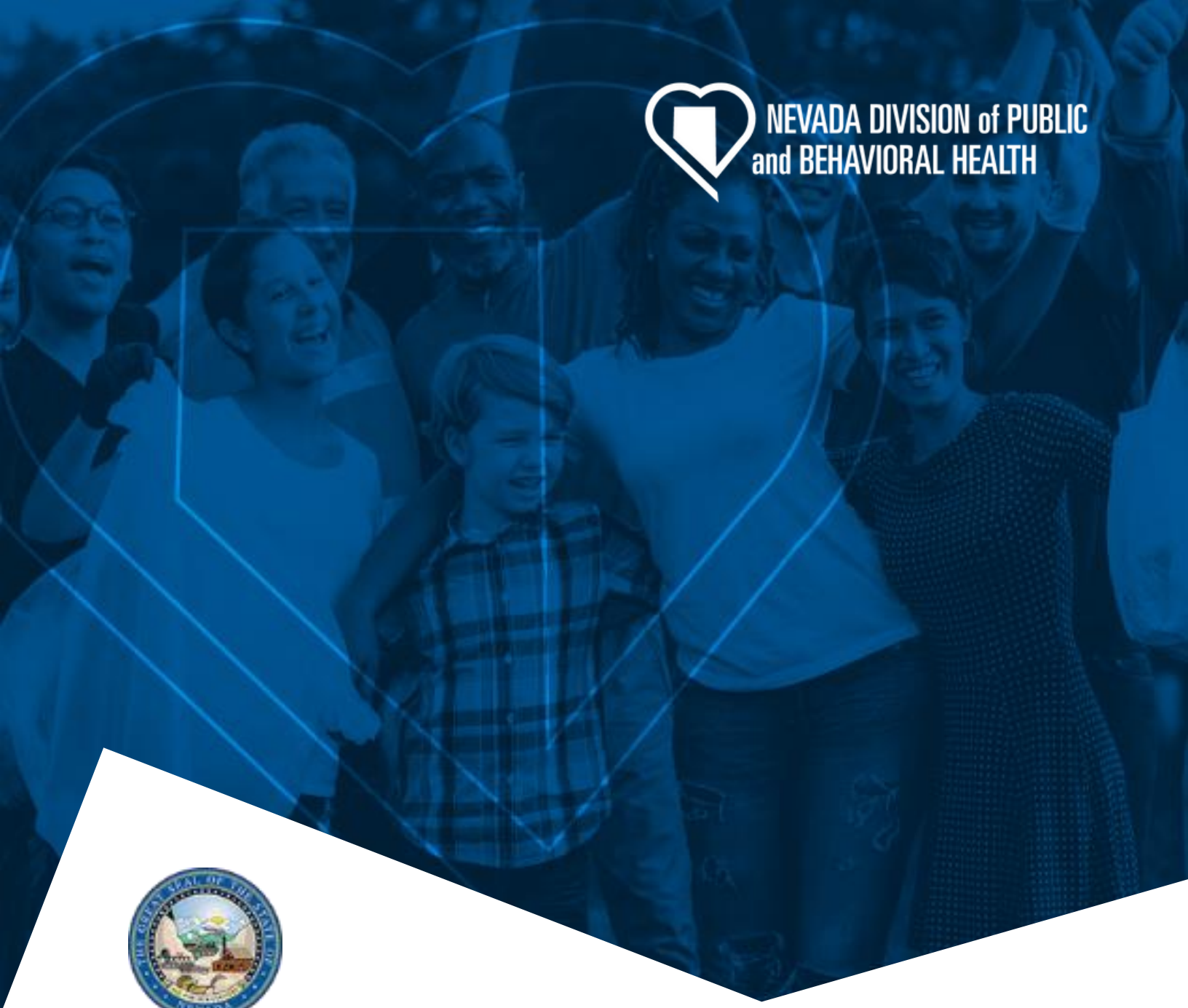


NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA DRUG OVERDOSE SURVEILLANCE NOVEMBER 2026: STATEWIDE REPORT

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

Reported developed by:
Larson Institute for Health Impact and Equity
School of Public Health, University of Nevada, Reno

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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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Purpose

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 data to enhance overdose surveillance, reporting, and dissemination efforts to better inform prevention, early intervention, treatment, harm reduction, and other entities. This monthly report contains information on overdose within the state of Nevada primarily utilizing emergency department (ED) visit data from the National Syndromic Surveillance Program for the month of October 2026.

Actions to Help Support Overdose Prevention and Response: Emergency departments serve as an important connection point with people and their loved ones regarding fatal and non-fatal overdose prevention. With consideration of the data outlined in this report, community partners, including emergency departments, healthcare systems, and emergency medical services may consider potential steps to further support people experiencing an overdose:

- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify behavioral health treatment, providing resources, or other relevant information.
- Expand Naloxone distribution at emergency departments and by EMS (Leave Behind Naloxone) to those who had an overdose and their family and friends.
- Provide peer support to patients and their loved ones through recovery coaching in the emergency department to ensure they are provided with wraparound services following their medical emergency.
- Provide training opportunities for emergency department staff, EMS, and other emergency responders on how to discuss overdose prevention and response with patients who may be at risk for overdose.

Report Highlights

- Compared to last month, suspected drug-related overdose ED rates decreased by 7%, and opioid-related overdose ED visit rates decreased by 7%.
- All: Patients that visited the ED for drug-related overdose in October 2026 were mostly male, White, and between the ages of 35-44. Highest rates were among Black, non-Hispanic persons.
- Adolescents: Visits among adolescents decreased by 27% compared to the previous month. Visits were mostly female, and White, non-Hispanic.

Trend Data

Figure 1. Suspected drug overdoses from Syndromic Surveillance in Nevada, past 12 months

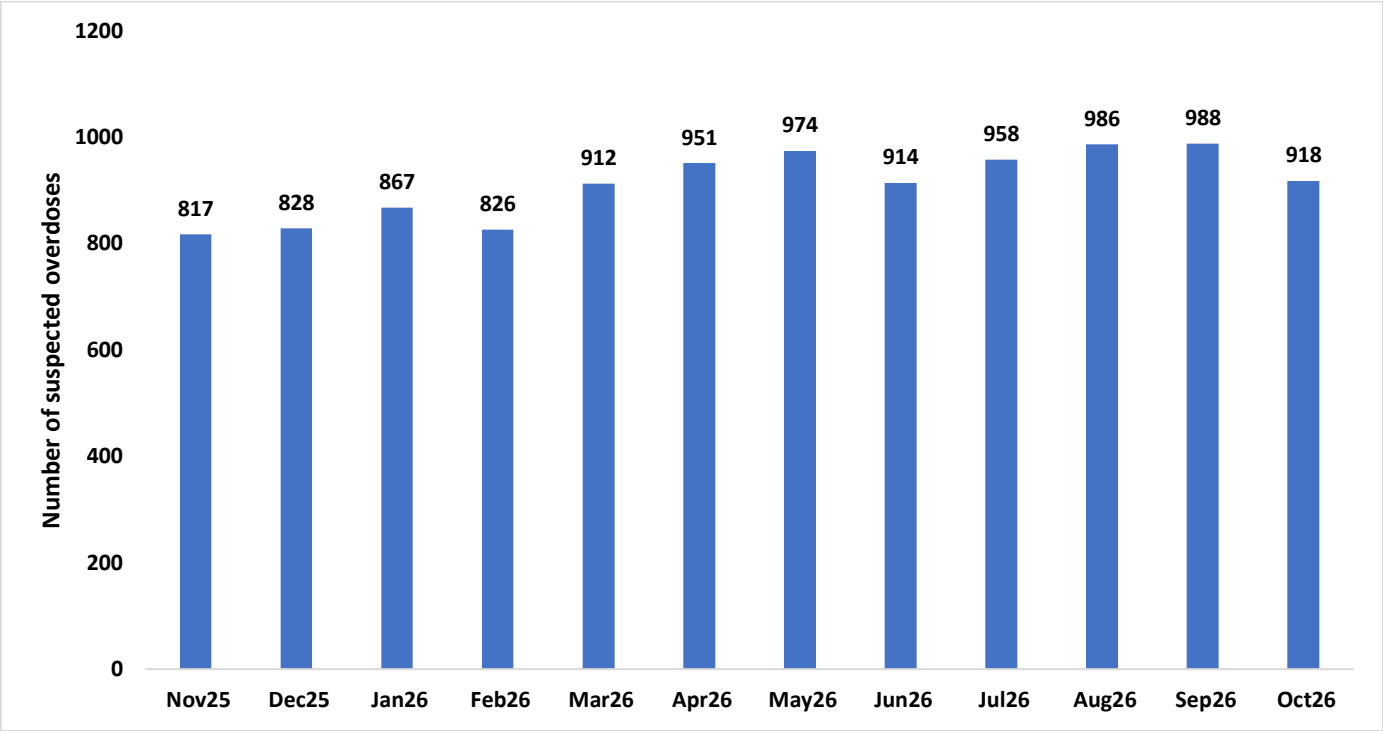


Figure 2. Monthly rates of suspected opioid, fentanyl, and stimulant-related overdose ED visits in NV, past 12 months (per 100,000 population)

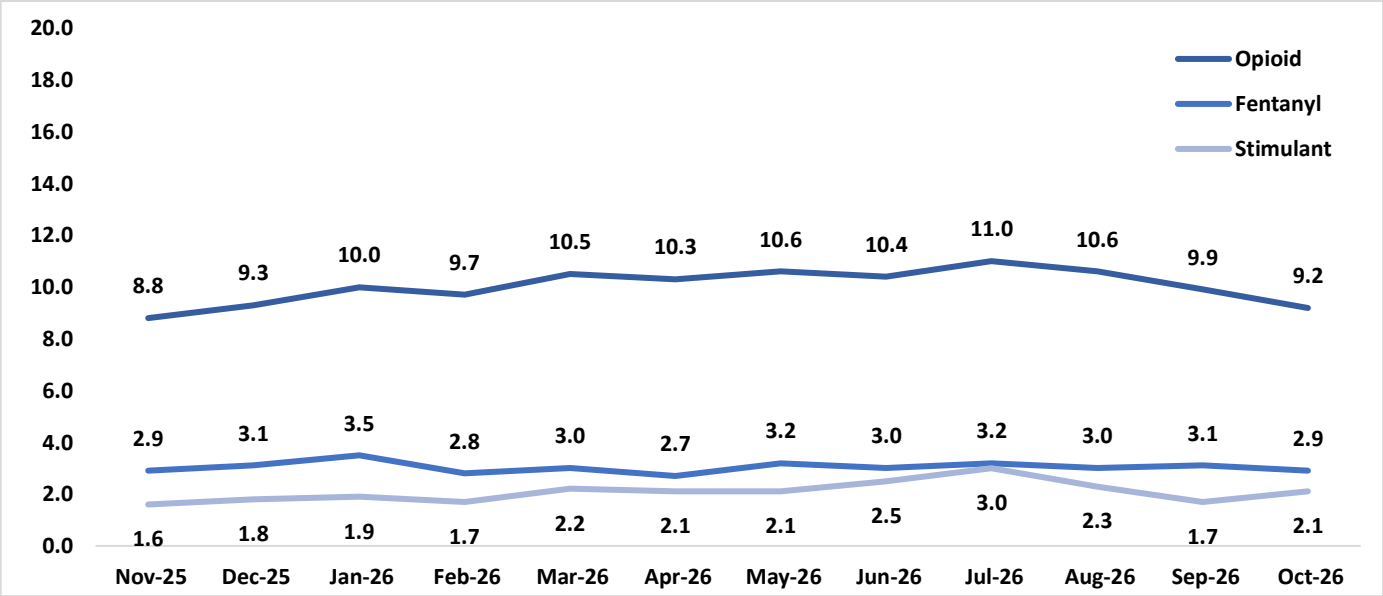
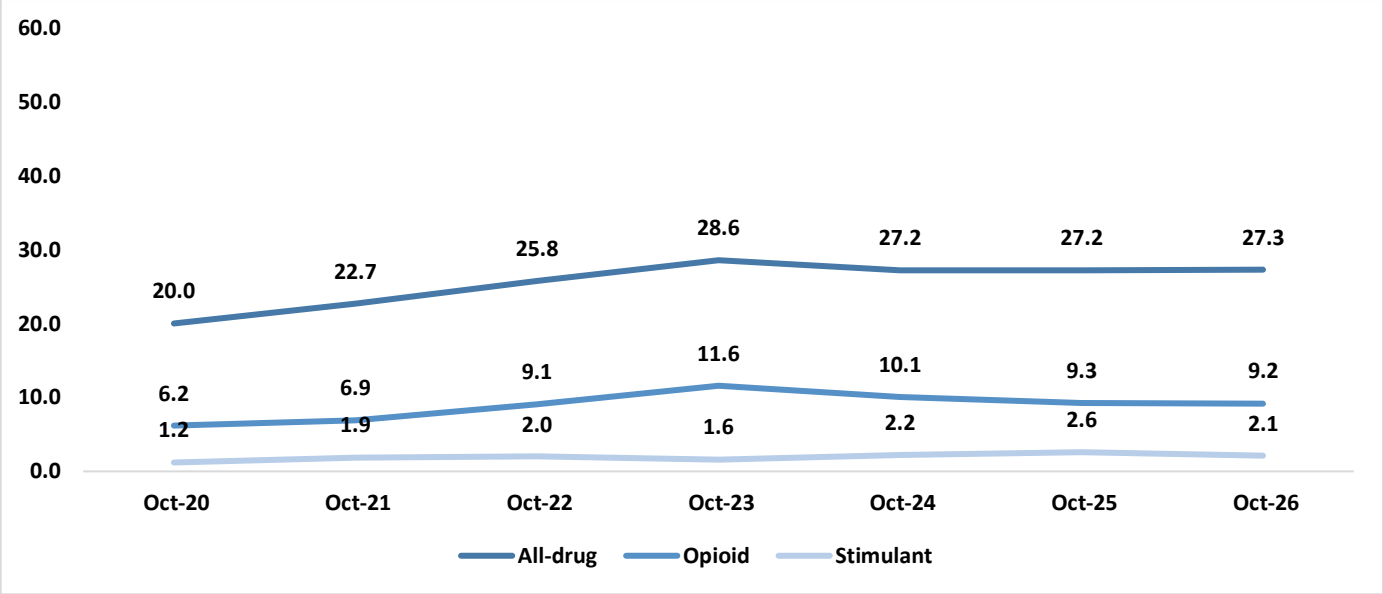


Figure 3. Monthly rates for suspected drug, opioid, and stimulant-related overdose ED visits, 2020-2026 (per 100,000 population)



Demographic Data

Figure 4. Sex of suspected drug-related overdose ED visits in NV, October 2026 (N=918)

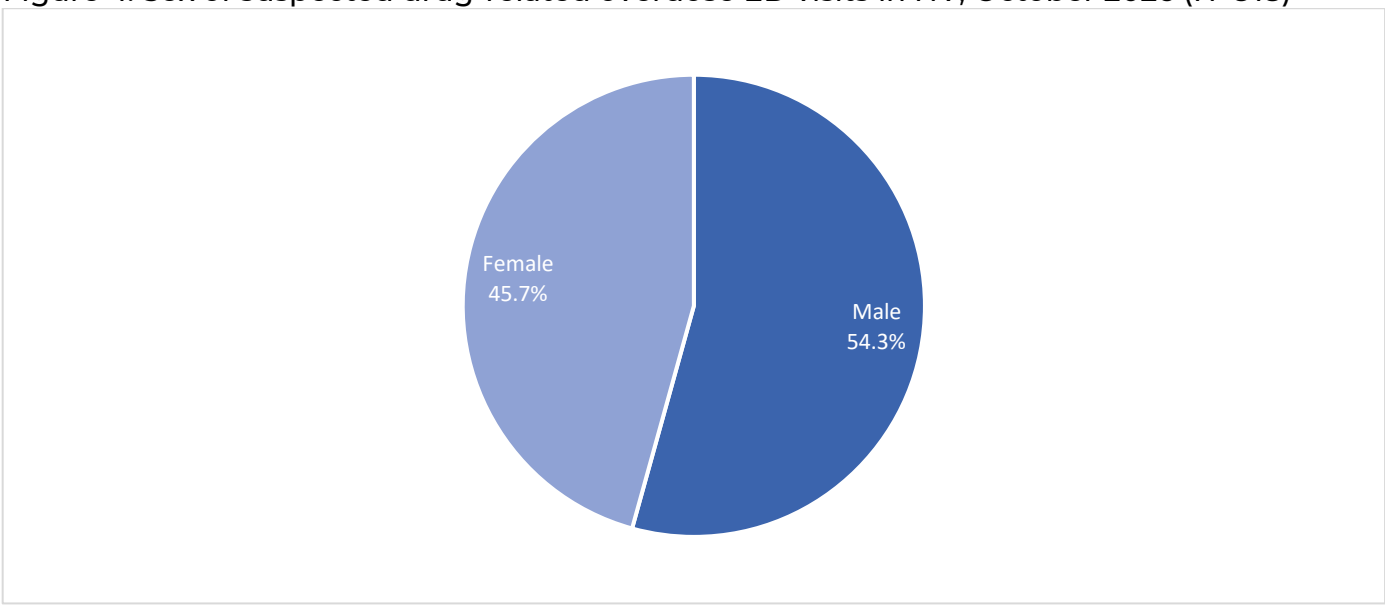
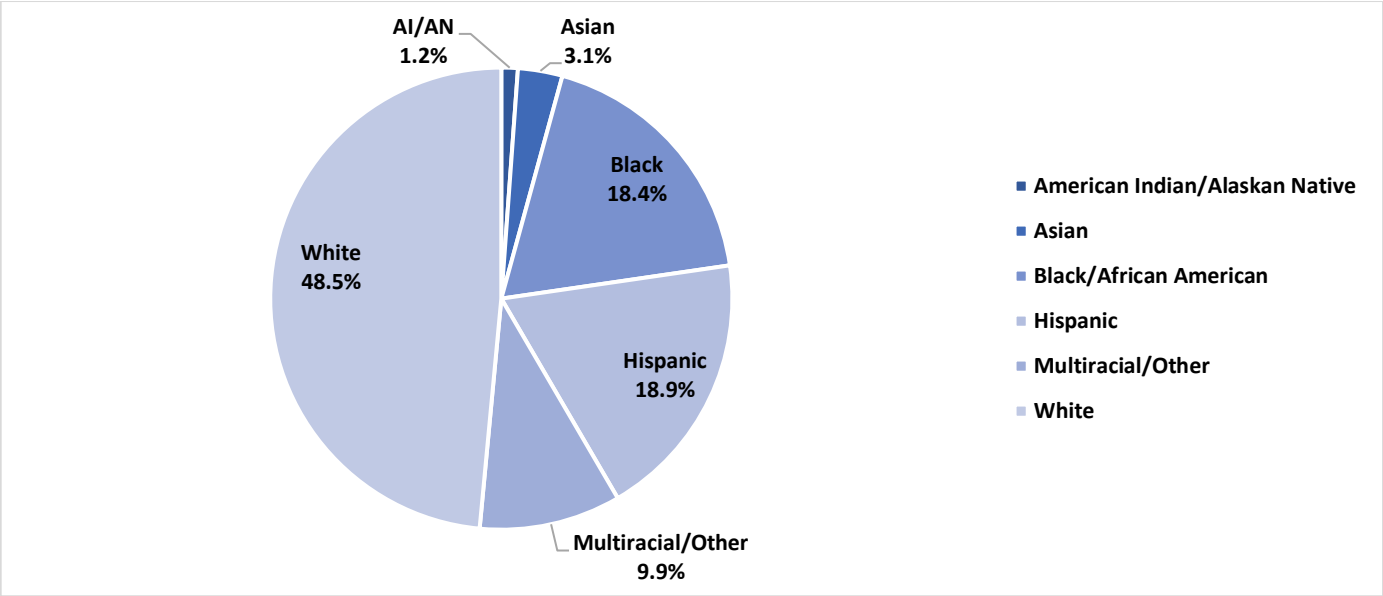
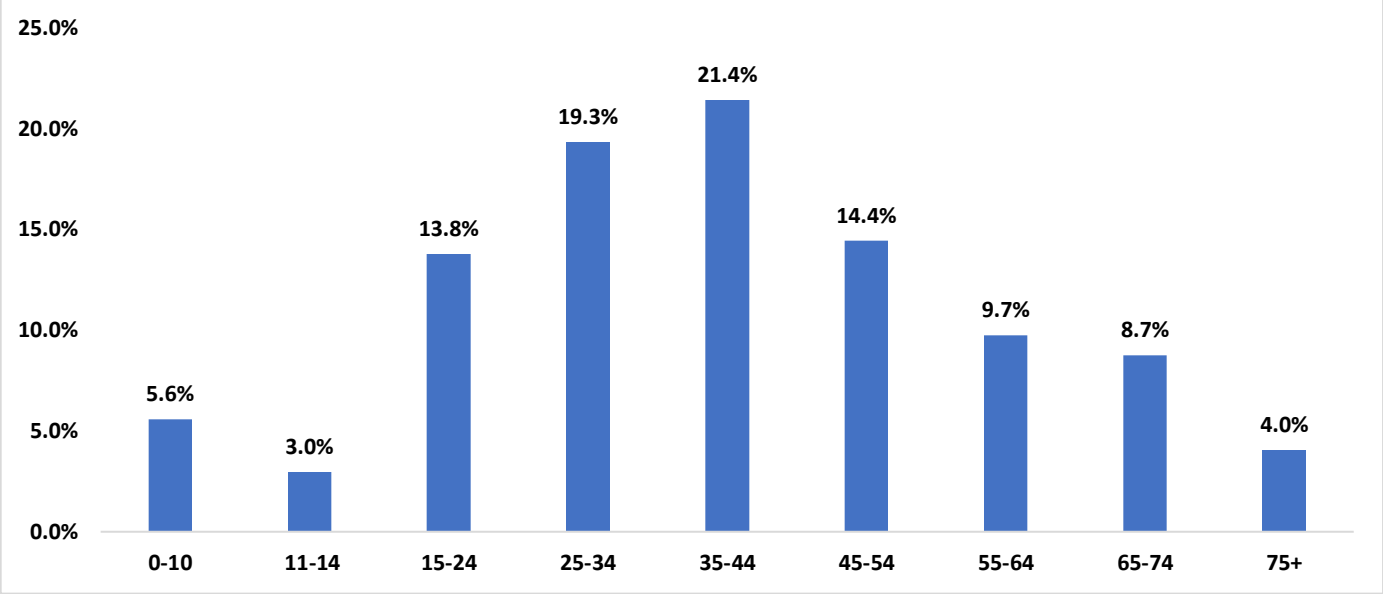


Figure 5. Race/Ethnicity of suspected drug-related overdose ED visits in NV, October 2026 (N=918)



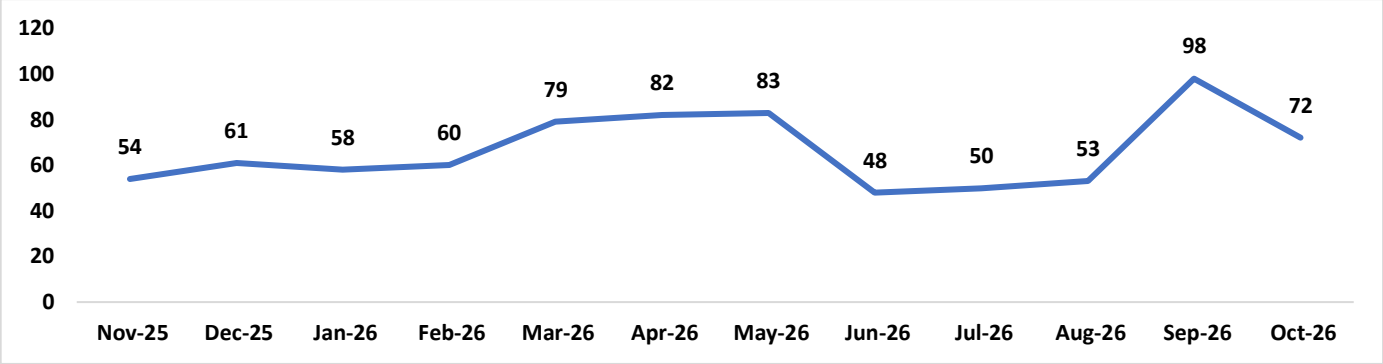
Note: The rate of suspected drug-related overdose by race/ethnicity (per 100,000 populations was as follows: Black (51.4 per 100,000), American Indian/Alaska Native (28.2 per 100,000), White (26.4 per 100,000), Hispanic (15.7 per 100,000), Asian (7.8 per 100,000).

Figure 6. Age of suspected drug-related overdose ED visits in NV, October 2026 (N=918)



Spotlight: Adolescents

Figure 7. Monthly counts of suspected drug-related overdose ED visits in NV, past 12 months among adolescents



Note: Adolescents made up of those between the ages of 12-17.

Figure 8. Sex of suspected drug-related overdose ED visits in NV among adolescents, October 2026 (N=72)

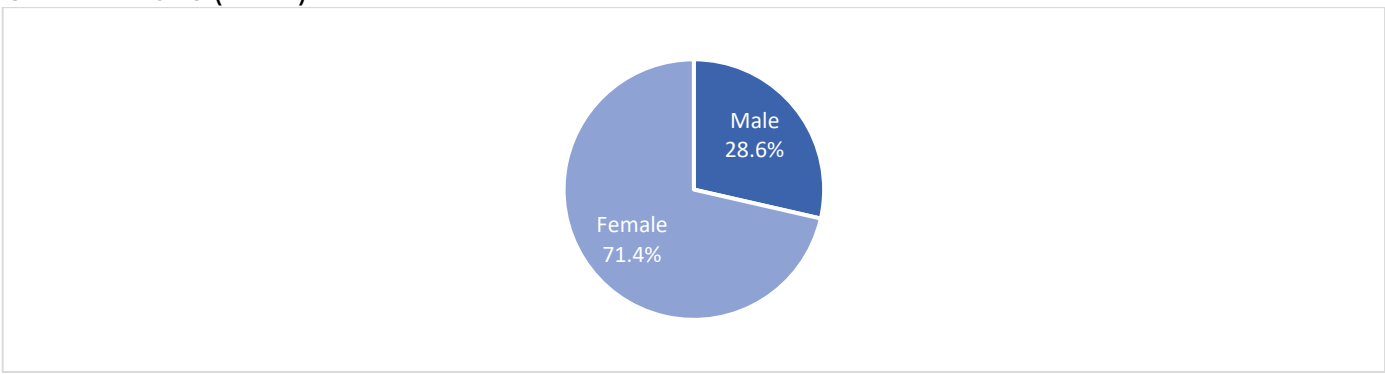
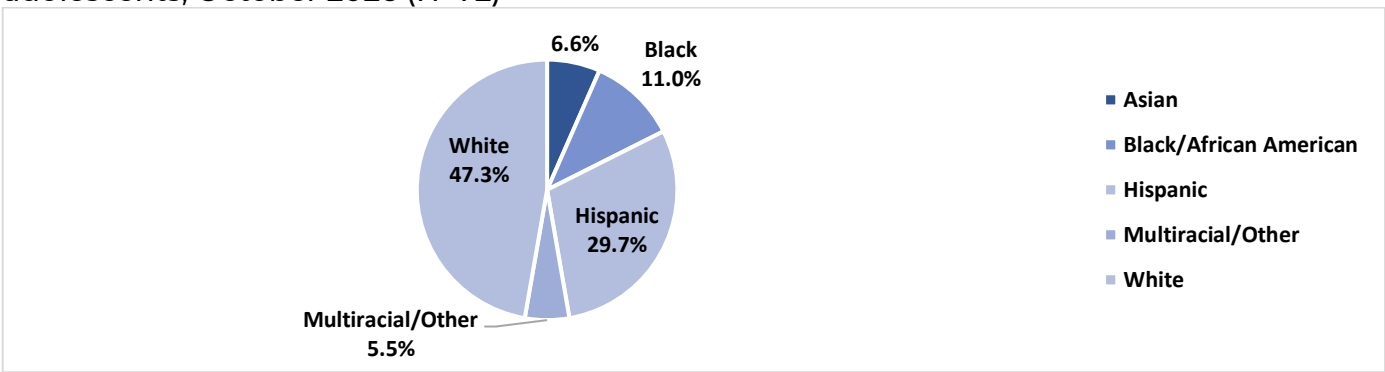


Figure 9. Race/Ethnicity of suspected drug-related overdose ED visits in NV among adolescents, October 2026 (N=72)



Technical Notes

Data Sources: National Syndromic Surveillance Program is a near real-time method of categorizing visits to the ED across Nevada based on a patient's chief complaint and/or discharge diagnosis.

Case definitions: For National Syndromic Surveillance Program, case definitions and queries for suspected all drug overdose ED visits are created and provided by CDC and include chief complaint keywords and ICD-10-CM discharge diagnosis codes.

Limitations: Statewide, the National Syndromic Surveillance Program is estimated to capture visits from approximately 90-95% of Nevada emergency department facilities, and thus may underestimate the occurrence of overdoses across the state. Since not everyone who overdoses is able to make it to the ED, this report may underestimate the total overdose burden in the state.