The Scope of Opioid Use in Nevada, 2015

The % change of ED encounters in this time was +114% and for IP admission was +72%. (2010 – 2015)

8% of the IP admissions had a length of stay 15 days or longer. (2015)

Over 26% of ED encounters and 36% of IP admissions were among patients aged 55 years and older. (2015)

Medicaid paid for 42% of ED encounters and 36% of IP admissions. (2015)

Of the opioid poisonings (965.0 ICD-9, T40.0-T40.4, and T40.6 ICD-10), 15% were a result of Opium, 28% were Heroin, 4% were Methadone, and 53% were other Opioids or Narcotics. (2015)

Naloxone was administered by the hospital on 14.4% of the ED patients with opioid poisoning. (2015)

The opioid-related deaths in Nevada have decreased by 15%. The greatest number of deaths each year occur among those aged 45 to 54 years. (2010 – 2015)

Roughly 85% of all benzodiazepine-related overdos deaths also involve opioids.

Roughly 28% of all opioid-related overdose deaths also involve benzodiazepines. (2010 – 2015)

61% of the opioid-related overdose deaths were caused by natural and semi-synthetic opioids, 18% were caused by heroin, 14% by methadone, 7% synthetic opioids, and the remaining 12% were unspecified opioids. (2015)

Of the opioid-related deaths in Nevada, 75% were deemed accidents and 12% were deemed suicide. (2010 – 2015)

Nevada clinicians wrote 94 painkiller prescriptions for every 100 Nevada residents. (2012)

Based on Nevada’s Prescription Drug Monitoring Program (PMP), for Hydrocodone, Oxycodone, and Alprazolam prescriptions in 2015:

- Total Prescriptions = 2,371,134
- Total 2015 population = 2,890,845
- Per Capita = 82/100 residents