Nevada State Unintentional Drug Overdose Reporting System Report of Deaths 2019 to 2020 - Statewide

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 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, 2020 to December 31, 2020*, with comparisons from the same period in 2019.

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>

<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:

<u>Section 1</u>: Demographic Characteristics of Cases <u>Section 2</u>: Breakdown of Top Substances Listed in the Cause of Death, polysubstance use <u>Section 3</u>: Circumstances preceding death Section 4: Appendix (containing complete tables for sections 1-3)

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Key Findings:

There was a 55% increase in drug overdose deaths of unintentional or undetermined intent among Nevada residents from 2019 (N=510) to 2020 (N=788). During the same time period:

- There was a statistically significant increase in the percentage of deaths seen in those aged <18 and 18-24.
- There was a statistically significant increase in the percentage of deaths among Hispanics (120% increase).
- There was a statistically significant increase in the percentage of deaths attributed to fentanyl_(227% increase).
- There was a statistically significant increase in the percentage of deaths attributed to any opioid (76% increase).
- There was a statistically significant decrease in the percentage of deaths attributed to heroin (20% decrease).

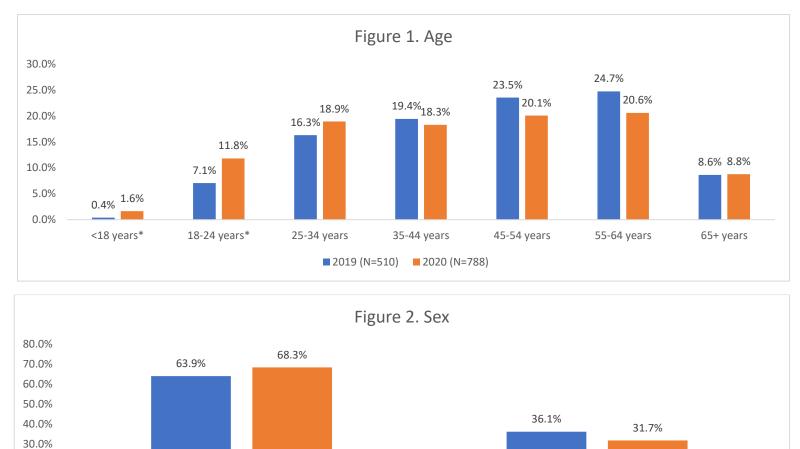
Questions or comments?

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

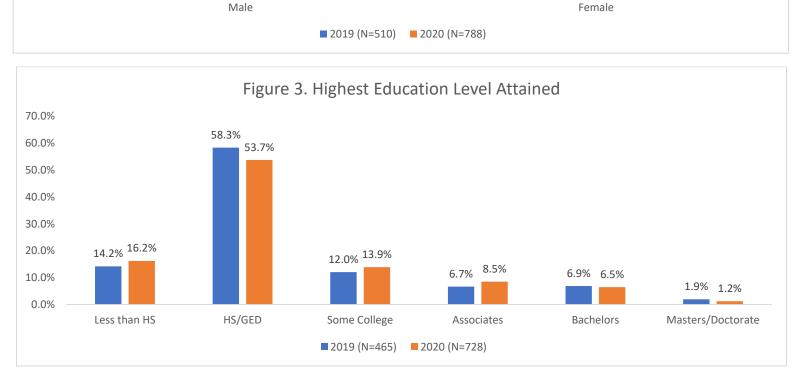




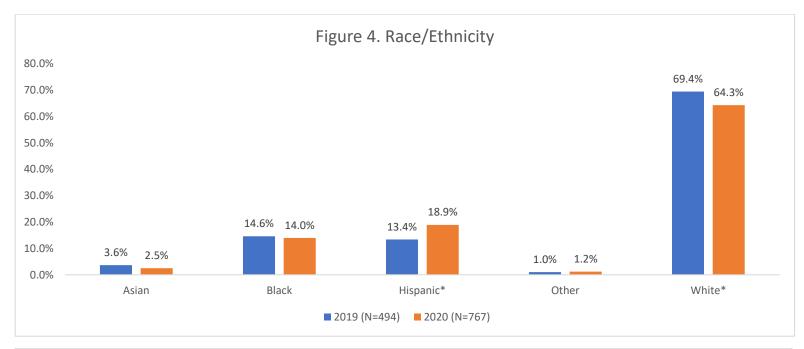


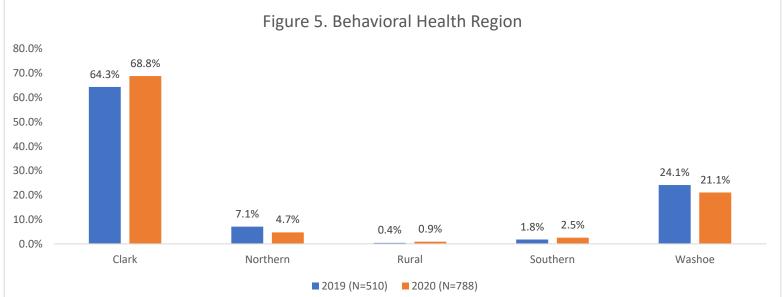


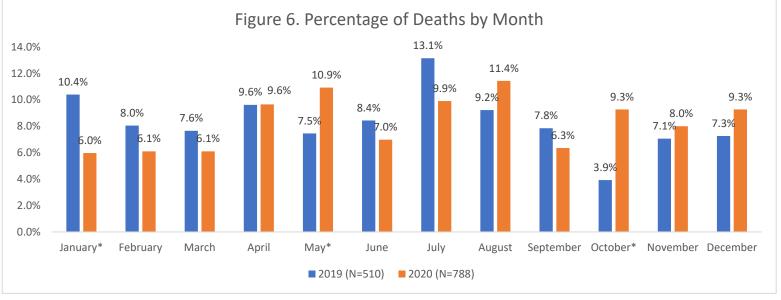
Section 1: Demographic Characteristics of Cases



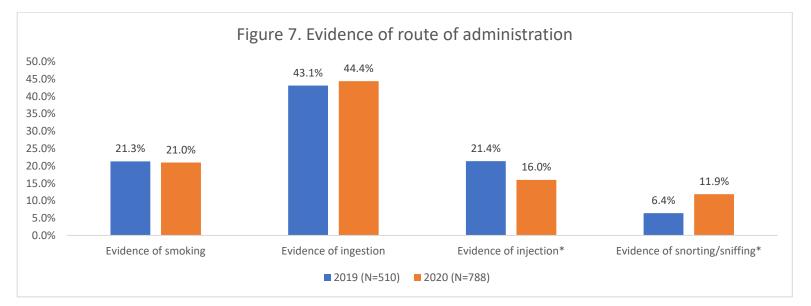
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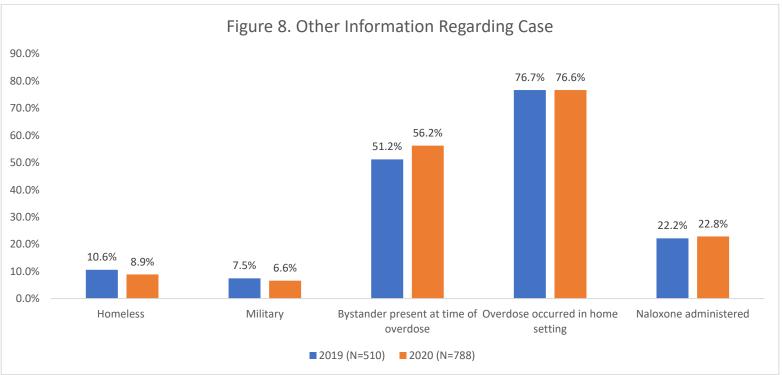






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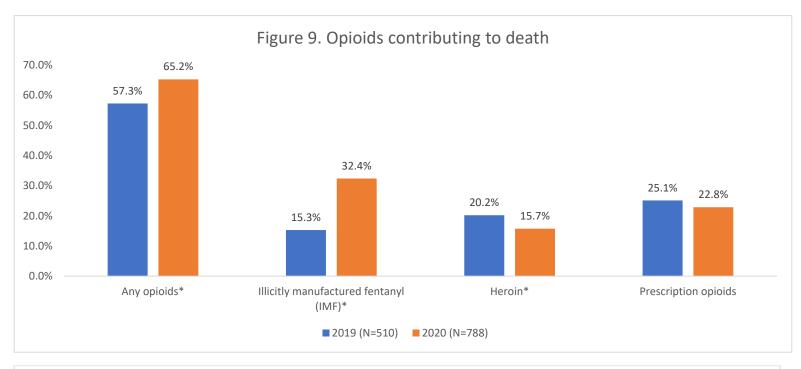


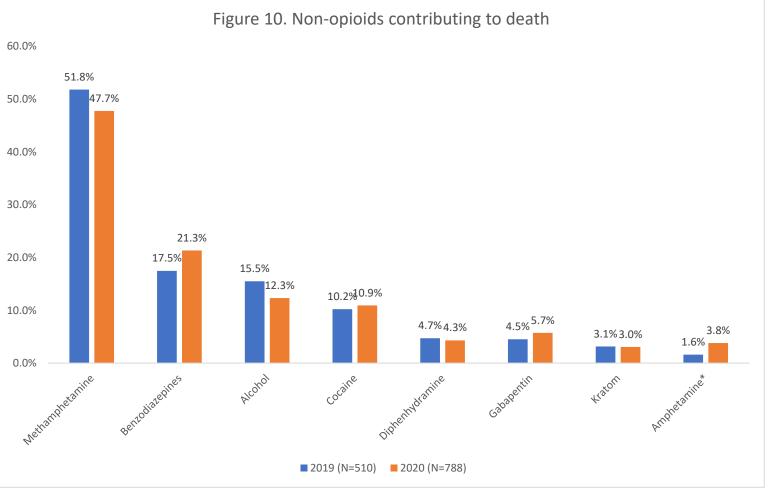


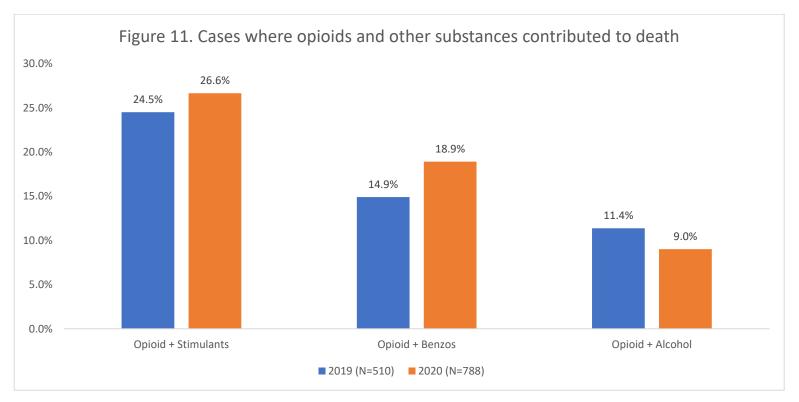
*Data may not have been available for all cases in Figures above. Percentages exclude missing data, so these statistics may not represent the true proportion of case characteristics.

<u>Summary</u>: There were 510 drug overdose deaths of unintentional/undetermined intent in 2019, compared to 788 drug overdose deaths of unintentional/undetermined intent in 2020 among Nevada residents. There was a statistically significant increase in the percentage of deaths seen in those aged <18 from 2019 (0.4%) to 2020 (1.6%) (Figure 1). There was a statistically significant increase in the percentage of deaths seen in those aged 18-24 from 2019 (7.1%) to 2020 (11.8%) (Figure 1). There was a statistically significant increase in the percentage of deaths seen in those aged 18-24 from 2019 (7.1%) to 2020 (11.8%) (Figure 1). There was a statistically significant increase of deaths seen in those aged 18-24 from 2019 (7.1%) to 2020 (11.8%) (Figure 1). There was a statistically significant increase of deaths seen in those identified as Hispanic from 2019 (13.4%) to 2020 (18.9%) (Figure 4). There was a statistically significant increase in the percentage of deaths from May 2019 (7.5%) to May 2020 (10.9%) and from October 2019 (3.9%) to October 2020 (9.3%) (Figure 6). There was a statistically significant increase in the percentage of deaths where there was evidence of snorting/sniffing substances (6.4% vs. 11.9%) (Figure 7).

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



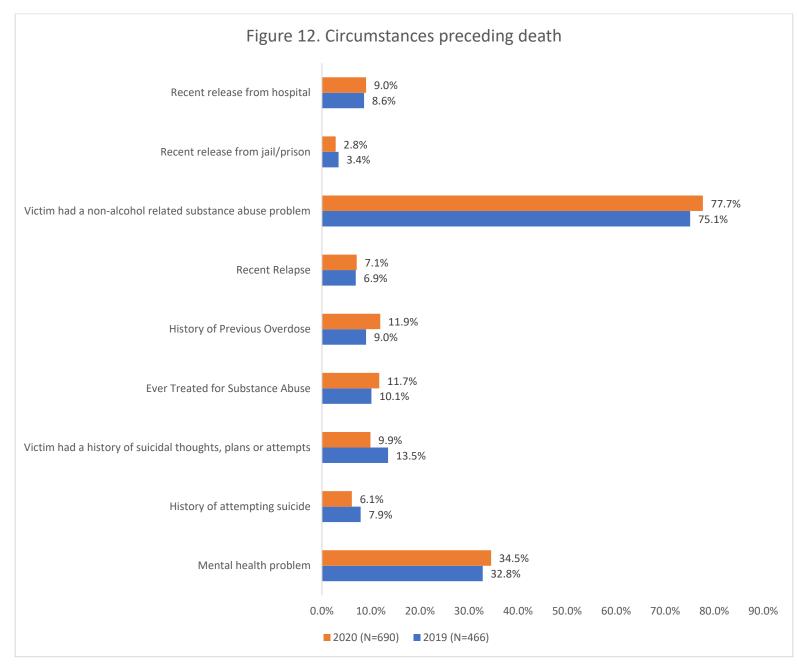




Note: Substances listed in Figures 9-11 are not mutually exclusive, and decedents may have had multiple substances listed in the cause of death.

<u>Summary</u>: There was a statistically significant increase in the percentage of deaths attributed to fentanyl from 2019 (15.3%) to 2020 (32.4%) (**Figure 9**). There was a statistically significant increase in the percentage of deaths attributed to opioids from 2019 (57.3%) to 2020 (65.2%) (**Figure 9**). There was a statistically significant decrease in the percentage of deaths attributed to heroin from 2019 (20.2%) to 2020 (15.7%) (**Figure 9**). There was a statistically significant increase in the percentage of deaths attributed to amphetamines from 2019 (1.6%) to 2020 (3.8%) (**Figure 10**).

Section 3: Circumstances Preceding Death



*Circumstances prior to death were not available for all cases in Figure 7-9. Percentages exclude missing data and likely underestimate the true proportion of case characteristics.

Section 4: Appendix

Table 1. Demographic characteristics of unintentional or undetermined overdose-related deaths inNevada, 2019 to 2020

	2019	2020		
			Relative %	
Characteristic	Nª=510 (%)	Nª=788 (%)	Change ^b	Trend
Age				
<18 years	2 (0.4%)	13 (1.6%)	550.0%	Significant Increase
18-24 years	36 (7.1%)	93 (11.8%)	158.3%	Significant Increase
25-34 years	83 (16.3%)	149 (18.9%)	79.5%	No significant change
35-44 years	99 (19.4%)	144 (18.3%)	45.5%	No significant change
45-54 years	120 (23.5%)	158 (20.1%)	31.7%	No significant change
55-64 years	126 (24.7%)	162 (20.6%)	28.6%	No significant change
65+ years	44 (8.6%)	69 (8.8%)	56.8%	No significant change
Sex		•		
Male	326 (63.9%)	538 (68.3%)	65.0%	No significant change
Female	184 (36.1%)	250 (31.7%)	35.9%	No significant change
Education				
Less than HS	66 (14.2%)	118 (16.2%)	78.8%	No significant change
HS/GED	271 (58.3%)	391 (53.7%)	44.3%	No significant change
Some College	56 (12.0%)	101 (13.9%)	80.4%	No significant change
Associates	31 (6.7%)	62 (8.5%)	100.0%	No significant change
Bachelors	32 (6.9%)	47 (6.5%)	46.9%	No significant change
Masters/Doctorate	9 (1.9%)	9 (1.2%)	0.0%	No significant change
Race/Ethnicity		, , ,		
Asian/Pacific Islander, non-Hispanic	18 (3.6%)	19 (2.5%)	5.6%	No significant change
Black, non-Hispanic	72 (14.6%)	107 (14.0%)	48.6%	No significant change
Hispanic	66 (13.4%)	145 (18.9%)	119.7%	Significant Increase
Other, non-Hispanic ^d	5 (1.0%)	9 (1.2%)	80.0%	No significant change
White, non-Hispanic	343 (69.4%)	493 (64.3%)	43.7%	Significant Increase
Homeless				
Yes	54 (10.6%)	70 (8.9%)	29.6%	No significant change
Military				
Yes	38 (7.5%)	52 (6.6%)	36.8%	No significant change
Region ^e			1	
Clark	328 (64.3%)	542 (68.8%)	65.2%	No significant change
Northern	36 (7.1%)	37 (4.7%)	2.8%	No significant change
Rural	2 (0.4%)	7 (0.9%)	250.0%	No significant change
Southern	9 (1.8%)	20 (2.5%)	122.2%	No significant change
Washoe	123 (24.1%)	166 (21.1%)	35.0%	No significant change
Month				
January	53 (10.4%)	47 (6.0%)	-11.3%	Significant Decrease
February	41 (8.0%)	48 (6.1%)	17.1%	No significant change
March	39 (7.6%)	48 (6.1%)	23.1%	No significant change
April	49 (9.6%)	76 (9.6%)	55.1%	No significant change
May	38 (7.5%)	86 (10.9%)	126.3%	Significant Increase
June	43 (8.4%)	55 (7.0%)	27.9%	No significant change
July	67 (13.1%)	78 (9.9%)	16.4%	No significant change

August	47 (9.2%)	90 (11.4%)	91.5%	No significant change
September	40 (7.8%)	50 (6.3%)	25.0%	No significant change
October	20 (3.9%)	73 (9.3%)	265.0%	Significant Increase
November	36 (7.1%)	63 (8.0%)	75.0%	No significant change
December	37 (7.3%)	73 (9.3%)	97.3%	No significant change
Bystander present at time of overdose			•	
Yes	261 (51.2%)	443 (56.2%)	69.7%	No significant change
Overdose occurred in home setting			•	
Yes	391 (76.7%)	604 (76.6%)	54.5%	No significant change
Naloxone administered			•	
Yes	113 (22.2%)	180 (22.8%)	59.3%	No significant change
Route of administration			•	
Evidence of smoking	92 (21.3%)	147 (21.0%)	59.8%	No significant change
Evidence of ingestion	194 (43.1%)	321 (44.4%)	65.5%	No significant change
Evidence of injection	109 (21.4%)	126 (16.0%)	15.6%	Significant Increase
Evidence of snorting/sniffing	26 (6.4%)	82 (11.9%)	215.4%	Significant Increase
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^aMissing data excluded from percentage calculations.

^bRelative percent change is the difference in 2019 and 2020 counts divided by 2019 counts, multiplied by 100.

^cTrend indicates whether a percent change was statistically significant, p-value<0.05. Red indicates if the trend was significant and going in a harmful direction (e.g. increase in substance as a contributing cause of death). Green indicates if the trend was significant and going in a less harmful direction (e.g. decrease in substance as a contributing cause of death). No significant change indicates there was no statistically significant change between 2019 and 2020 for a particular characteristic (p-value>0.05).

^dRace/Ethnicity category of other includes Native American/Alaskan Native and other race.

^eBehavioral health regions were categorized as follows: Northern (Carson City, Storey, Douglas, Lyon, Churchill), Rural (Humboldt, Pershing, Lander, Eureka, Elko, White Pine), and Southern (Mineral, Esmeralda, Nye, Lincoln).

Table 2. Top substances contributing to death among unintentional or undetermined overdoserelated deaths in Nevada, 2019 to 2020

	2019	2020		
			Relative %	
Substance*	Nª=510 (%)	Nª=788 (%)	Change ^b	Trend
Opioids				
Any opioids	292 (57.3%)	514 (65.2%)	76.0%	Significant Increase
Illicitly manufactured fentanyl (IMF)	78 (15.3%)	255 (32.4%)	226.9%	Significant Increase
Heroin	103 (20.2%)	124 (15.7%)	20.4%	Significant Decrease
Prescription opioids	128 (25.1%)	180 (22.8%)	40.6%	No significant change
Non-opioids		•		
Methamphetamine	264 (51.8%)	376 (47.7%)	42.4%	No significant change
Benzodiazepines	89 (17.5%)	168 (21.3%)	88.8%	No significant change
Alcohol	79 (15.5%)	97 (12.3%)	22.8%	No significant change
Cocaine	52 (10.2%)	86 (10.9%)	65.4%	No significant change
Diphenhydramine	24 (4.7%)	34 (4.3%)	41.7%	No significant change
Gabapentin	23 (4.5%)	45 (5.7%)	95.7%	No significant change
Kratom	16 (3.1%)	24 (3.0%)	50.0%	No significant change
Amphetamine*	8 (1.6%)	30 (3.8%)	275.0%	Significant Increase
Polysubstance use				
Opioid + Stimulants	125 (24.5%)	210 (26.6%)	68.0%	No significant change
Opioid + Benzos	76 (14.9%)	149 (18.9%)	96.1%	No significant change
Opioid + Alcohol	58 (11.4%)	71 (9.0%)	22.4%	No significant change

*Only the most common substance types were included, and those substances that were involved in less than 5 cases were excluded. *Substances are not mutually exclusive, and decedents may have had multiple substances listed as the cause of death, so individual counts may have exceeded the total and percentages may exceed 100%.

^bRelative percent change is the difference in 2019 and 2020 counts divided by 2019 counts, multiplied by 100.

^cTrend indicates whether a percent change was statistically significant, p-value<0.05. Red indicates if the trend was significant and going in a harmful direction (e.g. increase in substance as a contributing cause of death). Green indicates if the trend was significant and going in a less harmful direction (e.g. decrease in substance as a contributing cause of death). No significant change indicates there was no statistically significant change between 2019 and 2020 for a particular characteristic (p-value>0.05).

Table 3. Circumstances preceding death among unintentional or undetermined overdose-relateddeaths in Nevada, 2019 to 2020

2019	2020		
		Relative %	
Nª=466 (%)	Nª=690 (%)	Change ^b	Trend ^c
153 (32.8%)	238 (34.5%)	55.6%	No significant change
37 (7.9%)	42 (6.1%)	13.5%	No significant change
63 (13.5%)	68 (9.9%)	7.9%	No significant change
47 (10.1%)	81 (11.7%)	72.3%	No significant change
42 (9.0%)	82 (11.9%)	95.2%	No significant change
32 (6.9%)	49 (7.1%)	53.1%	No significant change
350 (75.1%)	536 (77.7%)	53.1%	No significant change
16 (3.4%)	19 (2.8%)	18.8%	No significant change
40 (8.6%)	62 (9.0%)	55.0%	No significant change
	N³=466 (%) 153 (32.8%) 37 (7.9%) 63 (13.5%) 47 (10.1%) 42 (9.0%) 32 (6.9%) 350 (75.1%) 16 (3.4%) 40 (8.6%)	N³=466 (%) N³=690 (%) 153 (32.8%) 238 (34.5%) 37 (7.9%) 42 (6.1%) 63 (13.5%) 68 (9.9%) 47 (10.1%) 81 (11.7%) 42 (9.0%) 82 (11.9%) 32 (6.9%) 49 (7.1%) 350 (75.1%) 536 (77.7%) 16 (3.4%) 19 (2.8%) 40 (8.6%) 62 (9.0%)	Na=466 (%) Na=690 (%) Relative % 153 (32.8%) 238 (34.5%) 55.6% 37 (7.9%) 42 (6.1%) 13.5% 63 (13.5%) 68 (9.9%) 7.9% 47 (10.1%) 81 (11.7%) 72.3% 42 (9.0%) 82 (11.9%) 95.2% 32 (6.9%) 49 (7.1%) 53.1% 350 (75.1%) 536 (77.7%) 53.1% 16 (3.4%) 19 (2.8%) 18.8%

Note: Circumstances prior to death were not available for all cases and missing data were excluded. These findings likely underestimate the true proportion of case characteristics.

^aThe total number of decedents reflects investigations where circumstances were known prior to death.

^bRelative percent change is the difference in 2019 and 2020 counts divided by 2019 counts, multiplied by 100.

^cTrend indicates whether a percent change was statistically significant, p-value<0.05.