

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 and data from the Prescription Drug Monitoring Program (PDMP) for the month of **December 2022**. Actions to Help Support Overdose Prevention and Response

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:

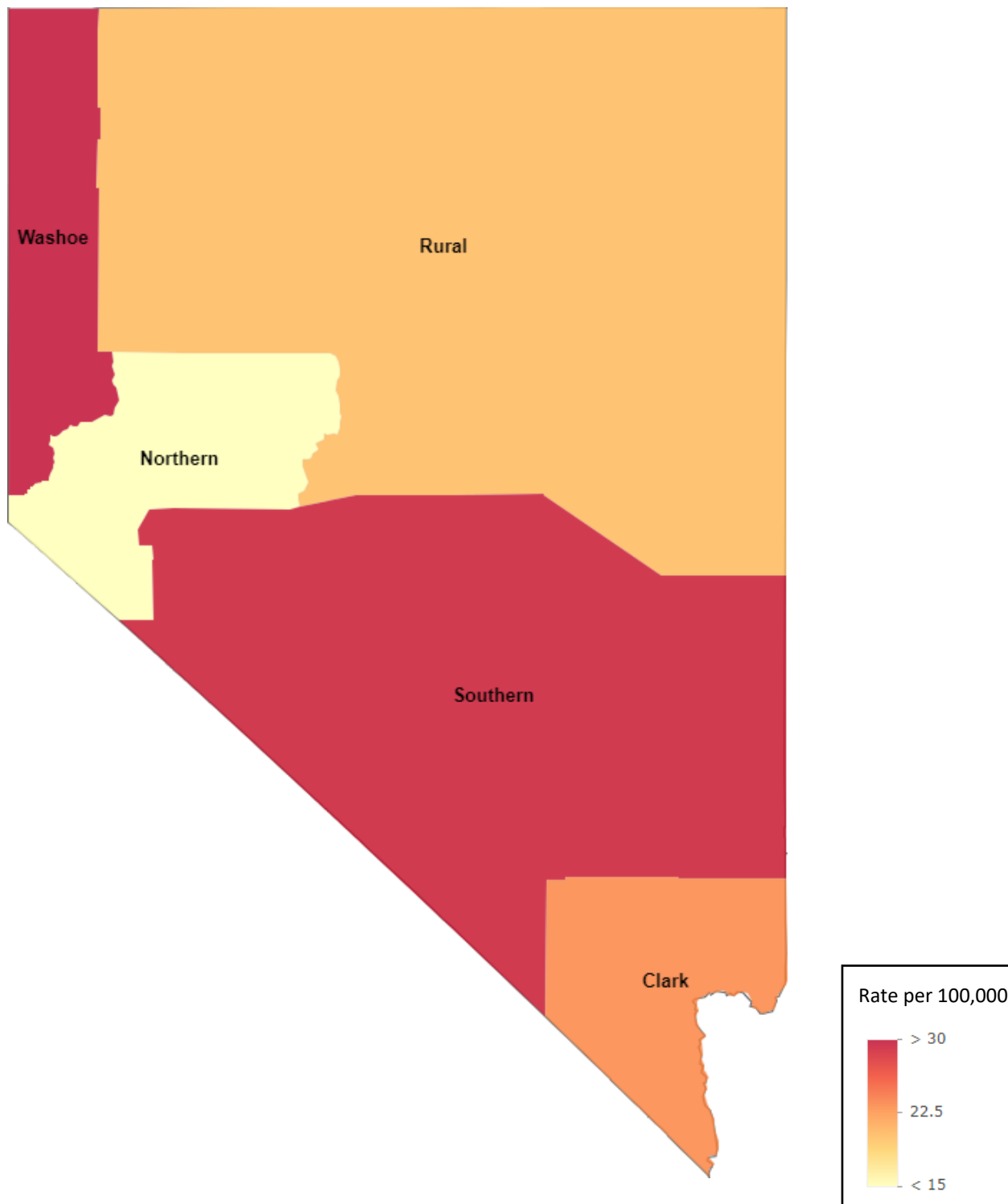
- Explore ways to include educational information as part of standard discharge paperwork for people who experience an overdose, which can include helping them identify [behavioral health treatment](#), providing [resources](#), or other relevant information.
- Expand Naloxone distribution at emergency 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 stimulant- and drug-related overdose ED visit rates **increased by 54% and 5%, respectively**.
- Compared to last December, suspected stimulant and opioid-related overdose ED visit rates **increased by 43% and 15%**, respectively.
- Opioid prescription rates per 1,000 residents **increased by 4%** from November to December 2022.
- Patients that visited the ED for drug-related overdose in December 2022 were mostly male, White, and between the ages of 25-34. Highest rates were among Black, non-Hispanic persons.

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Figure 1. Rate of suspected drug overdoses from Syndromic Surveillance by regional behavioral health region in NV, December 2022 (per 100,000)



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I. Trend Data

Figure 2. Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates in NV (per 1,000 residents), past 12 months

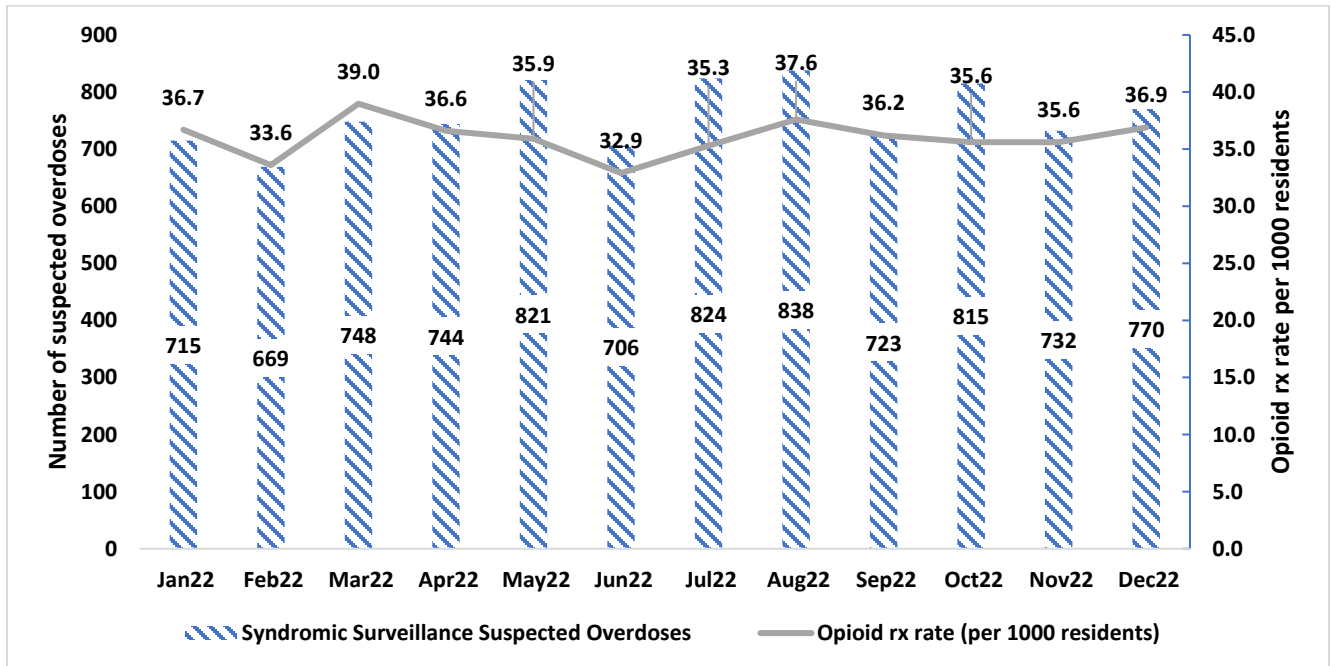
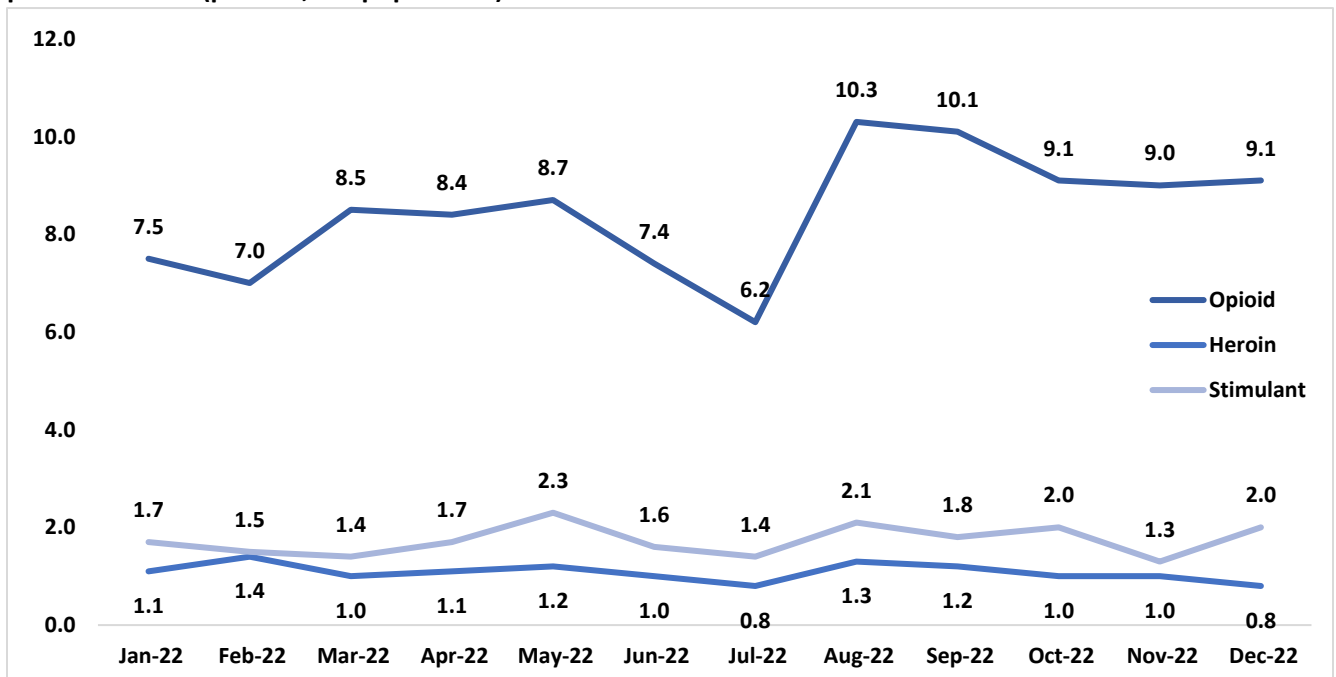
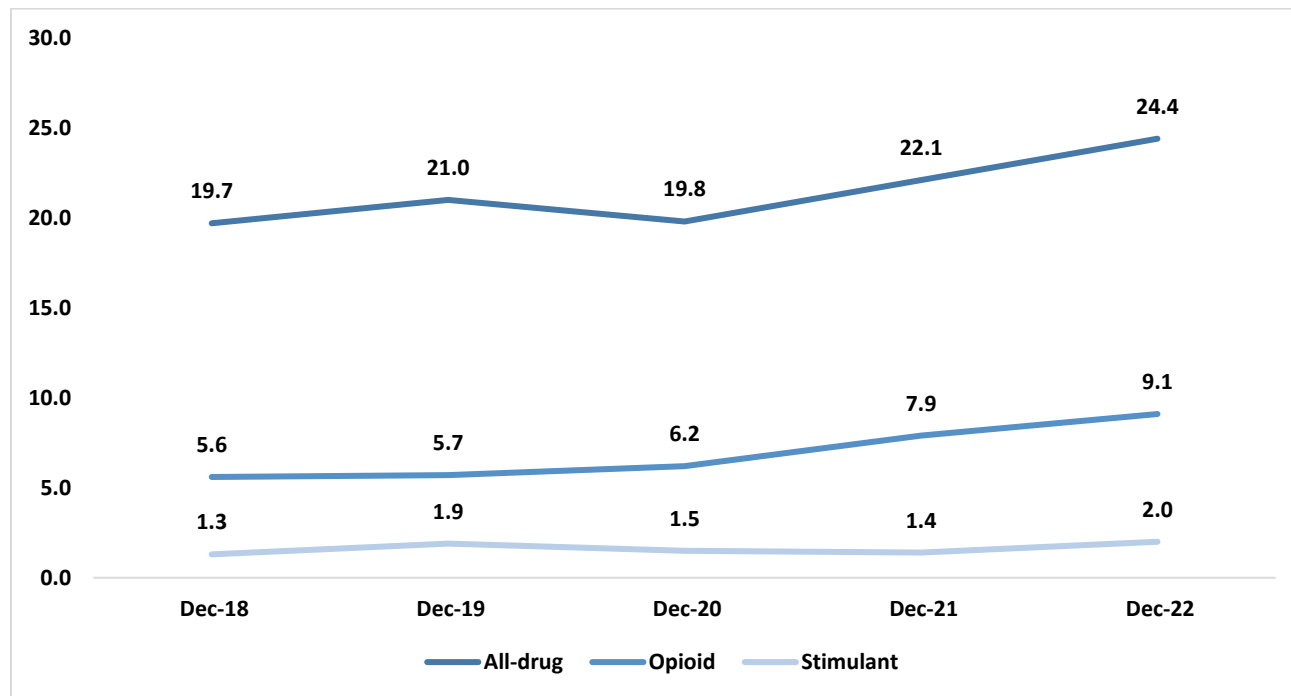


Figure 3. Monthly rates of suspected opioid, heroin, and stimulant-related overdose ED visits in NV, past 12 months (per 100,000 population)



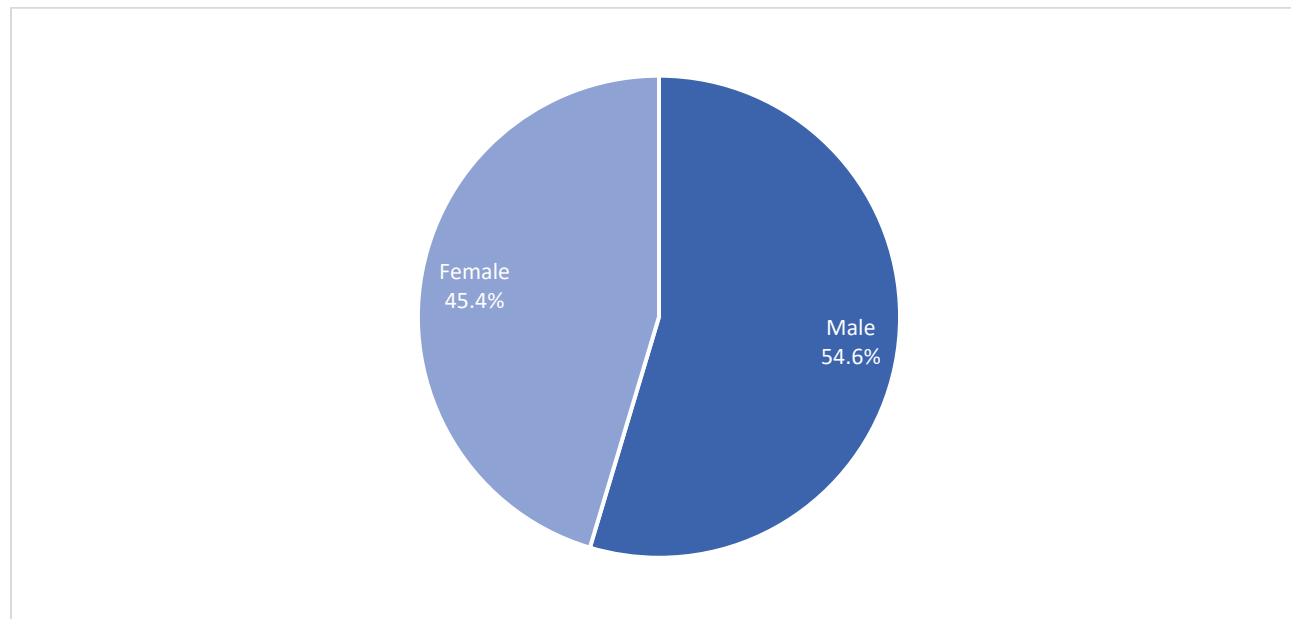
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Figure 4. Annual rates for suspected drug, opioid, and stimulant-related overdose ED visits, 2018-2022 (per 100,000 population)



II. Demographic Data

Figure 5. Sex of suspected drug-related overdose ED visits in NV, November 2022 (N=767)



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Figure 6. Race/Ethnicity of suspected drug-related overdose ED visits in NV, November 2022 (N=755)

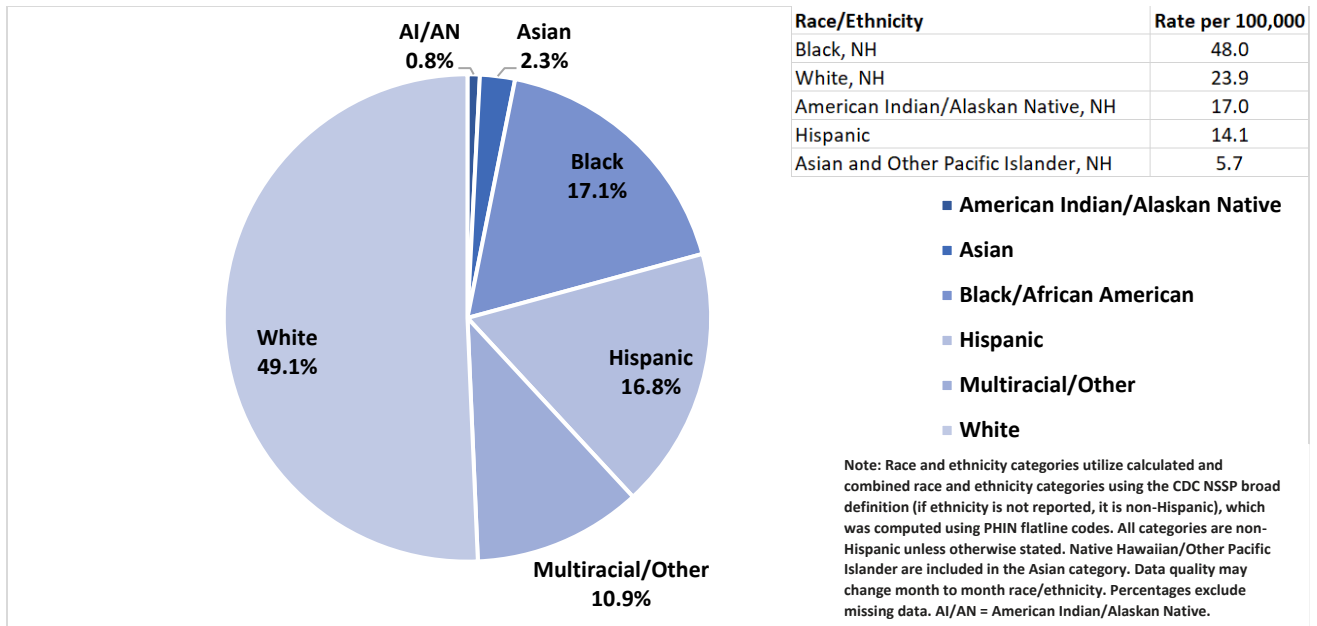
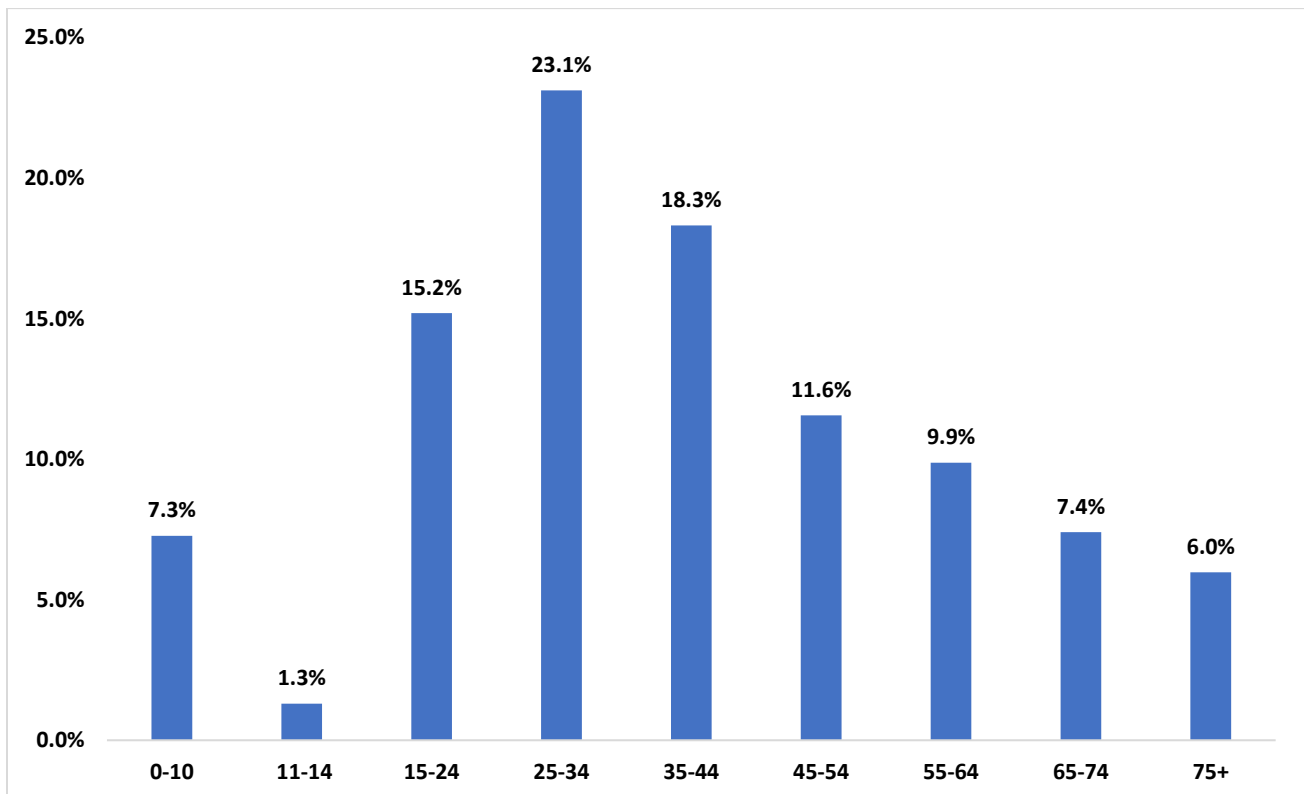
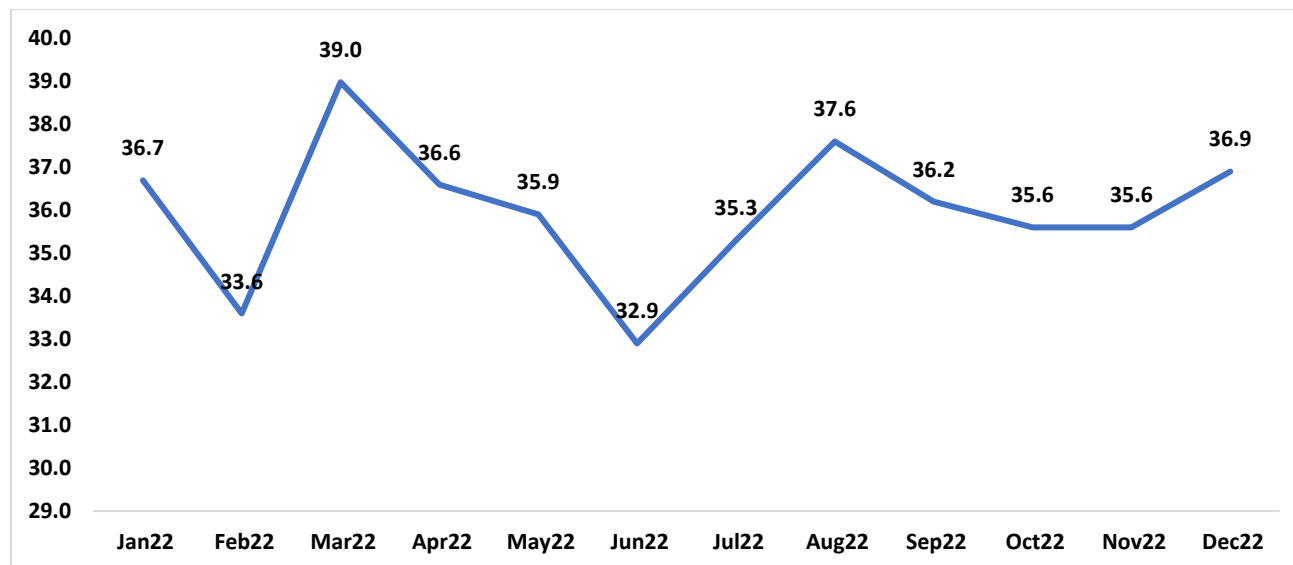


Figure 7. Age of suspected drug-related overdose ED visits in NV, November 2022 (N=770)



III. Prescription Drug Monitoring Program Data

Figure 8. Monthly opioid prescription rates per 1000 residents NV, past 12 months



IV. 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. The Prescription Drug Monitoring Program is a database of information regarding the controlled substance prescriptions that were dispensed to patients in Nevada.

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. Opioid prescriptions include any opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids that are entered into the PDMP.

Analysis: ED visit counts with < 10 counts for any month were not included. The opioid prescription rate for each month per 1,000 residents is calculated based off of the estimated annual population for all of the counties in the region based off of State Demographer estimates, so rates calculated may vary slightly compared to other reports and annual rates.

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. PDMP data show the number of prescriptions filled to Nevada residents, and does not capture whether the medications were taken as prescribed or taken by the prescribed patient. In addition, a person can be included for more than one prescription (not mutually exclusive).