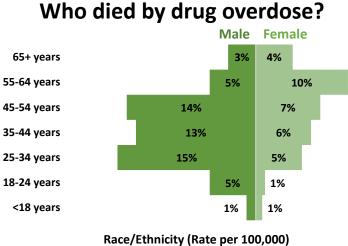
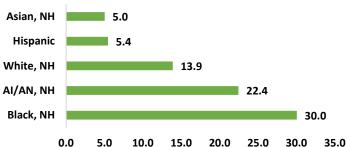
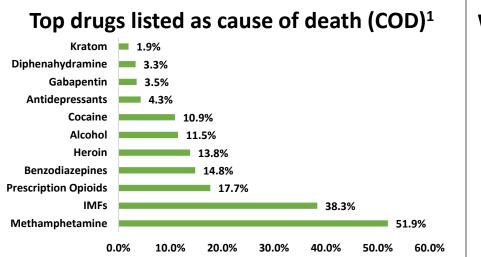
OVERDOSE DATA TO ACTION

Drug Overdose Deaths of Unintentional/Undetermined Intent in Nevada – Jan to Dec 2021: 514 deaths among Nevada residents within the jurisdiction of the Clark County Office of the Coroner/Medical Examiner



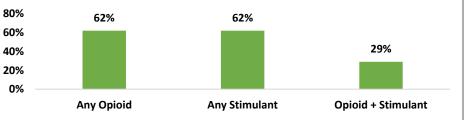


Those who died by drug overdose were mostly White, NH adult males. The highest rate was among Black, NH persons.

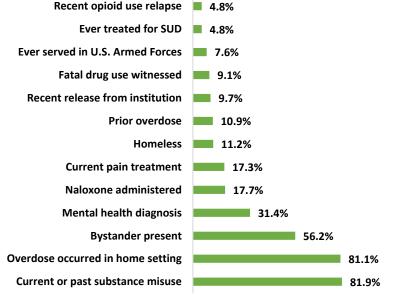


62% of deaths involved any opioids, 62% of deaths involved any stimulants, and 29% of deaths involved an opioid and stimulant.





## What circumstances<sup>2</sup> were documented?



0.0% 20.0% 40.0% 60.0% 80.0% 100.0%

75% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action\* at the time of overdose.

Data comes from the Nevada State Unintentional Drug Overdose Reporting System (SUDORS), which compiles information from death certificates, medical examiner/coroner reports, and toxicology results. Data here are from Nevada residents who was assigned a drug-related overdose death by the Coroner/Medical Examiner within the jurisdiction of the Clark County Office of the Coroner/Medical Examiner. Percentages are among decedents with known information. Abbreviations: NH: Non-Hispanic; AI/AN: American Indian/Alaskan Native; COD (Cause of Death); Meth: Methamphetamine; Benzos: Benzodiazepines; IMFs: Illicitly manufactured fentanyl and fentanyl analogs. <sup>1</sup>Substances are not mutually exclusive. <sup>2</sup>Circumstances represent evidence available in reports, and thus are likely underestimated. Percentages are among those with known circumstances. \*Potential opportunity for 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. This publication was supported by the Nevada State Department of Health and Human Services through Grant Number NU17CE925001 from 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. For questions, please contact NV OD2A epidemiologist Shawn Thomas at: <u>shawnt@unr.edu</u>.

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