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

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

Report developed by:
Larson Institute for Health Impact and Equity
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ABOUT THE DIVISION OF PUBLI4C 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 the state of Nevada utilizing the State Unintentional Drug Overdose Reporting System (SUDORS) for the period beginning ***January 1, 2024 to December 31, 2024***, and the preceding year.

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

Suggested Citation

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

SUMMARY

The 2024 Nevada SUDORS report shows that unintentional and undetermined intent overdose deaths remained a significant public health concern in Nevada, with 1,100 deaths reported in 2024 compared with 1,052 in 2023. Overdose deaths were most common among adults ages 30 to 39, who accounted for 26.8% of deaths, followed by adults ages 40 to 49 and 50 to 59. Males continued to represent the majority of overdose deaths at 71.3%, though the proportion of deaths among females increased from 25.0% in 2023 to 28.7% in 2024. Non-Hispanic White individuals accounted for the largest share of deaths at 54.0%, but the proportion of deaths increased among Hispanic individuals, non-Hispanic Black individuals, and people categorized as another race or ethnicity. Geographically, overdose deaths were heavily concentrated in Clark County, which accounted for 71.5% of deaths statewide, followed by Washoe County at 19.7%.

Substance involvement patterns highlight the continued importance of both stimulant and opioid-related overdose prevention. In 2024, stimulants were involved in 73.3% of overdose deaths, opioids were involved in 66.4%, and nearly half of deaths involved both a stimulant and an opioid. Methamphetamine was the most commonly involved specific substance, contributing to 62.3% of deaths, followed by fentanyl at 55.0%. Compared with 2023, deaths involving stimulants, methamphetamine, cocaine, illicitly manufactured fentanyl, and opioid-stimulant combinations increased. Fentanyl involvement remained essentially unchanged, while heroin, alcohol, and benzodiazepine involvement decreased. These findings suggest that fentanyl remains a major driver of overdose mortality in Nevada, while stimulant involvement, particularly methamphetamine, continues to increase and should remain a key focus of prevention efforts.

Circumstance data point to several opportunities for intervention. In 2024, evidence of substance use was documented in 77.6% of overdose deaths, 57.0% occurred in a household, and a bystander was present in 40.8% of deaths. Naloxone was administered in 22.8% of deaths, a slight increase from 2023. Other documented circumstances included mental health diagnosis, recent release from an institution, homelessness, previous overdose, military service, and prior treatment for substance use disorder, though these data may underestimate true prevalence because they depend on information available during death scene investigations. Overall, the report emphasizes the need for comprehensive overdose prevention strategies that address fentanyl, methamphetamine, polysubstance use, naloxone access, bystander response, and linkage to care during high-risk transition points such as release from institutions or recent contact with treatment and healthcare systems.

SECTION 1: GENERAL CHARACTERISTICS

Figure 1. Age distribution of unintentional overdose deaths in Nevada, 2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

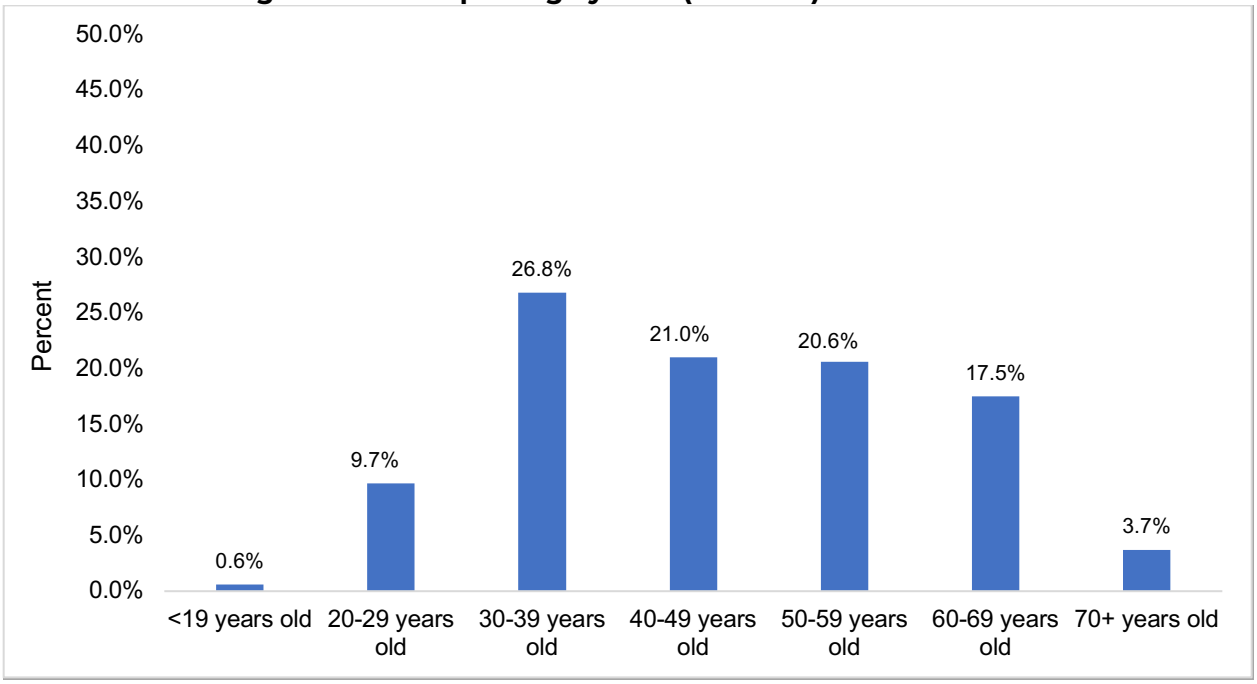


Figure 2. Sex distribution of unintentional overdose deaths in Nevada, 2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

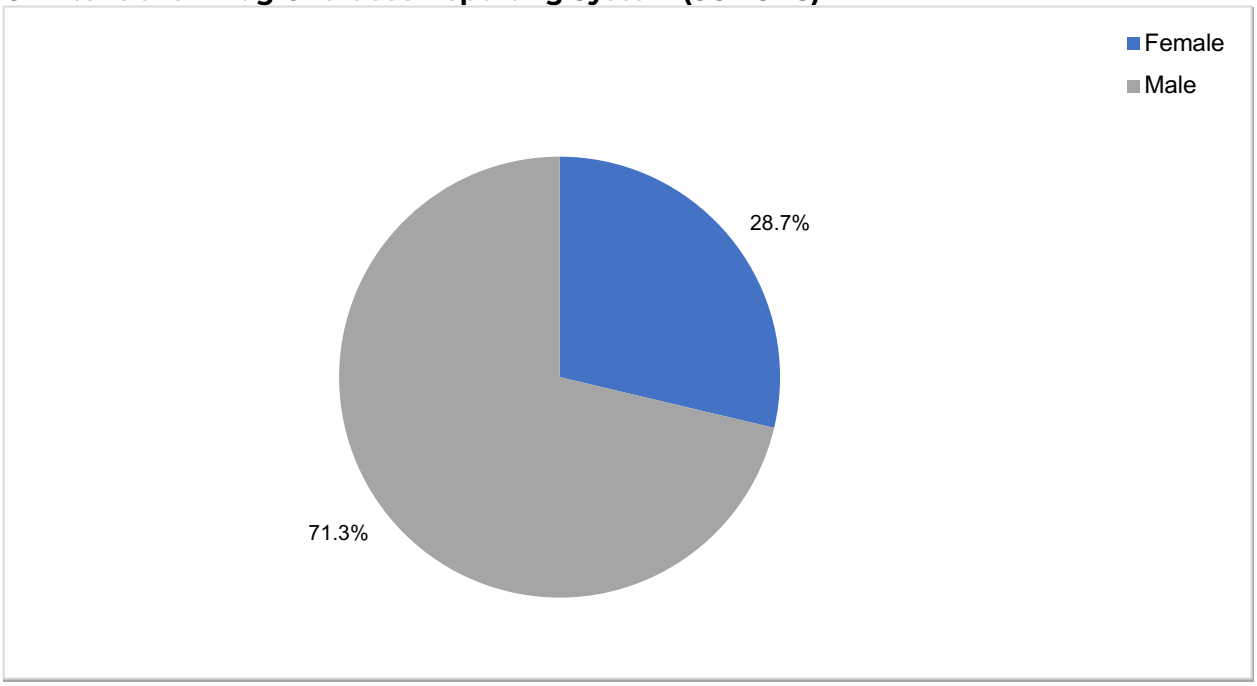


Figure 3. Racial/ethnic distribution of unintentional overdose deaths in Nevada, 2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

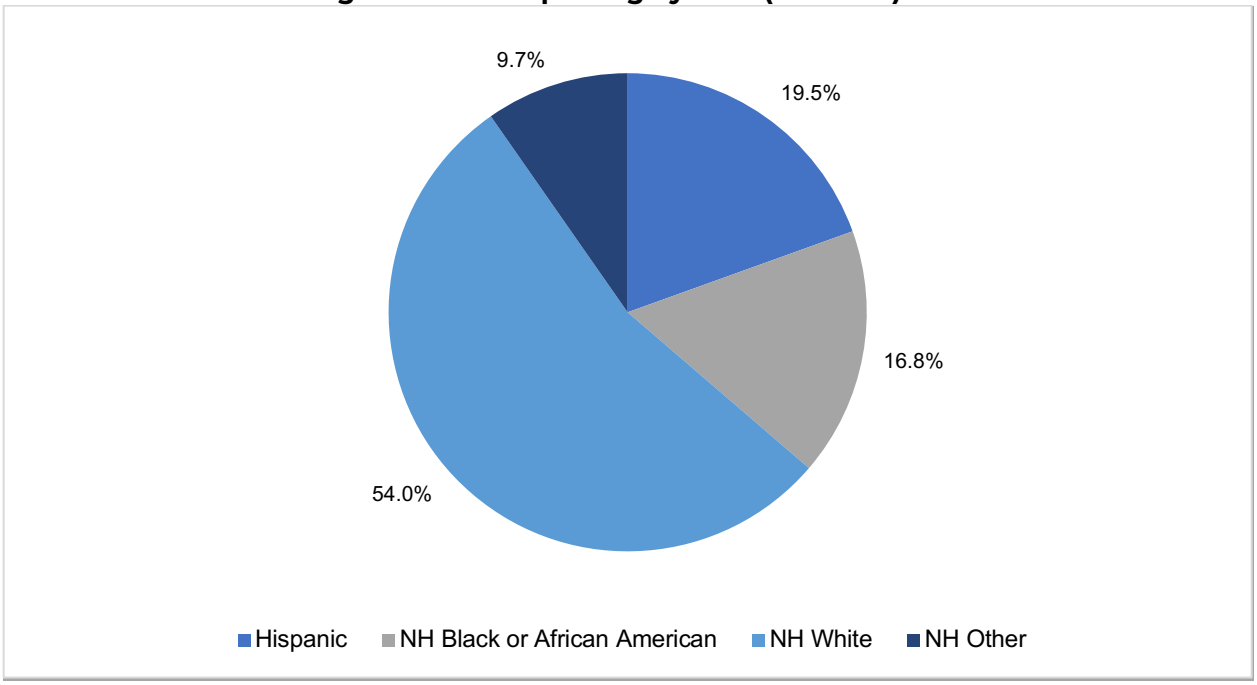


Figure 4. Regional distribution of unintentional overdose deaths in Nevada, 2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

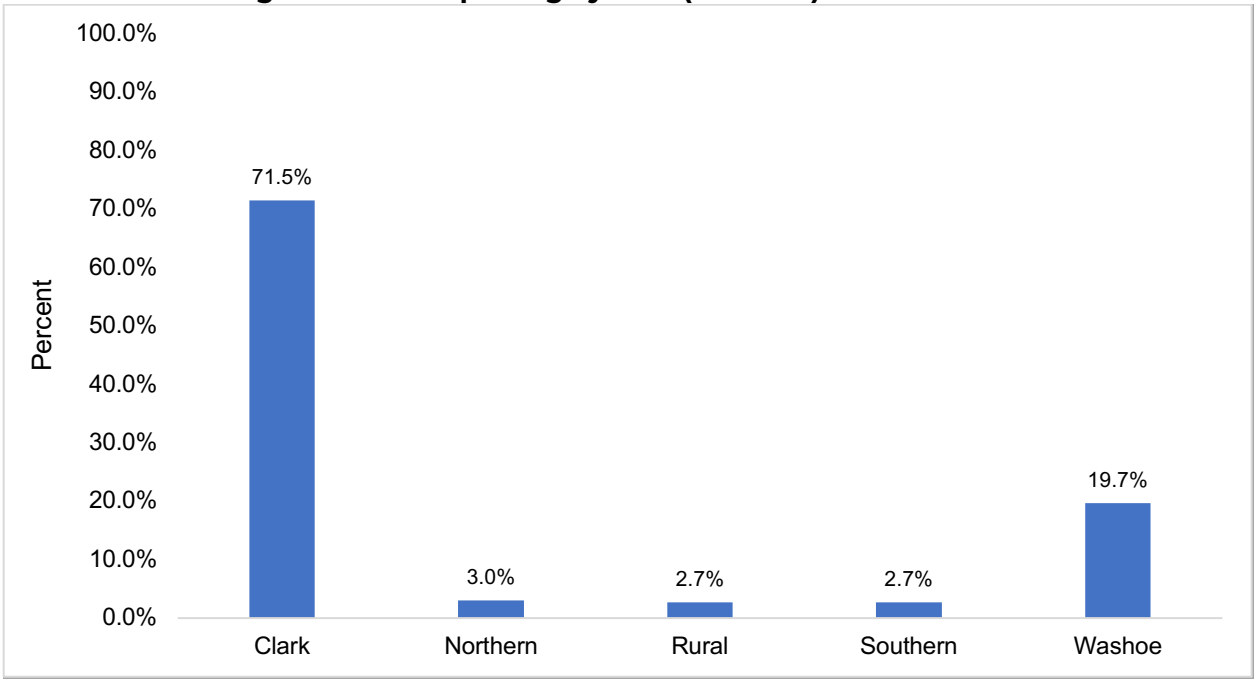
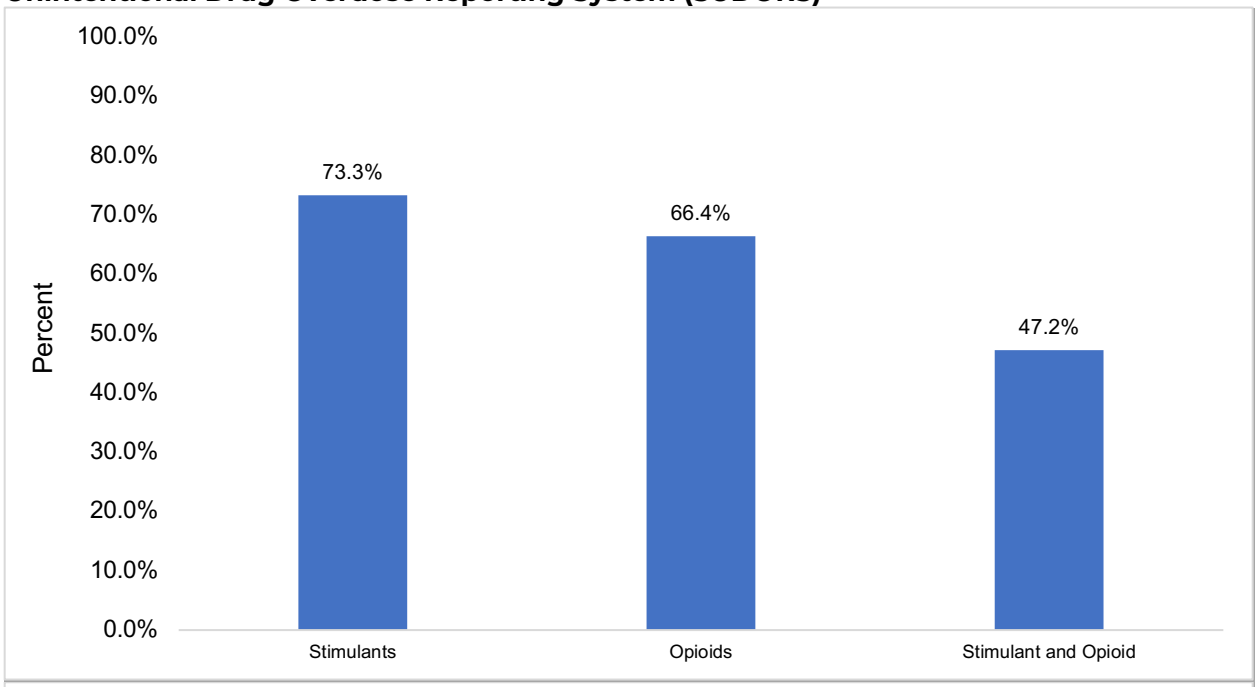
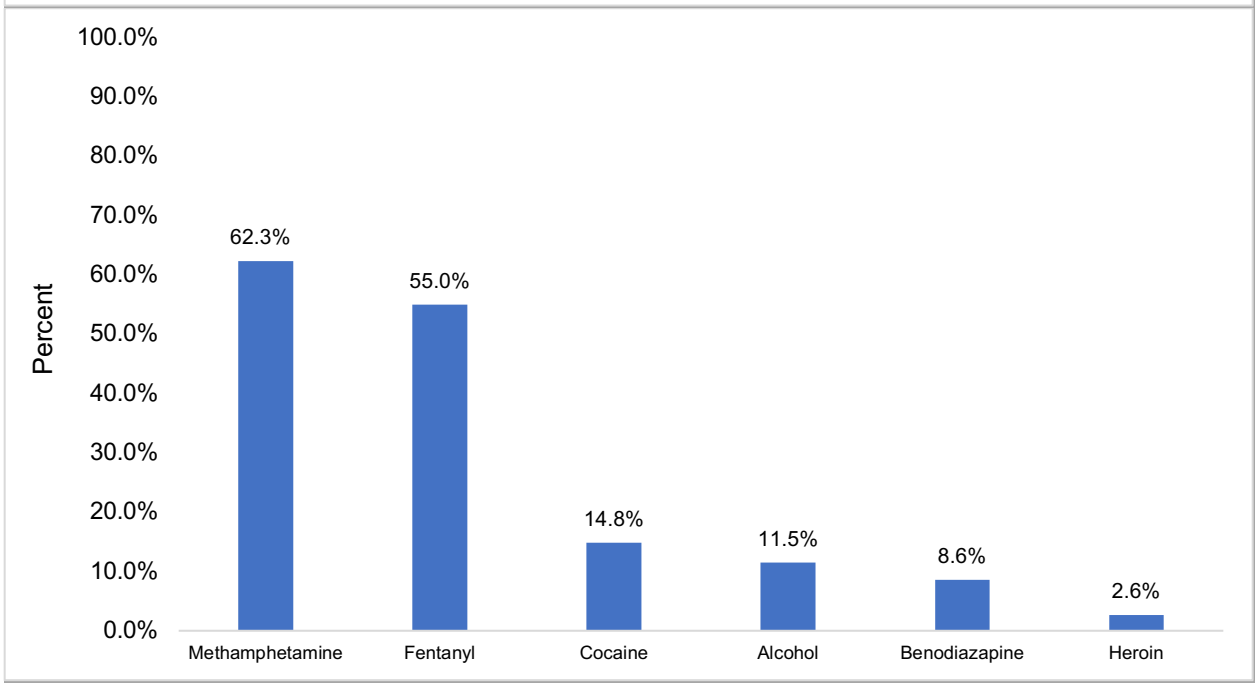


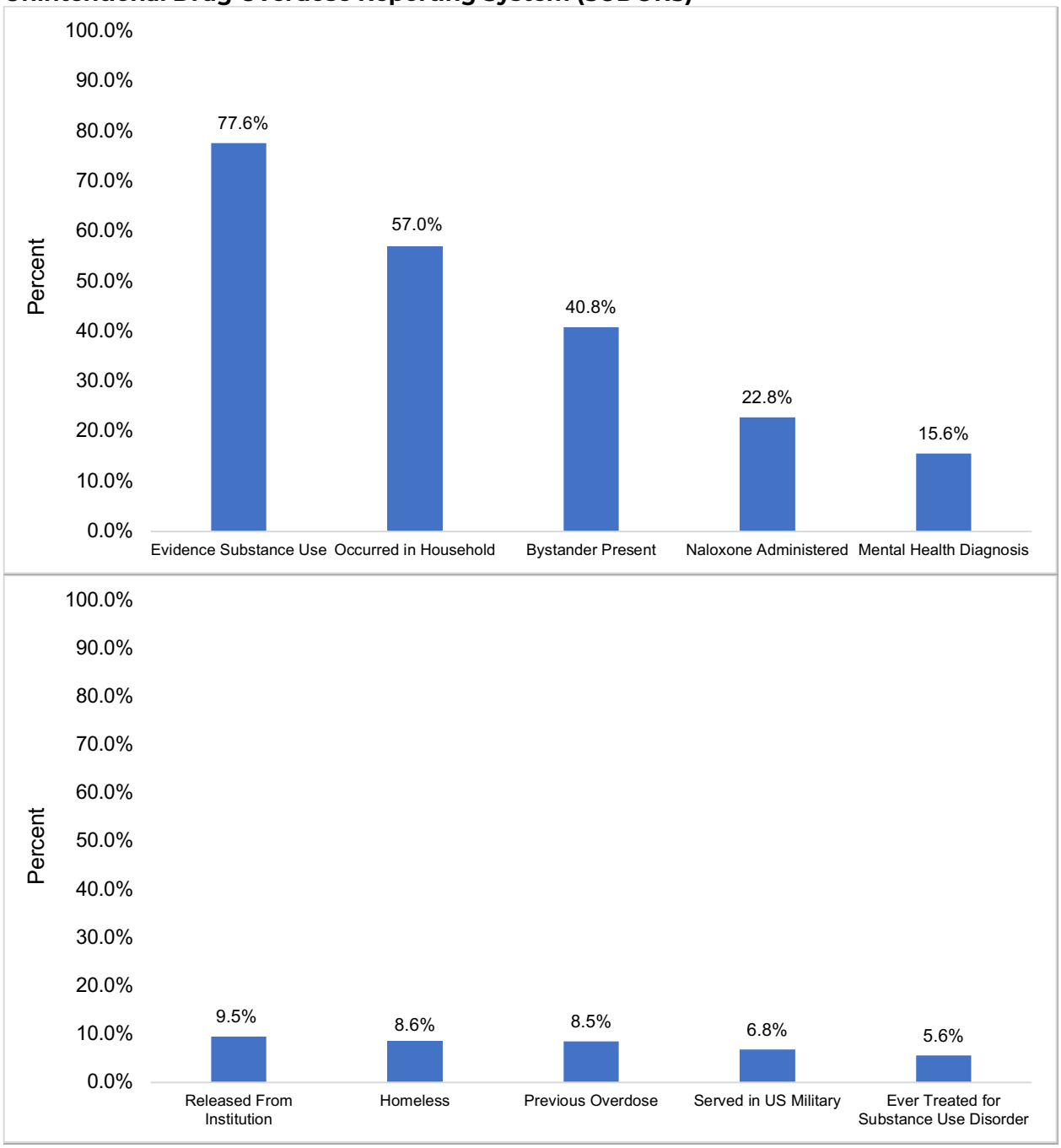
Figure 5. Substances involved in unintentional overdose deaths in Nevada, 2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)





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 6. Circumstances involved in unintentional overdose deaths in Nevada, 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. Demographic characteristics of unintentional overdose deaths, 2023-2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

Characteristic	2023 N=1.052	2024 N=1,110	Percent Change	Trend
Age				
----------	------	------	------	------
<19 years old	10 (1.0%)	7 (0.6%)	-40%	Decrease
20-29 years old	127 (12.1%)	107 (9.7%)	-20%	Decrease
30-39 years old	268 (25.5%)	295 (26.8%)	+5%	Increase
40-49 years old	190 (18.1%)	231 (21.0%)	+16%	Increase
50-59 years old	225 (21.4%)	227 (20.6%)	-4%	Decrease
60-69 years old	193 (18.3%)	192 (17.5%)	-4%	Decrease
70+ years old	39 (3.7%)	41 (3.7%)	---	No Change
Sex				
----------	------	------	------	------
Female	263 (25.0%)	316 (28.7%)	+15%	Increase
Male	789 (75.0%)	784 (71.3%)	-5%	Decrease
Race				
----------	------	------	------	------
Black	155 (14.8%)	185 (16.8%)	+14%	Increase
Hispanic	183 (17.5%)	214 (19.5%)	+11%	Increase
Other*	60 (5.7%)	107 (9.7%)	+70%	Increase
White	650 (62.0%)	594 (54.0%)	-13%	Decrease
Region				
----------	------	------	------	------
Clark	629 (60.3%)	786 (71.7%)	+19%	Increase
Northern	63 (6.0%)	33 (3.0%)	-50%	Decrease
Rural	28 (2.7%)	30 (2.7%)	---	No Change
Southern	26 (2.5%)	30 (2.7%)	+8%	Increase
Washoe	297 (28.5%)	217 (19.8%)	-31%	Decrease

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 in unintentional overdose deaths, 2023-2024, Nevada State U1nintentional Drug Overdose Reporting System (SUDORS)

Substance	2023 N=1.052	2024 N=1,110	Percent Change	Trend
Opioids				
----------	------	------	------	------
Any Opioid	712 (67.7%)	730 (66.4%)	-2%	Decrease
Fentanyl	579 (55.0%)	606 (55.1%)	---	No Change
Illicitly Manufactured Fentanyl (IMF)	545 (51.8%)	575 (52.3%)	+1%	Increase
Heroin	55 (5.2%)	29 (2.6%)	-50%	Decrease
Stimulants				
----------	------	------	------	------
Any Stimulant	713 (67.8%)	806 (73.3%)	+8%	Increase
Methamphetamine	612 (58.2%)	685 (62.3%)	+7%	Increase
Cocaine	132 (12.5%)	163 (14.8%)	+18%	Increase
Other Substances				
----------	------	------	------	------
Alcohol	162 (15.4%)	126 (11.5%)	-25%	Decrease
Benzodiazepine	117 (11.1%)	95 (8.6%)	-23%	Decrease
Substance Combinations				
----------	------	------	------	------
Opioids + Stimulants	401 (38.1%)	472 (42.9%)	+13%	Increase
Multiple Substances	715 (68.0%)	724 (65.8%)	-3%	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 3. Circumstances involved in unintentional overdose deaths, 2023-2024, Nevada State Unintentional Drug Overdose Reporting System (SUDORS)

Circumstance	2023 N=1.052	2024 N=1,110	Percent Change	Trend
Evidence Substance Use	785 (74.6%)	854 (77.6%)	+4%	Increase
Occurred in Household	666 (63.3%)	627 (57.0%)	-10%	Decrease
Bystander Present	383 (36.4%)	449 (40.8%)	+12%	Increase
Naloxone Administered	233 (22.1%)	251 (22.8%)	+3%	Increase
Mental Health Diagnosis	190 (18.1%)	172 (15.6%)	-14%	Decrease
Recent Release from Institution	92 (8.7%)	104 (9.5%)	+9%	Increase
Experiencing Homelessness	121 (11.5%)	95 (8.6%)	-25%	Decrease
Previous Overdose	115 (10.9%)	94 (8.5%)	-22%	Decrease
Military Service	72 (6.8%)	75 (6.8%)	---	No Change
Ever in Treatment	78 (7.4%)	62 (5.6%)	-24%	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.