Nevada State Unintentional Drug Overdose Reporting System

Report of 2020 Deaths - Northern Nevada

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.

The information contained in this report highlights **overdose mortality** within <u>Northern Nevada counties</u> utilizing the State Unintentional Drug Overdose Reporting System (SUDORS) for the period beginning *January 1, 2019 to December 31, 2020*.

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.

<u>Case Definitions</u>: 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).

<u>Limitations</u>: 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.

The report includes details on:

Section 1: Demographic Characteristics of Cases

Section 2: Breakdown of Top Substances Listed as Causing Death

<u>Section 3</u>: Mental Health, Substance Use, and Institutionalization Prior to Death

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Key Findings:

There were 391 accidental/undetermined intent drug overdose deaths reported in SUDORS among Nevada residents that living in Northern Nevada counties from January 1, 2019 to December 31, 2020.

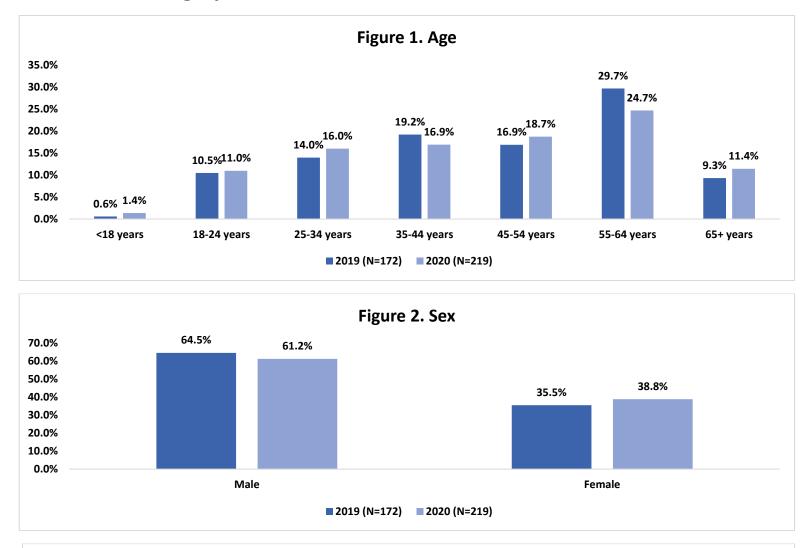
- Cases were mostly male, white, had a high school education and between the ages of 55-64 (Figures 1-4).
- There was a significant increase in the percentage of deaths attributed to fentanyl (164% increase) and a decline in the percentage of deaths attributed to heroin (19% decrease) (Figure 8).
- 1 in 5 deaths in Northern Nevada had an opioid and stimulant present (Figure 10).
- There was a significant increase in the percentage of Hispanic overdoses (136% increase) (Figure 4).
- Opioids were listed in the cause of death for 61% of cases (Figure 8).
- There was a significant increase in the percentage of deaths where there was evidence of snorting (233% increase) (Figure 6).

Questions or comments?

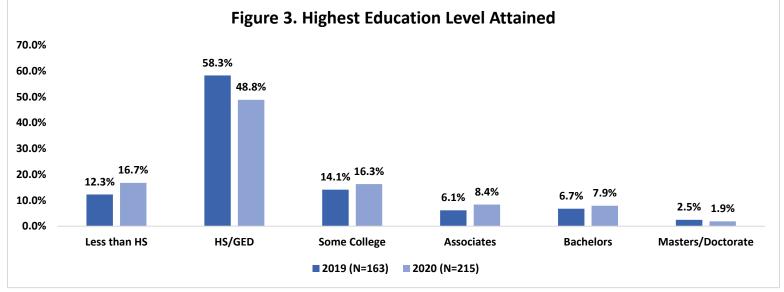
Please contact Nevada OD2A's opioid epidemiologist, Shawn Thomas, MPH, at shawnt@unr.edu.

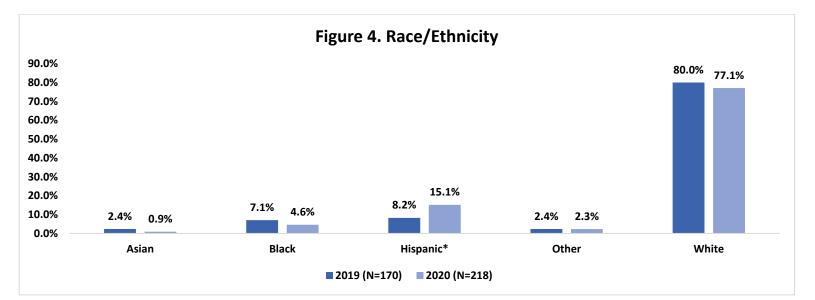


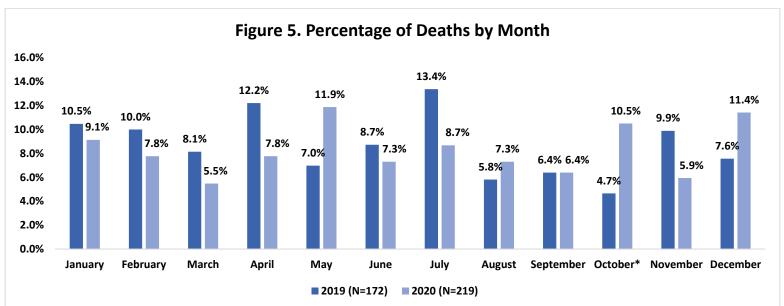


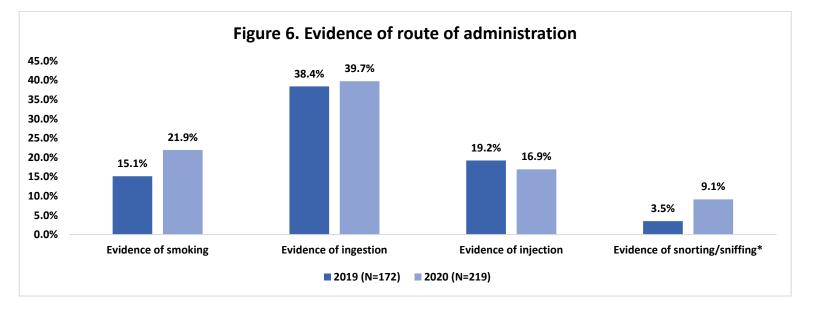


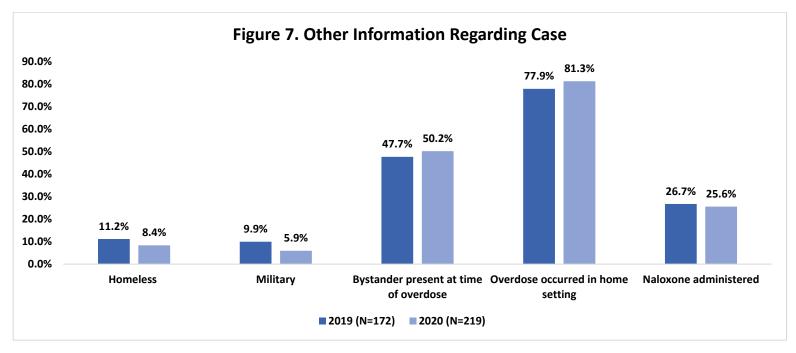
Section 1: Demographic Characteristics of Cases





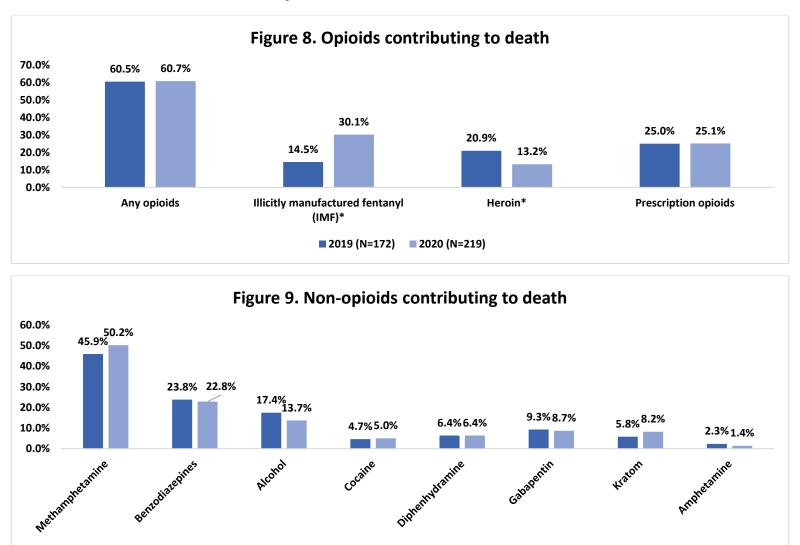






Data not available for all cases in Figures 3-4. Percentages exclude missing data, so these statistics may not represent the true proportion of case characteristics. *Indicates statistically significant differences between years.

<u>Summary</u>: There were 172 drug overdose deaths of unintentional/undetermined intent in 2019 compared to 219 deaths in 2020 in the jurisdiction of the Washoe County Medical Examiner among Nevada residents. In 2020, deaths were highest among the 55-64 year old population, followed by the 45-54 year old population. There was a statistitically significant increase in the percentage of deaths seen in those identified as Hispanic from 2019 (8.2%) to 2020 (15.1%) (Figure 4). There was a statistitically significant increase in the percentage of deaths in October 2019 (4.7%) to 2020 (10.5%) (Figure 5). In 2020, bystanders were present at half of overdoses, 4 in 5 overdoses occurred in a home dwelling, and naloxone was administered in only 1 in 4 overdoses.



cocaine

2019 (N=172)

Figure 10. Cases where opioids and other substances contributed to death

Opioid + Benzos

2019 (N=172) 2020 (N=219)

20.3%

2020 (N=219)

19.6%

Alcohol

Gabapentin

Amphetamine

11.9%

Opioid + Alcohol

Watom

14.0%

Section 2: Breakdown of Top Substances Listed on the Cause of Death

Substances listed in Figures 8 and 9 are not mutually exclusive, and decedents may have had multiple substances listed in the cause of death. *Indicates statistically significant differences between years.

Summary: There was a statistically significant increase in the percentage of deaths attributed to fentanyl from 2019 (14.5%) to 2020 (30.1%) (Figure 8). There was a statistically significant decrease in the percentage of deaths attributed to heroin from 2019 (20.9%) to 2020 (13.2%) (Figure 8). 1 in 5 deaths in Northern Nevada had an opioid and stimulant present (Figure 10).

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25.0%

20.0%

15.0%

10.0% 5.0% 0.0%

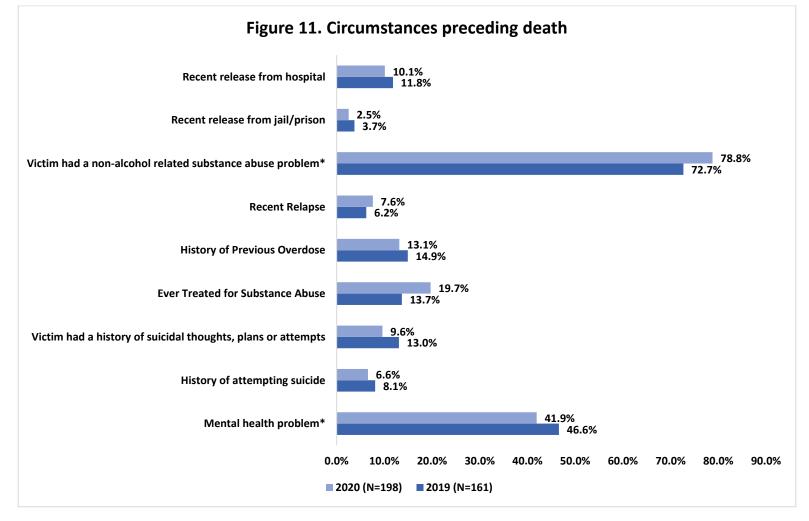
Bentodiatepines

22.1%

21.5%

Opioid + Stimulants

Section 3: Mental Health, Substance Use, and Institutionalization Prior to Death



Circumstances prior to death were not available for all cases in Figure 11. Percentages exclude missing data and likely underestimate the true proportion of case characteristics. *Indicates statistically significant differences between years.

<u>Summary</u>: Among those with known circumstances prior to death, there was a statistically significant decrease in the percentage of those with a reported mental health problem, from 46.6% in 2019 to 41.9% in 2020 (Figure 11). There was a statistically significant increase in the percentage of those with a non-alcohol related substance abuse problem, from 72.7% in 2019 to 78.8% in 2020 (Figure 11).