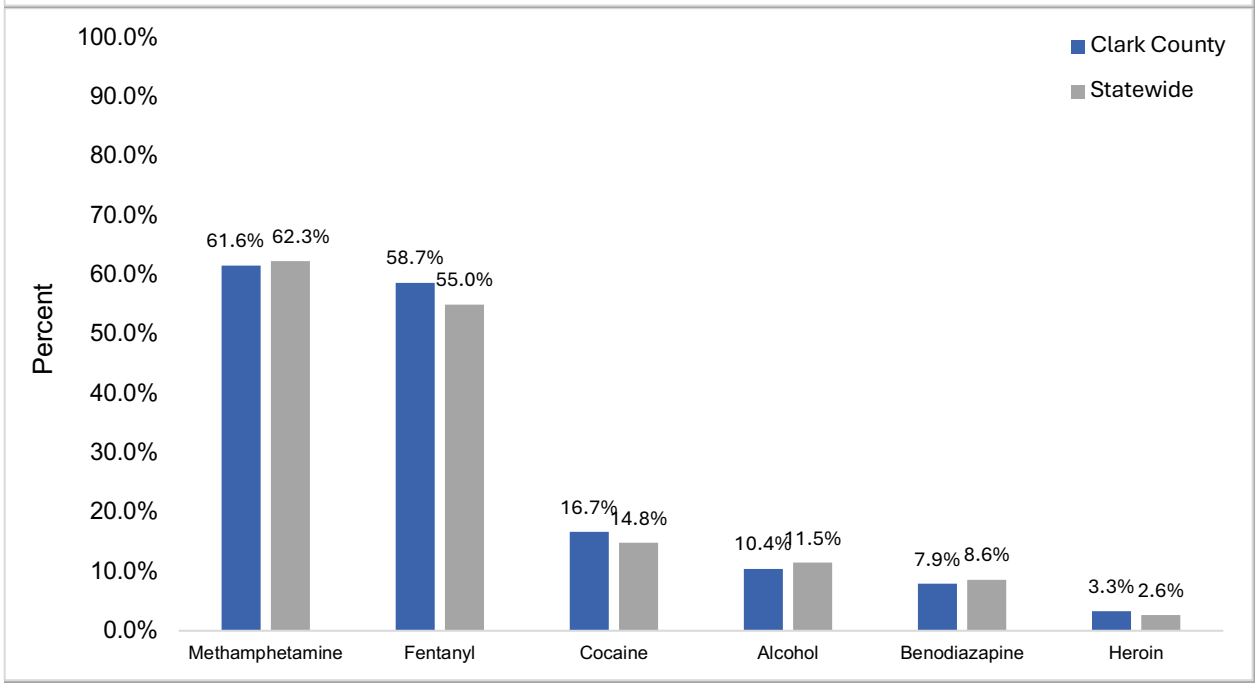


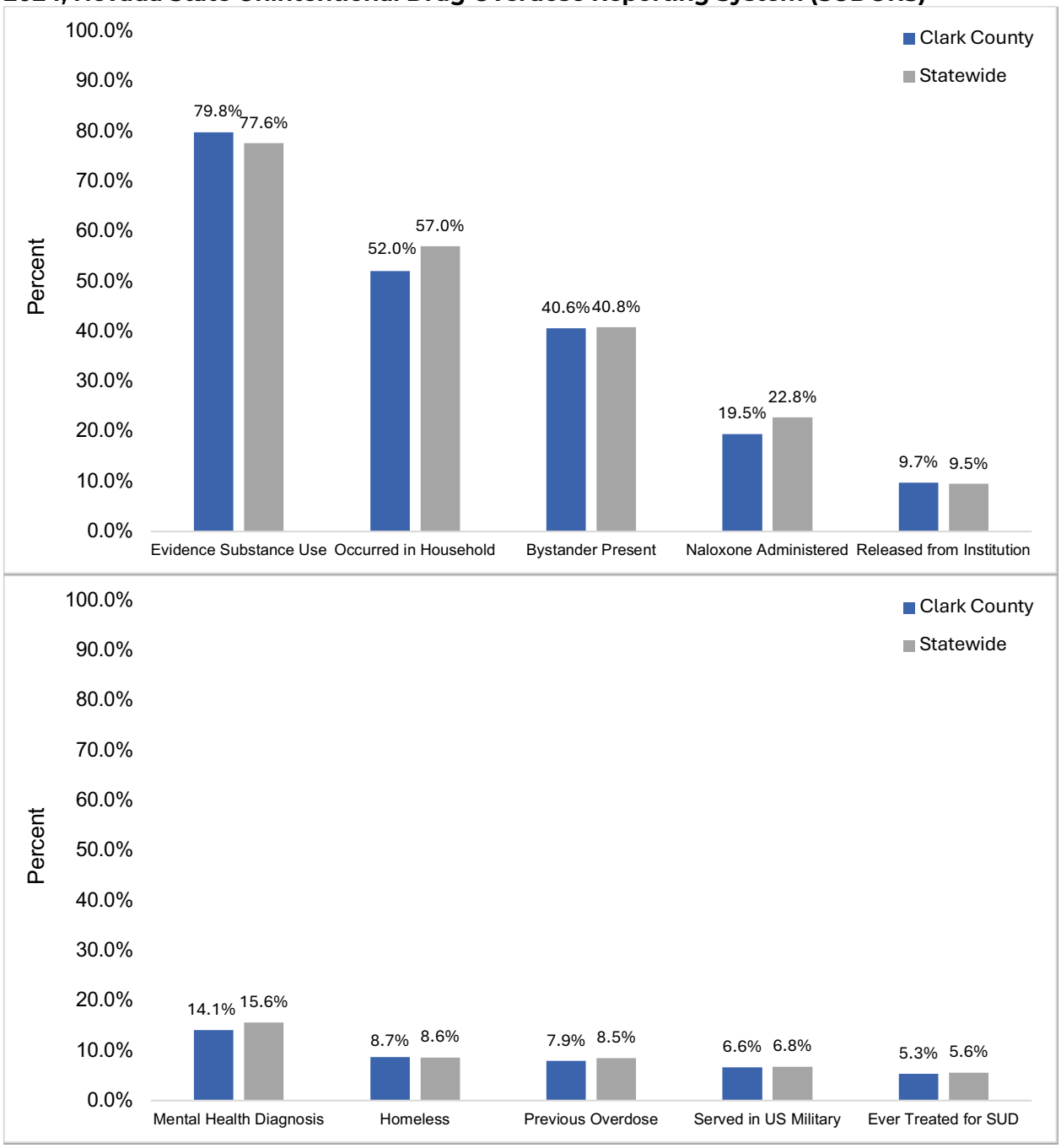
Figure 2. Substances involved in unintentional overdose deaths, Clark County vs. Statewide, Nevada, 2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)





Note: Based on toxicology results for substances ruled by the Coroner/Medical Examiner as causing death. Substances are not mutually exclusive. Opioids include substances such as fentanyl, heroin, and prescription opioid medications. Stimulants include substances such as methamphetamine, cocaine, and prescription stimulants.

Figure 3. Circumstances involved in unintentional overdose deaths, Clark County vs. Statewide, 2024, 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.

SECTION 2: 2023 AND 2024 COMPARISON

Table 1. Substances involved in unintentional overdose deaths in Clark County, 2023-2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

Substance	2023 N=629	2024 N=786	Percent Change	Trend
Opioids				
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Any Opioid	433 (68.9%)	553 (70.3%)	+2%	Increase
Fentanyl	352 (56.0%)	461 (58.7%)	+5%	Increase
Illicitly Manufactured Fentanyl (IMF)	324 (51.5%)	438 (55.7%)	+8%	Increase
Heroin	39 (6.2%)	26 (3.3%)	-47%	Decrease
Stimulants				
----------	------	------	------	------
Any Stimulant	412 (65.5%)	583 (68.4%)	+4%	Increase
Methamphetamine	338 (53.7%)	484 (61.5%)	+14%	Increase
Cocaine	95 (15.1%)	131 (16.7%)	+10%	Increase
Other Substances				
----------	------	------	------	------
Alcohol	86 (13.7%)	82 (10.4%)	-24%	Decrease
Benzodiazepine	69 (10.9%)	62 (7.9%)	-27%	Decrease
Substance Combinations				
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Opioids + Stimulants	232 (36.9%)	368 (46.8%)	+27%	Increase
Multiple Substances	435 (69.2%)	549 (69.8%)	+1%	Increase

Note: Missing data excluded from percentage calculations. Based on toxicology results for substances ruled by the Coroner/Medical Examiner as causing death. Substances are not mutually exclusive. Opioids include substances such as fentanyl, heroin, and prescription opioid medications. Stimulants include substances such as methamphetamine, cocaine, and prescription stimulants.

Table 2. Circumstances involved in unintentional overdose deaths in Clark County, 2023-2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

Circumstance	2023 N=629	2024 N=786	Percent Change	Trend
Evidence Substance Use	456 (72.4%)	627 (79.8%)	+10%	Increase
Occurred in Household	414 (65.8%)	409 (52.0%)	-21%	Decrease
Bystander Present	178 (28.3%)	319 (40.6%)	+43%	Increase
Naloxone Administered	110 (17.4%)	153 (19.5%)	+12%	Increase
Mental Health Diagnosis	78 (12.4%)	111 (14.1%)	+13%	Increase
Recent Release from Institution	36 (5.7%)	76 (9.7%)	+70%	Increase
Experiencing Homelessness	59 (9.3%)	68 (8.7%)	-6%	Decrease
Previous Overdose	58 (9.2%)	62 (7.9%)	-14%	Decrease
Military Service	50 (7.9%)	52 (6.6%)	-16%	Decrease
Ever in Treatment	48 (7.6%)	42 (5.3%)	-30%	Decrease

Note: Missing data excluded from percentage calculations. 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.