Nevada State Unintentional Drug Overdose Reporting System (SUDORS): 2024 Washoe 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 Washoe 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 Washoe County Regional Medical Examiner's Office 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 Washoe County SUDORS report shows that unintentional and undetermined intent overdose deaths decreased in Washoe County from 297 deaths in 2023 to 217 deaths in 2024. This marks a decline after several years of increases, as the number of overdose deaths rose steadily from 130 in 2019 to 297 in 2023 before decreasing in 2024. Despite this decline, overdose mortality remains a significant public health concern in Washoe County. Compared with statewide patterns, Washoe County accounted for a smaller share of deaths involving opioids and opioid-stimulant combinations in 2024, but substance involvement remained complex and polysubstance use continued to play an important role.

Substance involvement patterns in Washoe County show that stimulants were involved in 70.5% of overdose deaths in 2024, while opioids were involved in 59.4%, and 36.4% involved both a stimulant and an opioid. Methamphetamine was the most common specific substance involved, contributing to 62.2% of deaths, followed by fentanyl at 50.2%. Compared with the statewide findings, Washoe County had slightly lower involvement of stimulants, opioids, fentanyl, cocaine, and opioid-stimulant combinations, while alcohol, benzodiazepine, and heroin involvement were slightly higher than statewide percentages. From 2023 to 2024, most substance categories decreased in Washoe County, including any opioid, fentanyl, illicitly manufactured fentanyl, heroin, any stimulant, methamphetamine, alcohol, opioid-stimulant combinations, and multiple-substance involvement. Cocaine and benzodiazepine involvement increased slightly, suggesting that these substances may warrant continued monitoring even as overall overdose deaths declined.

Circumstance data highlight several important opportunities for prevention and response in Washoe County. In 2024, evidence of substance use was documented in 73.7% of overdose deaths, 67.3% occurred in a household, and a bystander was present in 43.3% of deaths. Naloxone was administered in 33.3% of deaths, which was higher than the statewide percentage of 22.8% and increased from 2023. Washoe County also had higher documented percentages than the state overall for mental health diagnosis, homelessness, previous overdose, and prior treatment for substance use disorder, though these indicators decreased from 2023 to 2024. Overall, the findings suggest that Washoe County overdose prevention efforts should continue to prioritize methamphetamine, fentanyl, polysubstance use, naloxone access, bystander response, and household-based overdose prevention strategies, while also strengthening linkage to care for people with behavioral health needs, prior overdose history, homelessness, or recent contact with institutions and treatment systems.

SECTION 1: GENERAL CHARACTERISTICS

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

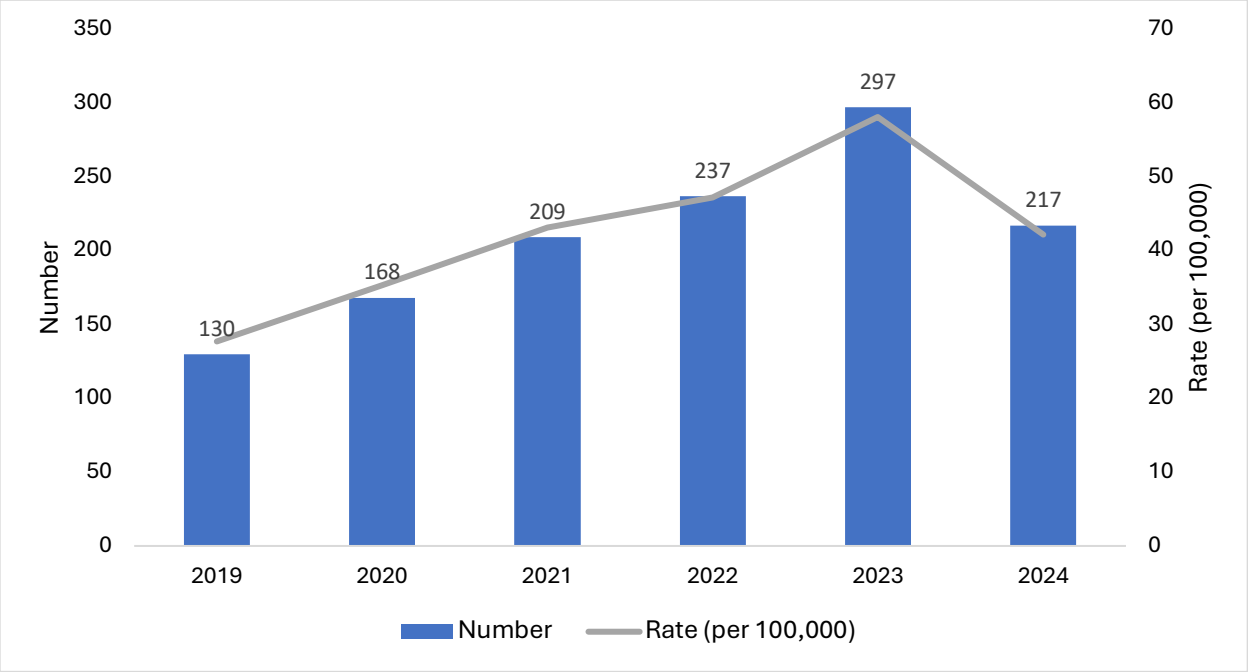
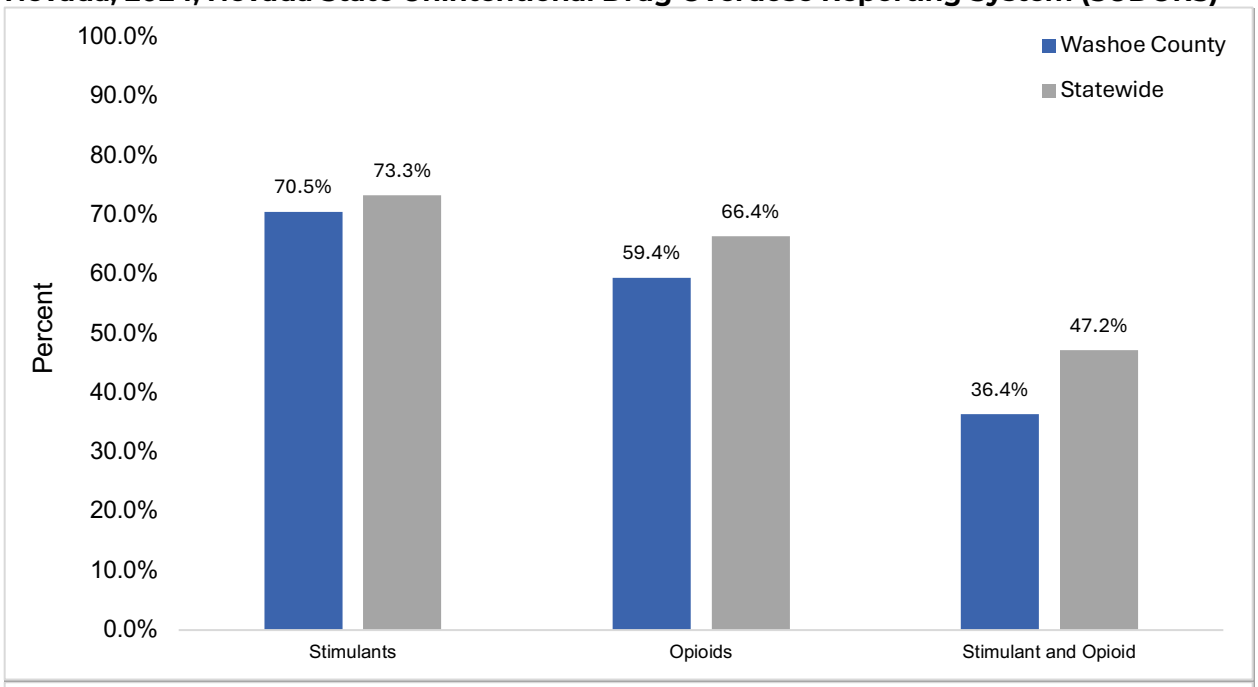
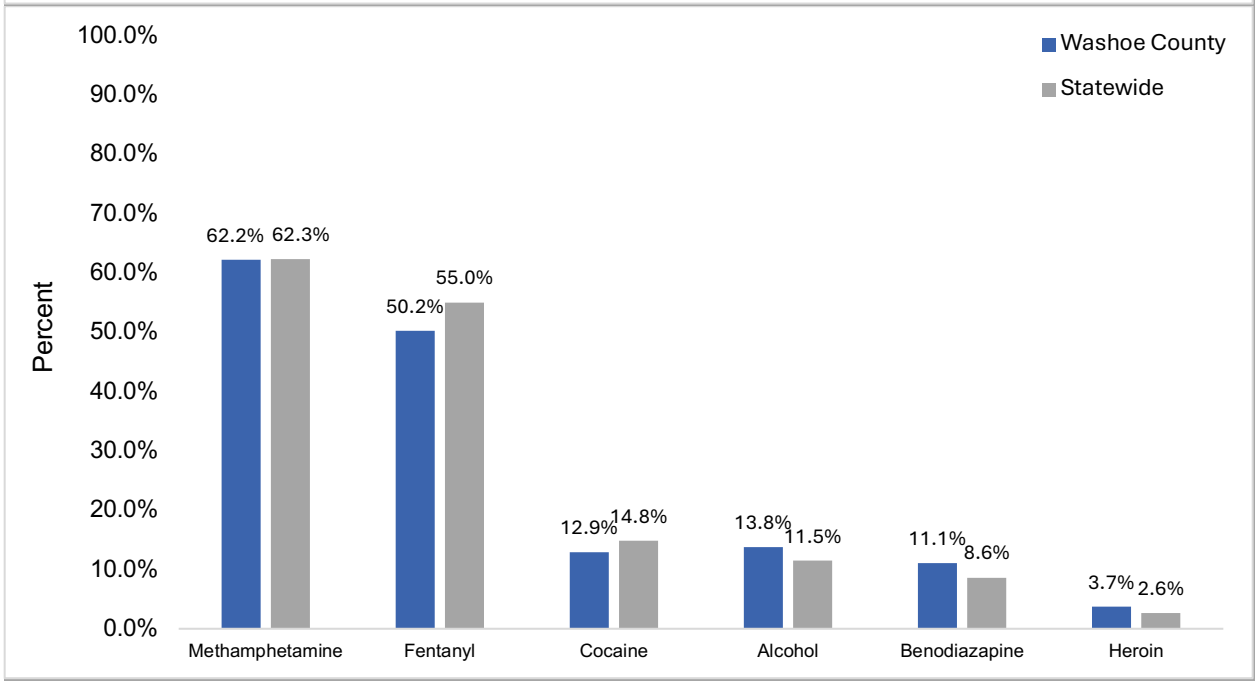


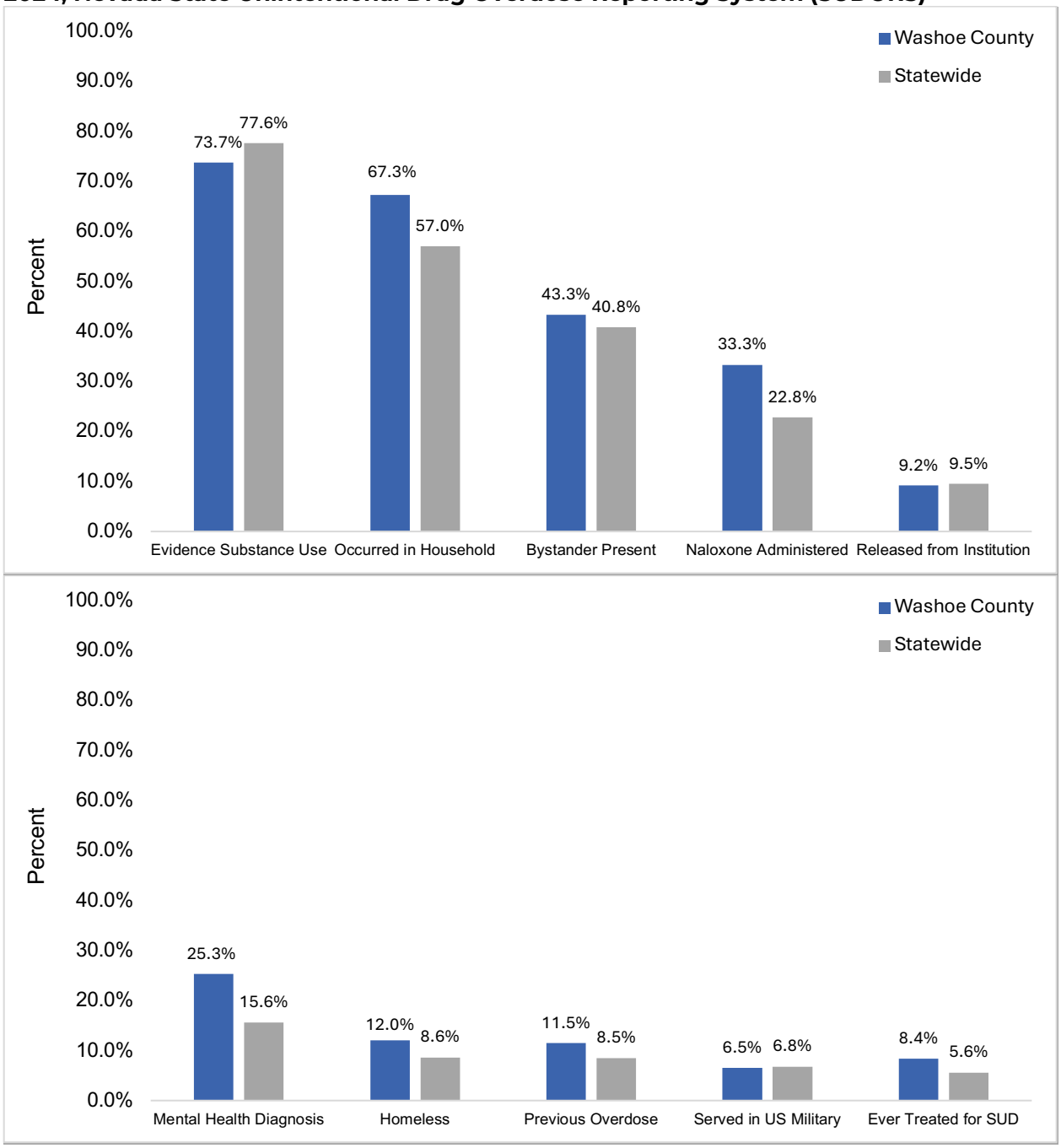
Figure 2. Substances involved in unintentional overdose deaths, Washoe County vs. Statewide, Nevada, 2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)





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, Washoe 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 Washoe County, 2023-2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

Substance	2023 N=297	2024 N=217	Percent Change	Trend
Opioids				
----------	------	------	------	------
Any Opioid	197 (66.3%)	129 (59.4%)	-10%	Decrease
Fentanyl	166 (55.9%)	109 (50.2%)	-10%	Decrease
Illicitly Manufactured Fentanyl (IMF)	163 (54.8%)	104 (47.9%)	-13%	Decrease
Heroin	16 (5.4%)	8 (3.7%)	-31%	Decrease
Stimulants				
----------	------	------	------	------
Any Stimulant	222 (74.7%)	153 (70.5%)	-6%	Decrease
Methamphetamine	199 (67.0%)	135 (62.2%)	-10%	Decrease
Cocaine	32 (10.8%)	28 (12.9%)	+19%	Increase
Other Substances				
----------	------	------	------	------
Alcohol	53 (17.8%)	30 (13.8%)	-22%	Decrease
Benzodiazepine	32 (10.8%)	24 (11.1%)	+3%	Increase
Substance Combinations				
----------	------	------	------	------
Opioids + Stimulants	126 (42.4%)	79 (36.4%)	-14%	Decrease
Multiple Substances	198 (66.7%)	130 (59.9%)	-10%	Decrease

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 Washoe County, 2023-2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

Circumstance	2023 N=297	2024 N=217	Percent Change	Trend
Evidence Substance Use	234 (78.7%)	160 (73.7%)	-6%	Decrease
Occurred in Household	167 (56.2%)	146 (67.2%)	+20%	Increase
Bystander Present	149 (50.1%)	94 (43.3%)	-14%	Decrease
Naloxone Administered	90 (30.3%)	72 (33.1%)	+9%	Increase
Mental Health Diagnosis	88 (29.6%)	55 (25.3%)	-15%	Decrease
Recent Release from Institution	48 (16.2%)	20 (9.2%)	-43%	Decrease
Experiencing Homelessness	52 (17.5%)	26 (12.0%)	-31%	Decrease
Previous Overdose	44 (14.8%)	24 (11.1%)	-25%	Decrease
Military Service	12 (4.0%)	14 (6.5%)	+63%	Increase
Ever in Treatment	22 (7.4%)	16 (7.4%)	---	No Change

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.