

Substance Abuse Prevention and Treatment Agency

2017 Epidemiologic Profile Southern Nevada Region Clark, Esmeralda, and Nye Counties

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*Office of Analytics
Department of Health and Human Services*

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Data Sources/Limitations

Age-Adjusted Rates

A rate is a measure of the frequency of a specific event over a given period of time, divided by the total number of people within the population over the same period of time. An age-adjusted rate is a rate that has been adjusted, or weighted, to the same age distribution as a “standard” population. Throughout this report, rates are adjusted to the 11 standard age groups of the U.S. population in the year 2000 (Census table P25-1130). Rates are age-adjusted in order to eliminate any potential confounding effects, or biases, that may be a result of health factors that are associated with specific ages.

Avatar

Avatar is a database containing demographic, treatment, billing, and financial information for Nevada mental health facilities throughout the state of Nevada. These data are representative of Nevada state-operated mental health facilities and are not generalizable to the rest of the population.

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, chronic health conditions, and use of preventive services. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely and accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and individual states may include and pay for their own questions in the survey. While the survey’s focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. Since state-added questions are not asked nationwide, these questions are not comparable.

Hospital Emergency Department Billing (HEDB)

The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada’s non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data are for patients who were seen in the emergency room setting. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses. ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter in 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, discharge status, and external cause of injury codes. The billing information is for billed charges and not the actual payment received by the hospital.

Hospital Inpatient Billing (HIB)

The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada’s non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data are for patients who were admitted for at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-

Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses (up to 33 diagnoses respectively). ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter of 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, length of hospital stay, discharge status, and external cause of injury codes. The billing data information is for billed charges and not the actual payment received by the hospital.

Nevada Report Card

The Nevada Report Card is the accountability reporting website of the Nevada Department of Education. In compliance with federal and state law, it assists community members (parents, educators, researchers, lawmakers, etc.) in locating a wealth of detailed information pertaining to K-12 public education in Nevada. The web site has three categories: “school and district information,” “assessment and accountability” and “fiscal and technology.”

Nevada State Demographer

The Nevada State Demographer’s office is funded by the Nevada Department of Taxation and is part of the Nevada Small Business Development Center. It is responsible for conducting annual population estimates for Nevada’s counties, cities, and towns.

United States Census Bureau

The United States Census Bureau is responsible for the United States Census, the official decennial (10-year period) count of people living in the United States of America. Collected data are disseminated through web browser-based tools like the American Community Survey which provides quick facts on frequently requested data collected from population estimates, census counts and surveys of population and housing for the nation, states, counties, and large cities. The Bureau also offers the American Fact Finder, which profiles the American population and economy every five years.

Web-Enabled Vital Records Registry Systems (WEVRRS)

Statewide births and deaths are collected by the Office of Vital Records, in the Division of Public and Behavioral Health. WEVRRS is a software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death-related information.

Youth Risk Behavior Survey (YRBS)

The purpose of the YRBS is to provide Nevada data to assess trends in priority health-risk behaviors among high school students, measure progress toward achieving national health objectives for Healthy People 2020 and other program and policy indicators and evaluate the impact of broad school and community interventions at the national, state, and local level. The YRBS is a biennial, anonymous, and voluntary survey of students in 9th through 12th grade in traditional, public high schools that monitors the prevalence of health risk behaviors among youth. The survey asks students to self-report their behaviors in six major areas of health that directly lead to morbidity and mortality; these include: (1) Behaviors that contribute to unintentional injuries and violence; (2) Sexual behaviors that contribute to human immunodeficiency virus (HIV) infection, other sexually transmitted diseases, and unintended pregnancy; (3) Tobacco use; (4) Alcohol and other drug use; (5) Unhealthy dietary behaviors; and (6) Physical inactivity.

Executive Summary

This report is intended to provide an overview of behavioral health in Southern Nevada. The analysis can be used to identify issues of concern and areas that may need to be addressed.

Key Findings:

- The population of Southern Nevada has increased by approximately 10 percent since 2010.
- Mental health-related disorders were the underlying cause of 94,703 emergency room visits and 77,073 inpatient admissions, among Southern Nevada residents in 2017.
- Anxiety was the primary reason for emergency room visits followed by depression. Depression was the primary reason followed by anxiety, for inpatient admissions.
- In 2017, 3,245 females utilized state mental health services as compared to 3,815 males. In 2016, 3,575 females utilized services as compared to 4,053 males.
- The age-adjusted suicide rate for 2017 was 19.3 per 100,000 population. In 2017, the age group with the highest prevalence was the 45-54-year-old age group.
- In 2017, the age-adjusted rate was 45.3, which is a significant increase from 2015 with its age-adjusted rate of 30.5 per 100,000 population
- Black non-Hispanic showed the highest age-adjusted rate followed by White non-Hispanics.
- Out of Southern Nevada middle school students, 13.5% drank alcohol before age 11, 9.4% currently drink alcohol and 27.1% have had alcohol before which is slightly lower than Nevada at 27.4%.
- In Southern Nevada, marijuana use has increased since 2011 at 5.7% to 7.8% in 2017. Marijuana use has increased consistently since 2014 and is expected to increase as marijuana was legalized in Nevada in 2017.
- Emergency department and inpatient visits for marijuana use (not overdoses) were more prevalent than methamphetamine, opioid and cocaine use in 2017.
- In 2017, 3,427 deaths were related to alcohol and/or drugs use, of which 85% of these deaths were drug-related.
- Among high school students for 2017 in Nevada, 31% have reported that they are currently having sex, which higher than Nevada at 26%.
- Self-report marijuana/cannabis use in pregnant women has increased significantly from 3.7 per 1,000 live births in 2010, to 8.5 per 1,000 live births in 2017.
- The Lesbian/Gay/Bisexual and Transgender (LGBT) population have higher responses to health risk behaviors including binge drinking, depressive disorder, and more days of poor mental health for 2016 and 2017.

Demographic Snapshot

Figure 1. Selected Demographics for Southern Nevada.

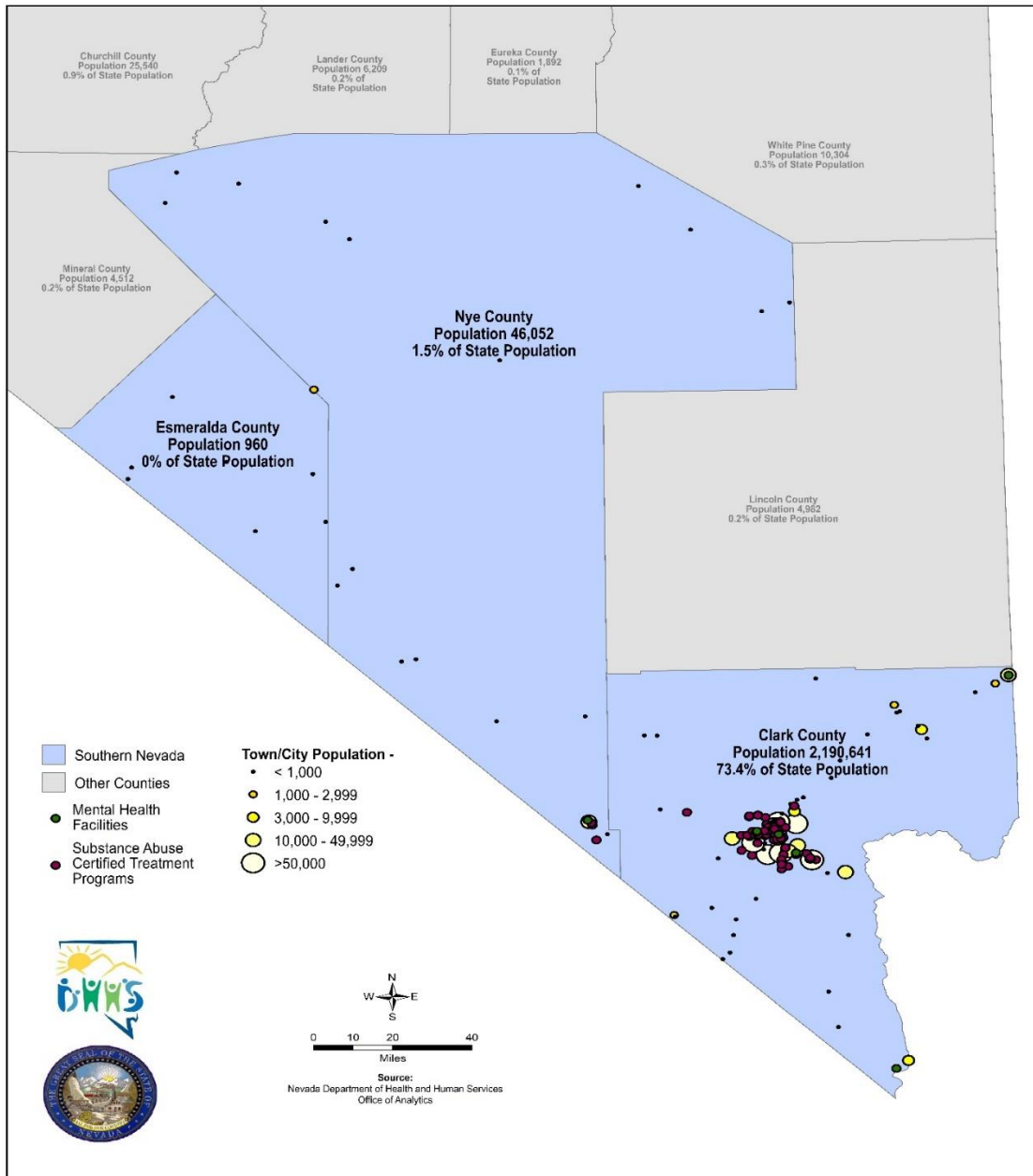
	Southern Nevada
Population, 2017 estimate*	2,237,653
Population, 2010 estimate*	2,004,264
Population, percentage change*	10.4%
Male persons, 2017 estimate*	1,117,192 (50.2%)
Female Persons, 2017 estimate*	1,120,461 (49.8%)
Median household income, Clark County, NV (in 2016), 2012-2016**	\$52,629
Median household income, Esmeralda County, NV (in 2016), 2012-2016**	\$43,125
Median household income, Nye County, NV (in 2016), 2012-2016**	\$42,266
Persons in poverty, Clark County, NV, percent (2016)**	11.4%
Persons in poverty, Esmeralda County, NV, percent (2016)**	8.6%
Persons in poverty, Nye County, NV, percent (2016)**	12.2%
Per capita income in the past 12 months (in 2016), Clark County, NV, 2012-2016**	\$26,661
Per capita income in the past 12 months (in 2016), Esmeralda County, NV, 2012-2016**	\$22,415
Per capita income in the past 12 months (in 2016), Nye County, NV, 2012-2016**	\$23,075
With a disability, under the age 65 years, Clark County, NV, 2012-2016**	134,494
With a disability, under the age 65 years, Esmeralda County, NV, 2012-2016**	77
With a disability, under the age 65 years, Nye County, NV, 2012-2016**	4,811
Nevada Land area (square miles), 2016**	109,806

Source: *Nevada State Demographer, Vintage 2017 and **US Census Bureau.
Southern Nevada: Clark, Esmeralda, and Nye Counties.



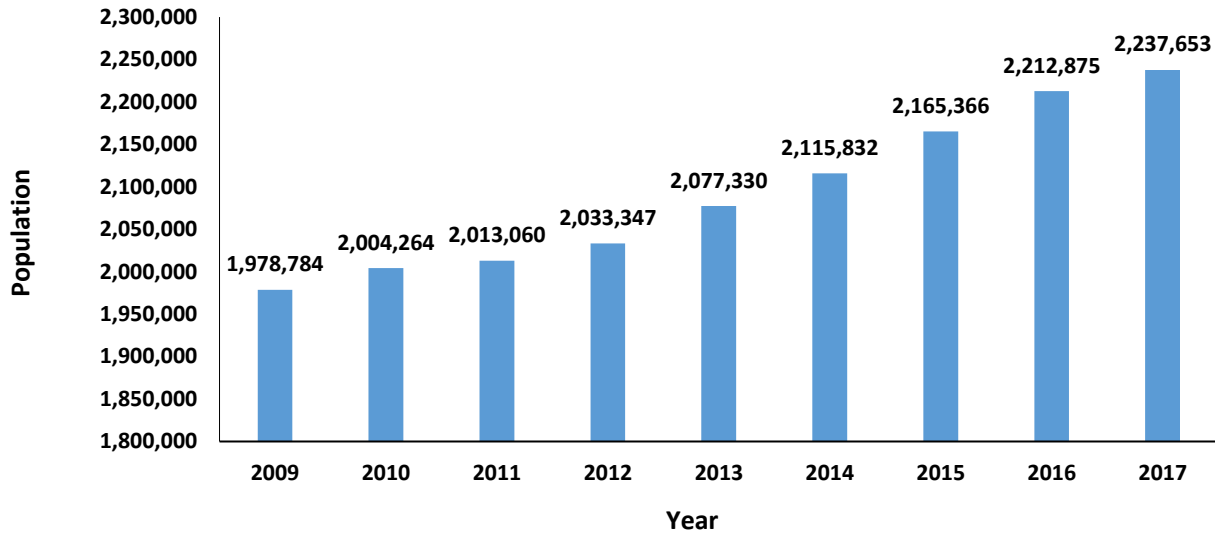
In 2017, the estimated population for the Southern Nevada region was 2,237,653, a 10.4% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. Nevada's land area is approximately 109,806 square miles.

Figure 2. Southern Nevada Population Distribution by County, 2017.



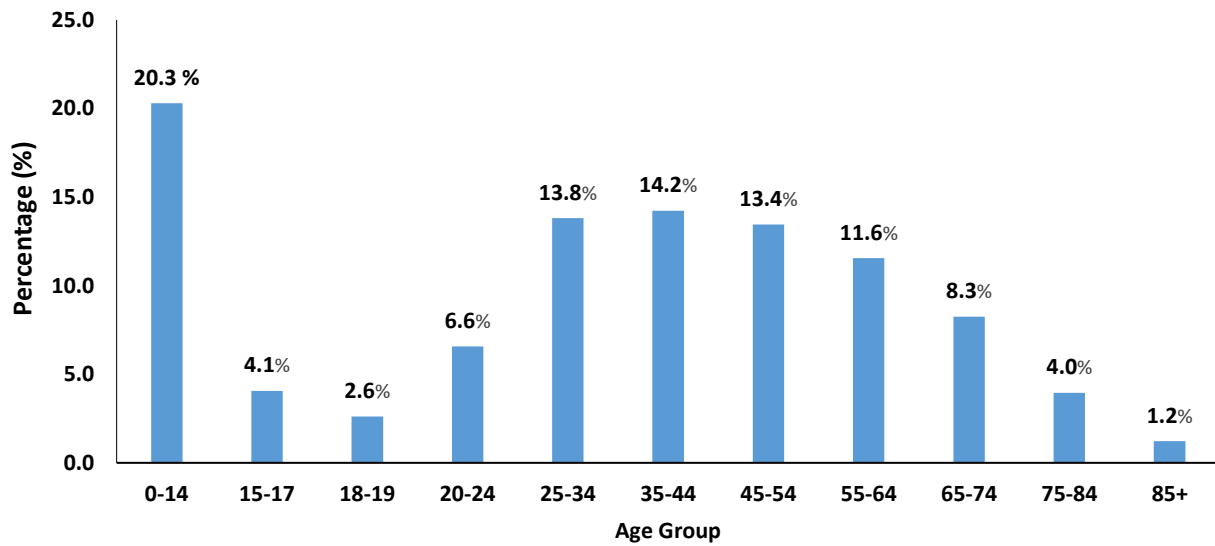
Source: Nevada State Demographer, Vintage 2017.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Figure 3. Southern Nevada Population, 2009-2017.



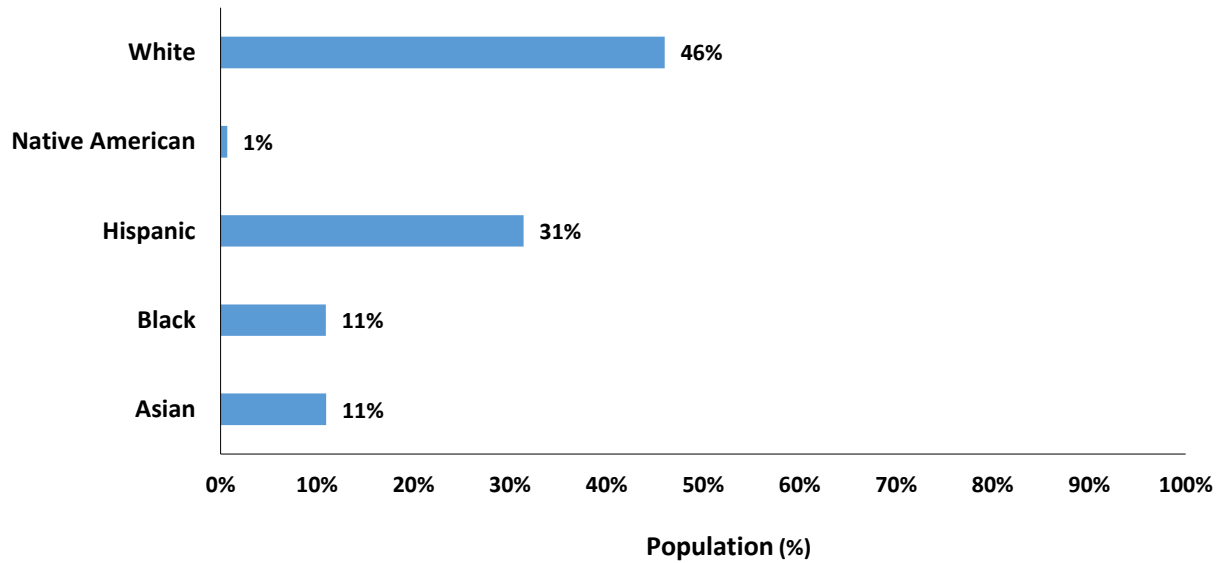
Source: Nevada State Demographer, Vintage 2017.
 Chart scaled to display differences among years.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Figure 4. Southern Nevada Population by Age Group, 2017.



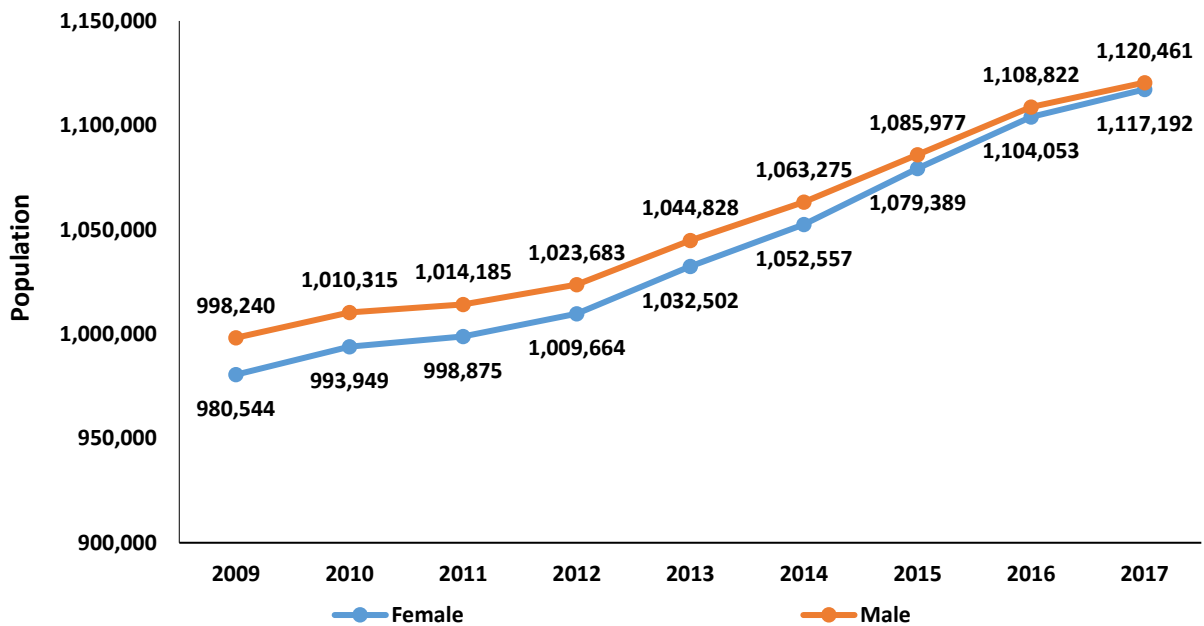
Source: Nevada State Demographer, Vintage 2017.
 Chart scaled to 25% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Figure 5. Southern Nevada Population by Race/Ethnicity, 2017.



Source: Nevada State Demographer, Vintage 2017.
 Chart scaled to display differences among years.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Figure 6. Southern Nevada Population Distribution by Sex, 2009-2017.



Source: Nevada State Demographer, Vintage 2017.
 Chart scaled to display differences among years.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

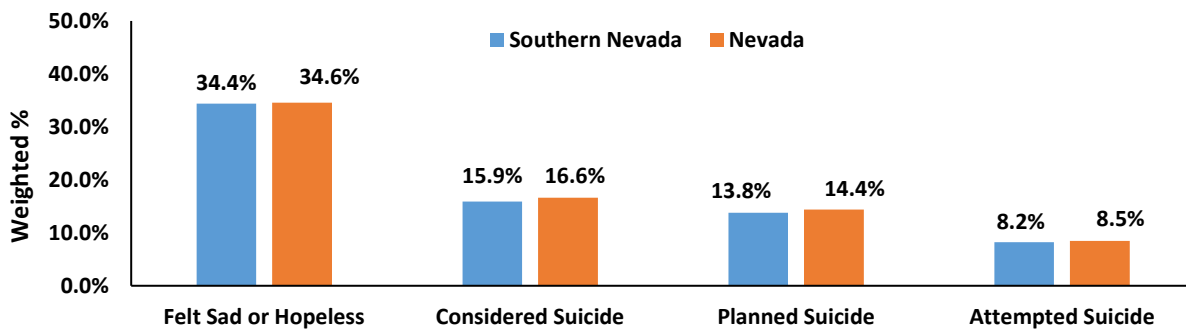
Mental Health

Mental health data are collected by numerous data sources in Nevada, including YRBS, BRFSS, hospital billing, state-funded mental health facilities, and vital records.

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2017, 5,336 high school and 5,464 middle school students participated in the survey.

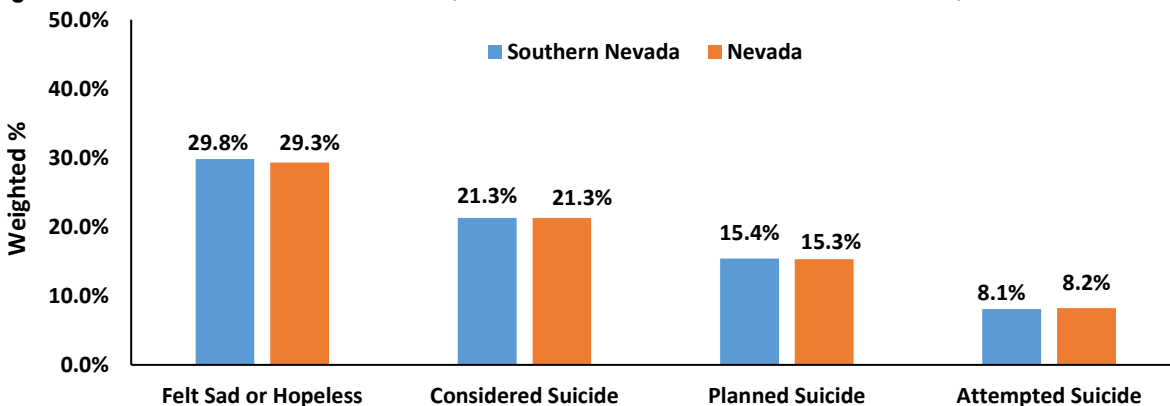
Figure 7. Mental Health Risk Behaviors, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50% to display differences among groups.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Approximately 34.4% of Southern Nevada high school students have felt sad or hopeless, 15.9% considered suicide, 13.8% planned to commit suicide and 8.2% have attempted suicide in the past 12 months.

Figure 8. Mental Health Risk Behaviors, Southern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50% to display differences among groups.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

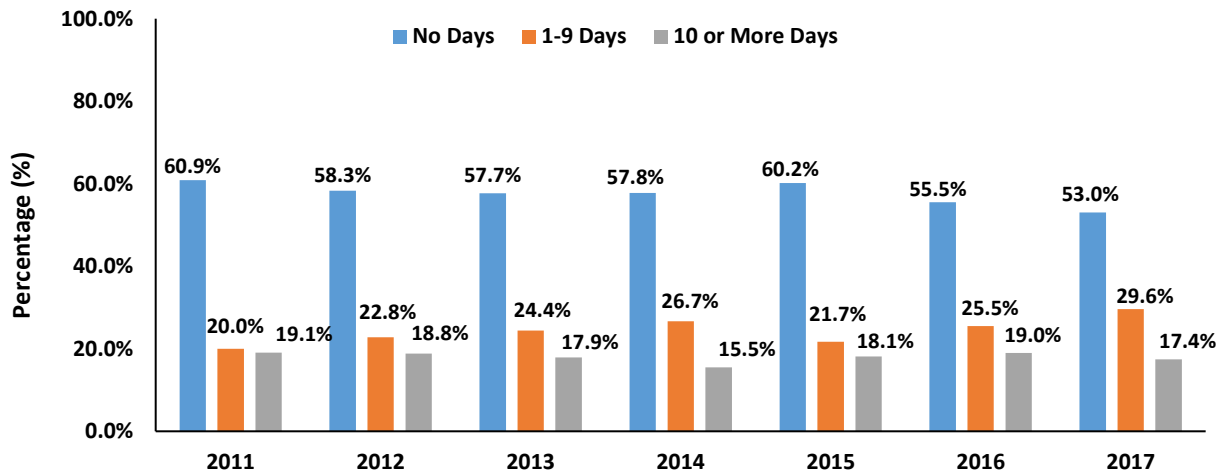
Approximately 29.8% of Southern Nevada middle school students have felt sad or hopeless, 21.3% considered suicide, 15.4% planned to commit suicide and 8.1% attempted suicide in the past 12 months.

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS collects information on adult health-related risk behaviors. According to the Centers for Disease Control and Prevention, BRFSS is a powerful tool for targeting and building health promotion activities.

Southern Nevada residents were asked how many days, if any, did a mental health condition or emotional problem keep them from doing their work duties or other usual activities. In 2016, 55.5% reported missing no days of work or activities, 25.5% missed 1-9 days, and 19.0% missed 10 or more days of work or usual activities. In 2017, 53.0% reported missing no days of work or activities, 29.6% missed 1-9 days, and 17.4% missed 10 or more days of work or usual activities.

Figure 9. Percentage of Adult Residents whose Mental or Emotional Health impacted their Daily Work or Activities, Southern Nevada, 2011-2017.

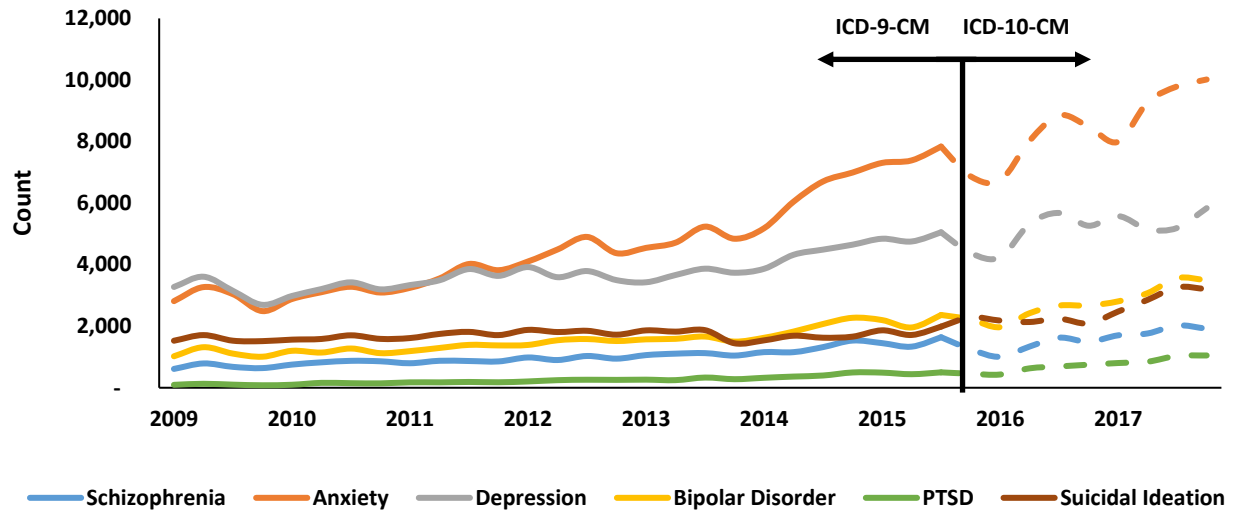


Source: Behavioral Risk Factor Surveillance System (BRFSS).
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Hospital Emergency Department Encounters

The hospital emergency department billing data provides health billing data for emergency room patients in non-federal hospitals. There was a total of 94,703 visits related to mental health disorders among Southern Nevada residents in 2017. Since an individual can have more than one diagnosis during a single emergency department encounter, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive.

Figure 10. Mental Health-Related Emergency Department Encounters by Year, Southern Nevada, 2009-2017.



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

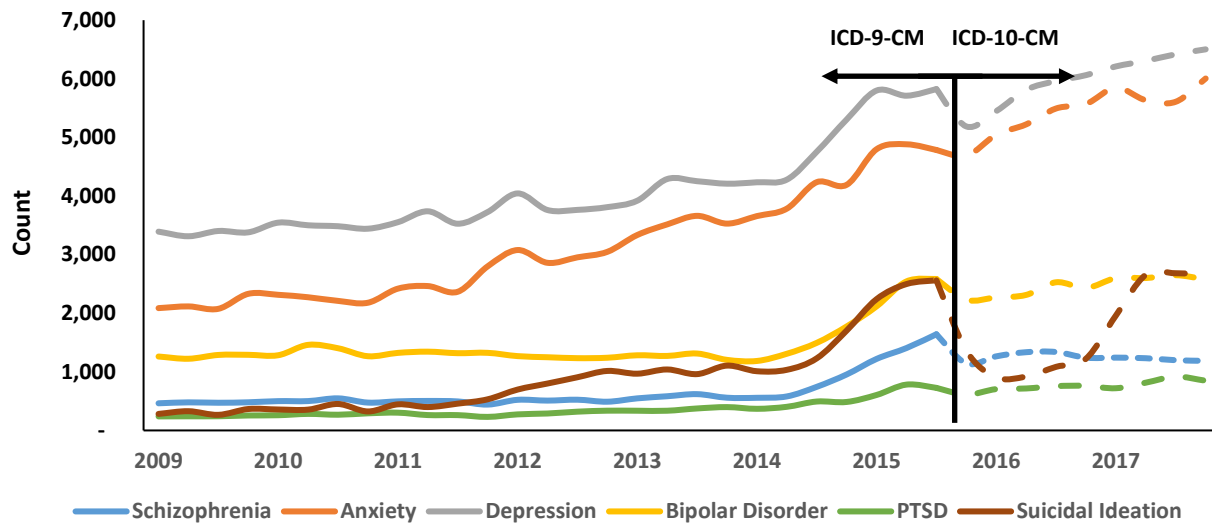
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Anxiety has been the leading mental health-related diagnosis since 2012 in emergency department encounters. Anxiety-related encounters increased significantly from 2009 to 2017 in both counts and rates. When adjusted for population growth, 2009 had 11,613 (586.9 per 100,000 Southern Nevada residents) emergency department encounters and 2017 had 36,969 (1,650.8 per 100,000 Southern Nevada residents) encounters. Emergency department encounters related to depression also increased significantly from 2009 to 2017, from 12,721 (642.9 per 100,000 Southern Nevada residents) to 21,657 (967.8 per 100,000 Southern Nevada residents). Schizophrenia, Bipolar Disorder, Post Traumatic Stress Disorder (PTSD) and Suicidal Ideation also have all increased significantly from 2009 to 2017.

Hospital Inpatient Admissions

The Hospital Inpatient (IP) billing data provides health billing data for patients discharged from Nevada’s non-federal hospitals. There was a total of 77, 073 inpatient admissions related to mental health disorders among Southern Nevada residents in 2017. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given and therefore the following numbers are not mutually exclusive.

Figure 11. Mental Health-Related Inpatient Admissions, Southern Nevada by Year, 2009-2017.



Source: Hospital Inpatient Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

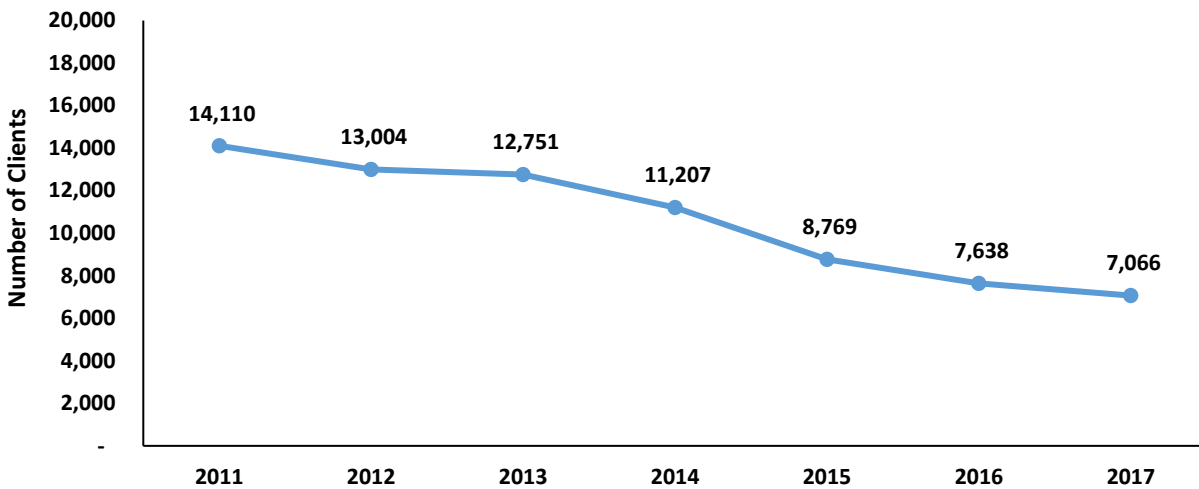
Unlike emergency department encounters, depression is the leading diagnosis for mental health-related inpatient admissions. Depression has increased significantly from 2009 to 2017 both in counts and rates. When adjusted for population growth, 2009 had 13,488 (681.6 per 100,000 Southern Nevada residents) inpatient admissions and 2017 had 25,193 (1,125.9 per 100,000 Southern Nevada residents) admissions. Inpatient admissions related to anxiety significantly increased from 2009 to 2017, from 8,609 (435.1 per 100,000 Southern Nevada residents) to 22,903 (1,023.5 per 100,000 Southern Nevada residents). Schizophrenia, Bipolar Disorder, and Post Traumatic Stress Disorder (PTSD) also have all increased significantly from 2009 to 2017.

Suicidal ideation also increased from 2009 to 2017 but should be noted that in 2016 inpatient admissions state wide dropped and then continued increase in 2017. This may be due to ICD-9-CM conversion to ICD-10-CM or another change in medical billing.

State Funded Mental Health Services (Avatar)

State-funded mental health facilities are divided into Northern Nevada Adult Mental Health Services (NNAMHS), Southern Nevada Adult Mental Health Services (SNAMHS) and Rural Clinic and Community Health Services. Different services that mental health facilities provide include inpatient acute psychiatric, mobile crisis, outpatient counseling, service coordination, and case management.

Figure 12. State Mental Health Clinics by Number of Unique Clients Served, Southern Nevada, 2011-2017.



Source: Avatar.

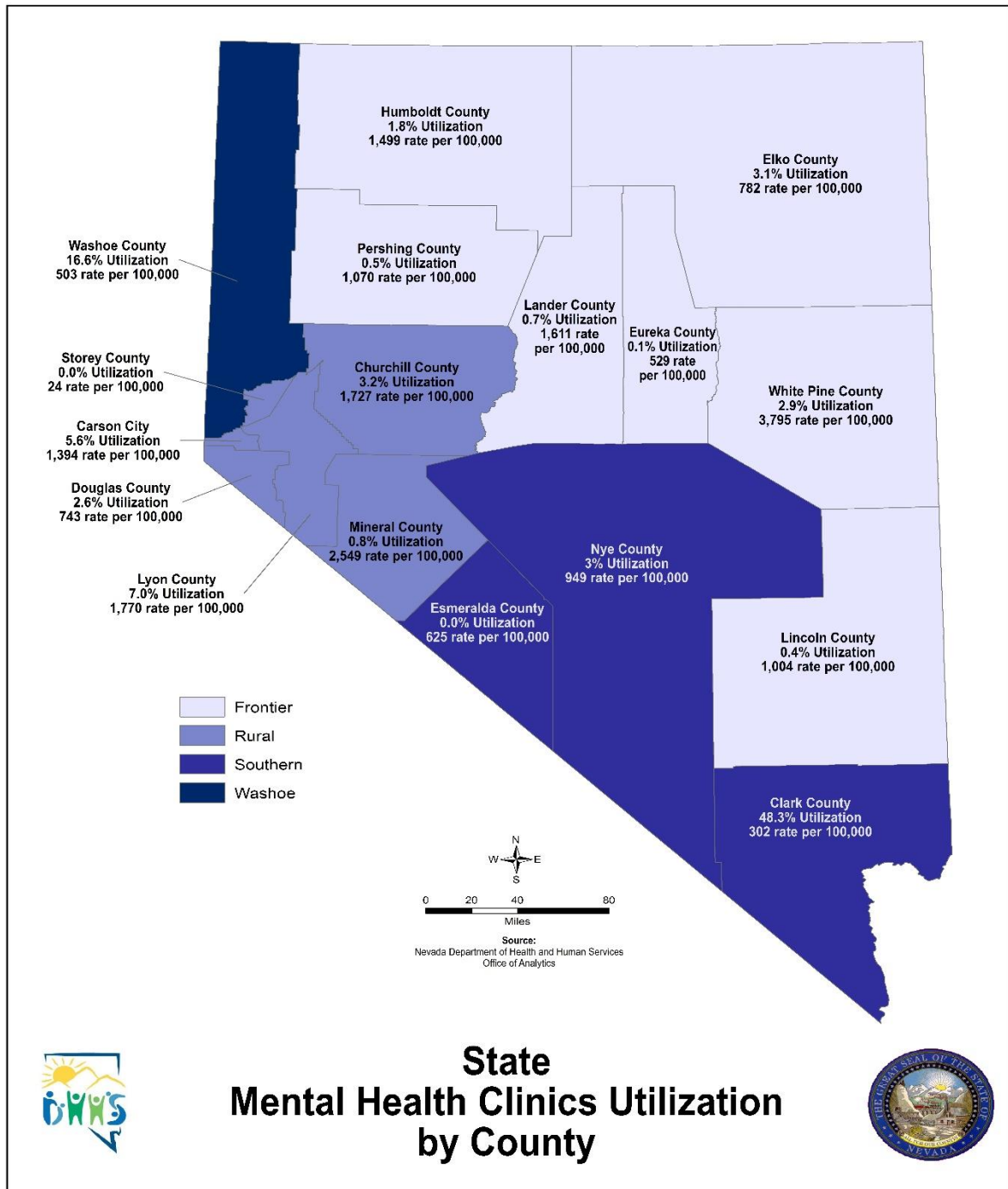
*A client is counted only once per year. Clients may be counted more than once across years.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

The number of unique clients served* by State-Funded Mental Health facilities continues to decline. There were 7,066 clients served in 2017, which has decreased significantly from 2011 (14,110). The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facilities through the expansion of Medicaid. This likely contributes to the decline of the clients represented in the above chart.

Of the Nevada residents accessing DPBH mental health services in 2017, 48.3% lived in Clark county, 3% in Nye county, and less than 1% in Esmeralda County.

Figure 13. State Funded Mental Health Clinics Utilization by County, 2017



Source: Avatar.

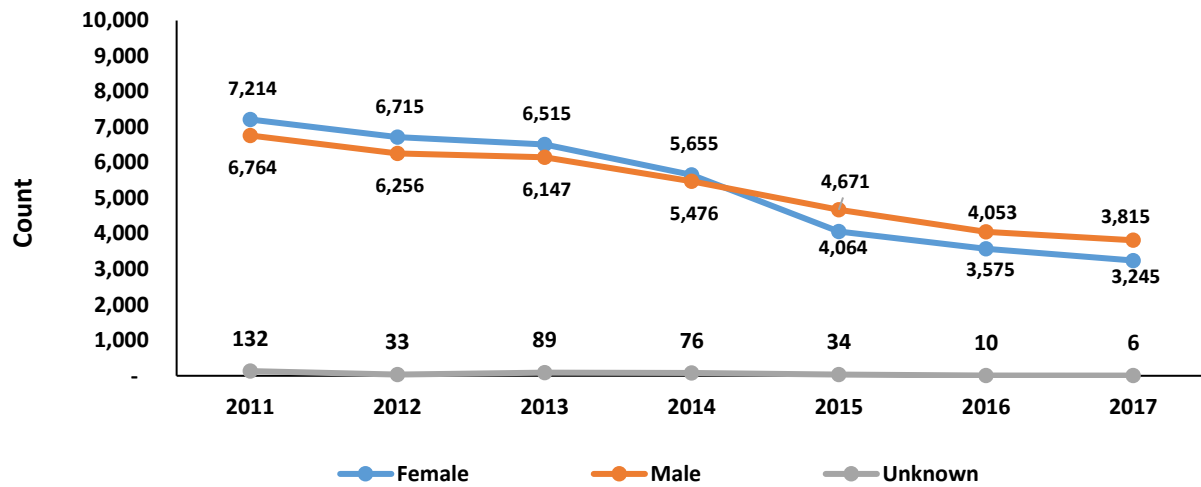
*A client is counted only once per year. Clients may be counted more than once across years.

Utilization: Clients who received mental health services by patient county.

Percent (%): Number of clients who utilize service in that county divided by total utilization.

Rate: Number of clients who utilize service in that county divided by county population per 100,000 people.

Figure 14. State Funded Mental Health Clinics Utilization by Gender, Southern Nevada, 2011-2017.



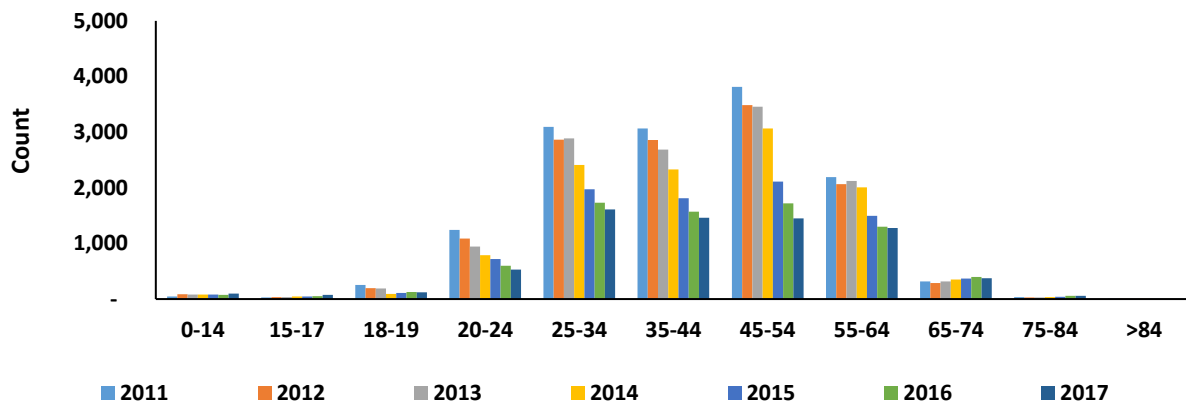
Source: Avatar.

*A client is counted only once per year. Clients may be counted more than once across years.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

In 2017, 3,245 females utilized state mental health services as compared to 3,815 males. In 2016, 3,575 females utilized services as compared to 4,053 males.

Figure 15. State Funded Mental Health Clinics Utilization by Age-Group, 2011-2017.



Source: Avatar.

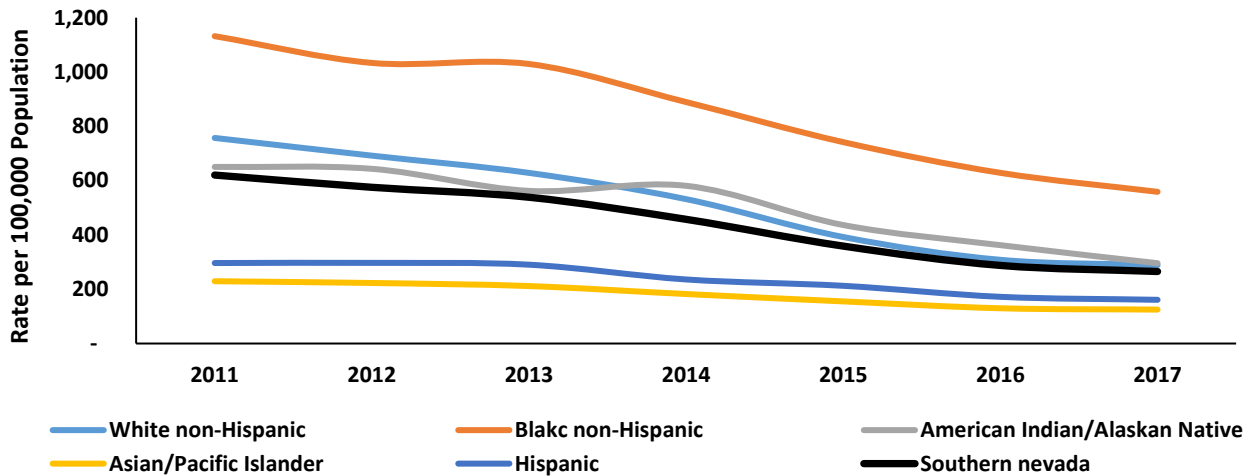
*A client is counted only once per year. Clients may be counted more than once across years.

Age "Unknown" not included in analysis.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Of patients that utilized state-funded mental health services, the most common age group was 45-54-year olds, on average accounting for 24% of the patients.

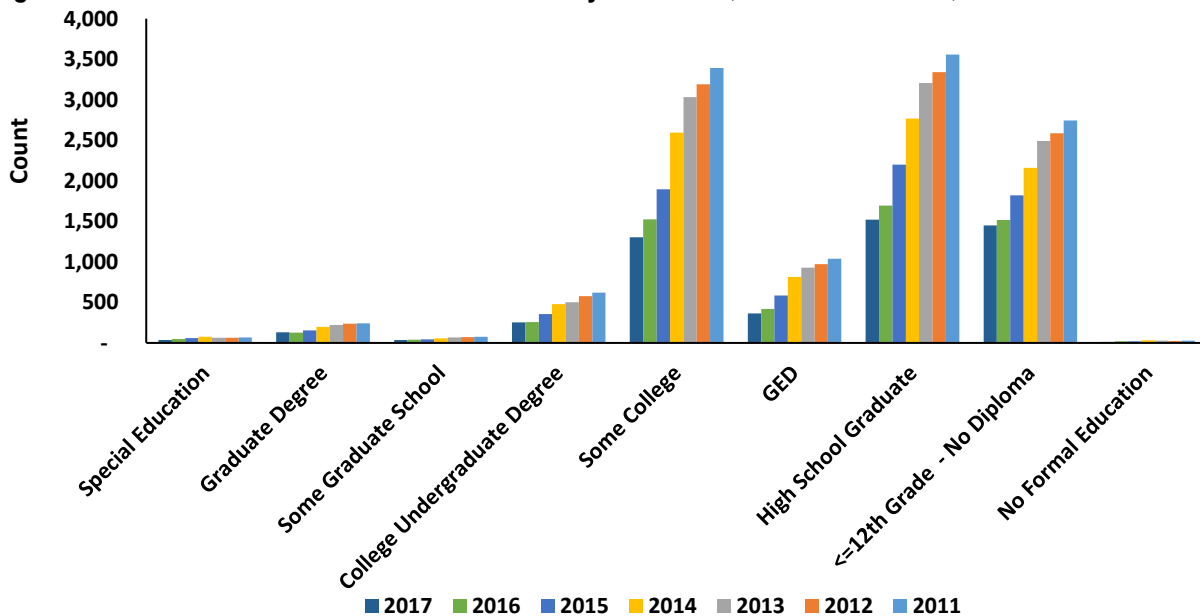
Figure 16. State Funded Mental Health Clinics Utilization by Race/Ethnicity, Southern Nevada, 2011-2017.



Source: Avatar.
 *A client is counted only once per year. Clients may be counted more than once across years.
 Race "Unknown" not included in analysis.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Southern Nevada residents are now able to access non-state-funded facilities through the expansion of Medicaid. This likely contributes to the decline of the clients represented in the above chart. The patient utilization crude rate has gone down significantly across all races from 2011 to 2017. The Black non-Hispanic population has had the highest rate over the seven-year period consecutively.

Figure 17. State Mental Health Clinics Utilization by Education, Southern Nevada, 2010-2017.



Source: Avatar.
 *A client is counted only once per year. Clients may be counted more than once across years.
 Education "Unknown" not included in analysis.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

High school graduates accounted for about 29.8% of the patients, followed by “less than 12th grade, no diploma” at 28.4% and “some college” at 25.5%.

Figure 18. Top Mental Health Clinic Services by Number of Patients Served, Southern Nevada, 2012-2017.

Program	Year						
	2011	2012	2013	2014	2015	2016	2017
SNAMHS Medication Clinic Adult	8,337	7,962	8,360	7,945	5,417	4,238	3,835
SNAMHS Inpatient Hospital Adult	1,905	2,024	2,196	2,409	2,561	1,858	1,809
SNAMHS Ambulatory Service Adult	3,259	3,080	2,643	1,468	797	1,785	1,471
SNAMHS Out Patient Counseling Adult	1,046	958	664	632	518	568	553
SNAMHS Service Coordination Adult	682	731	1,021	1,014	841	621	514
Mesquite Out Patient Screening	~	9	68	182	203	222	286
Mesquite Out Patient Counseling	128	153	150	184	218	218	276
Pahrump Medication Clinic	232	241	222	250	203	254	255

Source: Avatar.

*A client is counted only once per year. Clients may be counted more than once across years.

~Program no longer active.

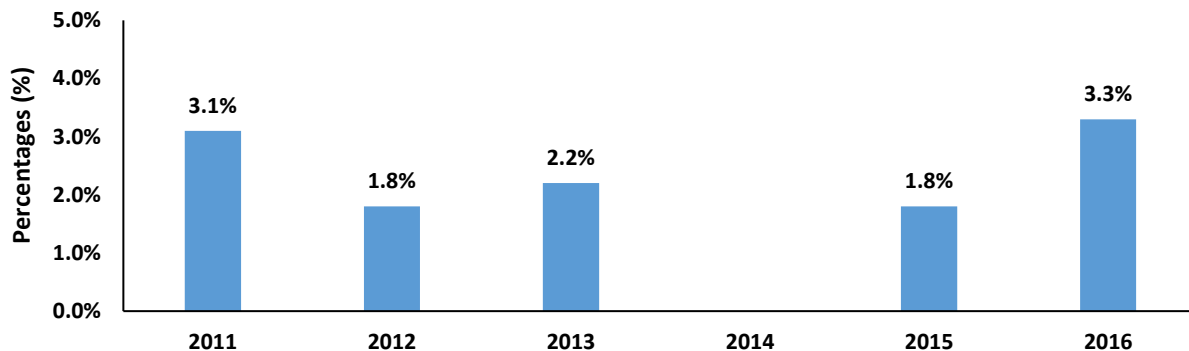
Southern Nevada: Clark, Esmeralda, and Nye Counties.

In 2017, SNAMHS Medication Clinic Adult served 3,835 clients, SNAMHS Inpatient Hospital Adult served 1,809 clients, SNAMHS Ambulatory Service Coordination Adult served 1,471 clients and SNAMHS Outpatient Counseling Adult program served 553 clients. SNAMHS Observation Unit Adult program closed in 2013. Clients were counted only once per program. A client may receive services more than once per program in addition to receiving services across programs.

Suicide

While suicide is not a mental illness, one of the most common causes of suicide is mental illness. Risk factors for suicide include depression, bipolar disorder and personality disorders. Of those who attempt or die from suicide many have a diagnosis of mental illness.

Figure 19. Percentage of Adult Southern Nevada Residents Who Have Seriously Considered Attempting Suicide, 2011–2016.



Source: Behavioral Risk Factor Surveillance System (BRFSS).

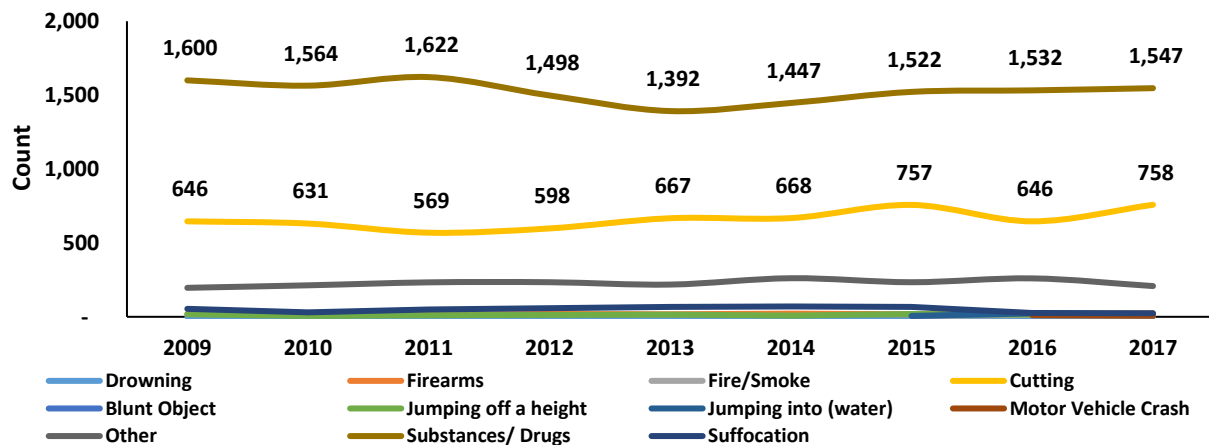
Charts scaled to 5% to display differences among groups.

Indicator was not measured in 2014.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

When asked “Have you seriously considered attempting suicide during the past 12 months?” 3.3% of Southern Nevada residents said “Yes” in 2016, which is a 1.5% increase from 2015. Indicator was not measured in 2014. Between 2011 and 2016, the average prevalence for suicide consideration in Southern Nevada was 2.4%.

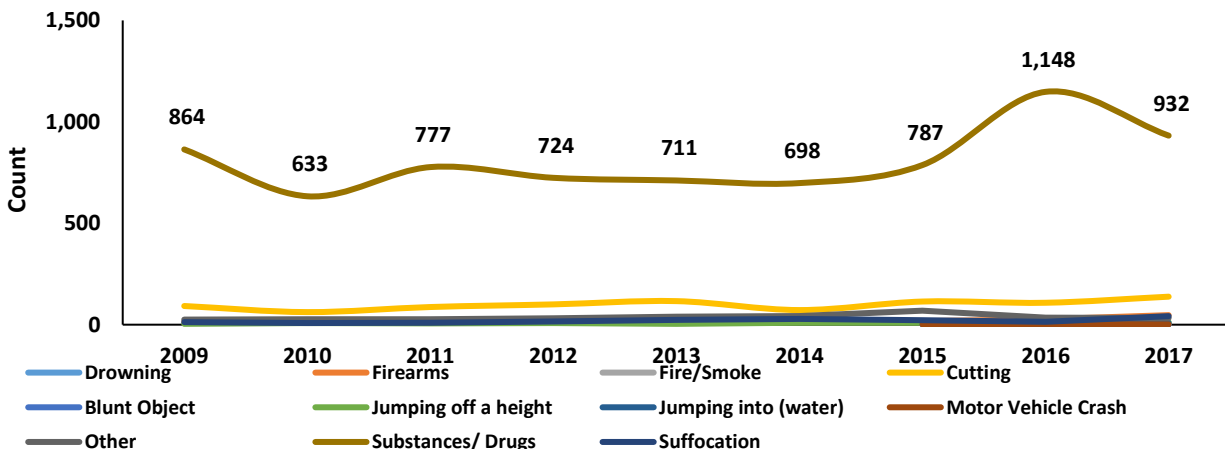
Figure 20. Suicide Attempt-Related Emergency Department Encounters by Method, Southern Nevada Residents, 2009-2017.



Source: Hospital Emergency Department Billing.
 ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
 A person can be included in more than category and therefore the counts above are not mutually exclusive.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Attempted suicides, where the patient did not expire at the hospital, have remained steady from 2009-2017. The most common method for attempted suicides is a substance or drug overdose attempts. During 2017, 2,622 emergency encounters were for suicide attempts, of those 1,547 or 59% were for substance/drug overdose.

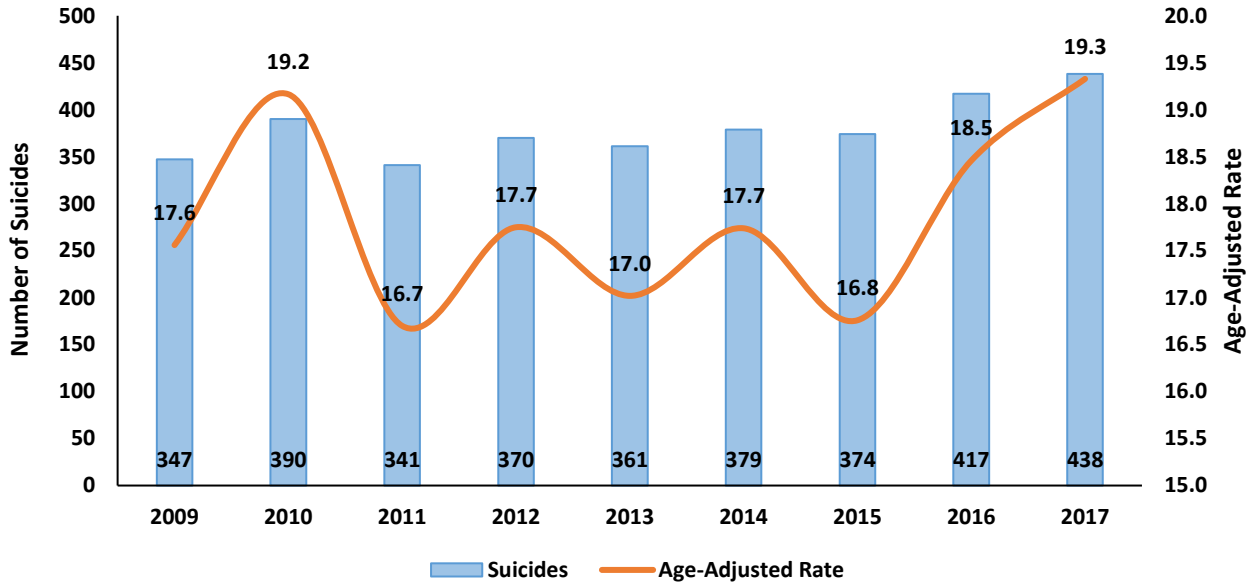
Figure 21. Suicide Attempt-Related Inpatient Admissions by Method, Southern Nevada Residents, 2009-2017.



Source: Hospital Inpatient Billing.
 ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
 A person can be included in more than category and therefore the counts above are not mutually exclusive.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

In 2017, there were 1,218 inpatient admissions in Southern Nevada for attempted suicides where the patient was admitted and did not expire at the hospital. Of those, 77% were for substance and drugs overdoses.

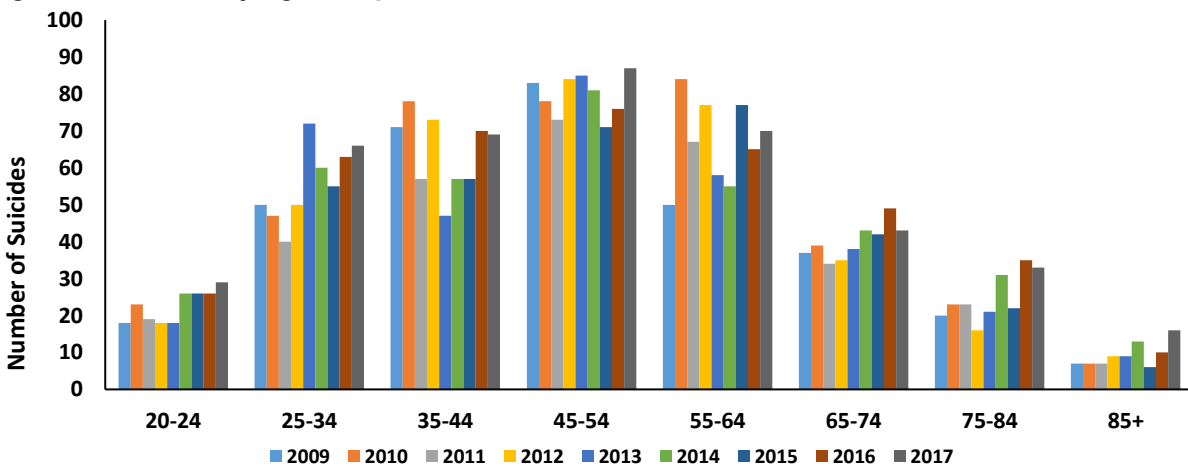
Figure 22. Number of Suicides and Age-Adjusted Rates, Southern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

The age-adjusted suicide rate for Southern Nevada in 2017 was 19.3 per 100,000 population. Between 2009 and 2017, Nevada had its highest age-adjusted suicide rate in 2017, and the lowest rate in 2011, with 16.7 per 100,000 age-specific population. From 2009-2017 there have been 3,417 suicides in Southern Nevada, an average of 380 suicides each year.

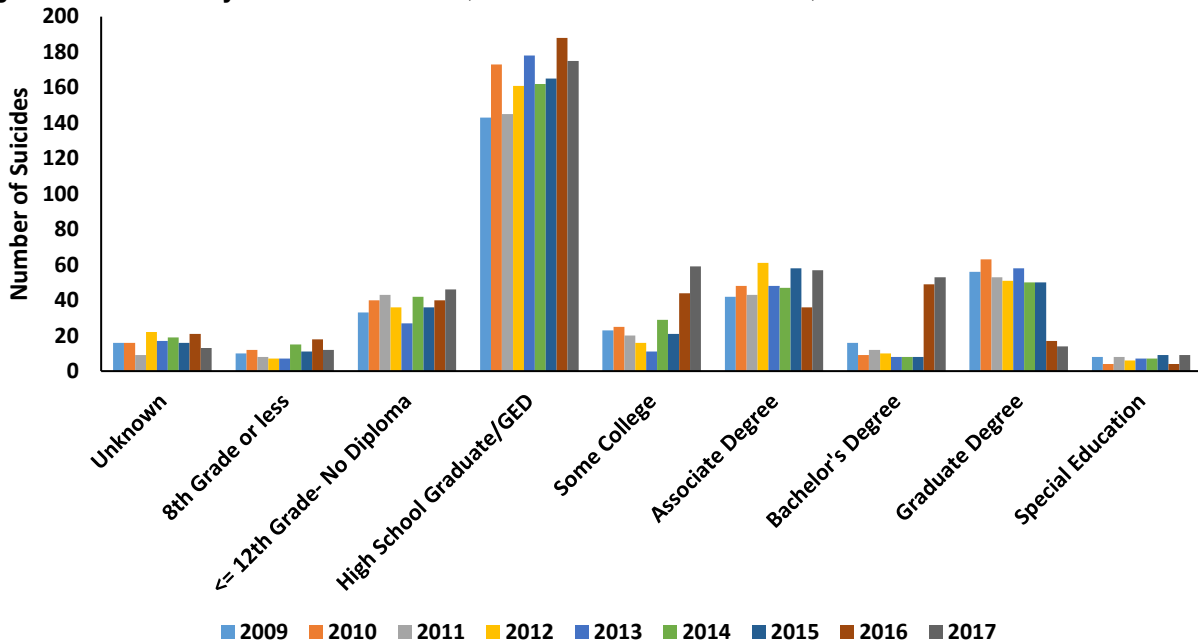
Figure 23. Suicides by Age Group, Southern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
Chart scaled to display differences among age groups.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Suicides in Southern Nevada are most common for the 45-54 age group with 87 deaths in 2017. There were 140 suicide deaths of those less than 20 years of age and are not displayed in the chart.

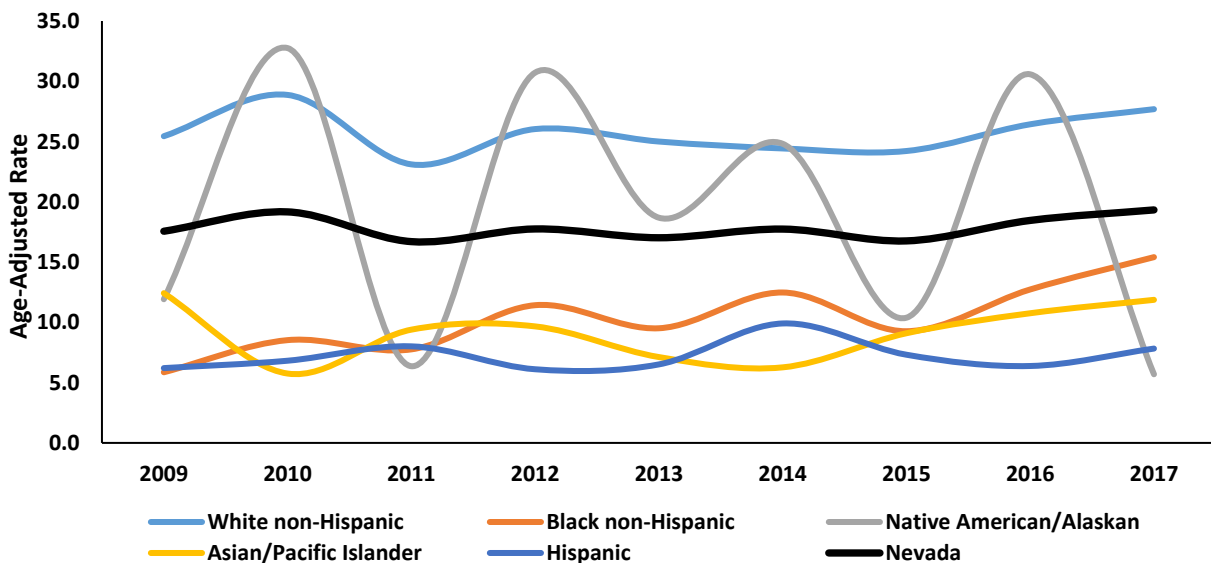
Figure 24. Suicides by Level of Education, Southern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Suicides in Southern Nevada, were most common among high school graduates, with 175 suicides in 2017.

Figure 25. Age-Adjusted Suicides Rates by Race/Ethnicity, Southern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

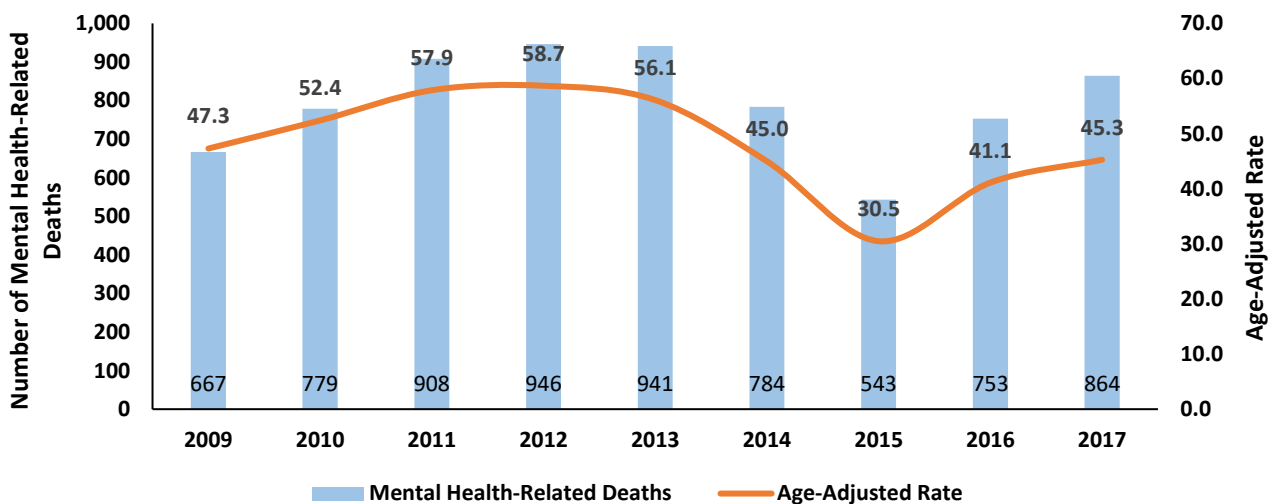
The age-adjusted suicide rates for White non-Hispanics were significantly higher than that for Southern Nevada, for each year from 2009 to 2017, with 27.7 per 100,000 population in 2017. The age-adjusted suicide rates for Native Americans /Alaskan Natives were above the total Southern Nevada rates (in 2010, 2012 & 2016), but was not significantly higher based on 95% confidence intervals. Rates among Hispanics are significantly lower than that for Southern Nevada through all years.

Mental Health-Related Deaths

Mental health-related deaths are deaths with the following ICD-10 codes groups listed as a contributing cause of death (F00-F99 excluding F10-F19): Organic, including symptomatic, mental disorders; Schizophrenia, schizotypal and delusional disorders:

- Mood [affective] disorders
- Neurotic, stress-related and somatoform disorders
- Behavioral syndromes associated with physiological disturbances and physical factors
- Disorders of adult personality and behavior
- Mental retardation
- Disorders of psychological development
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence; Unspecified mental disorder

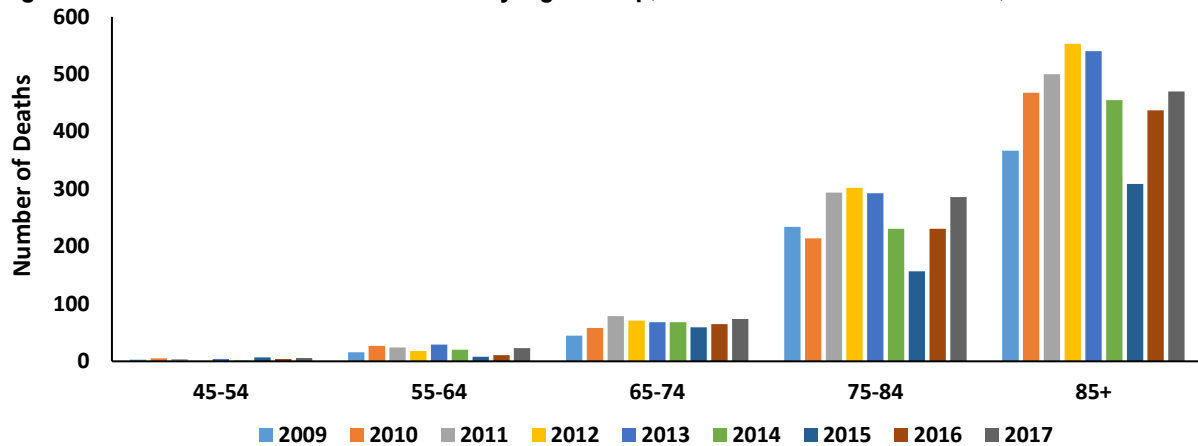
Figure 26. Mental Health-Related Deaths and Age-Adjusted Rates, Southern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

In 2015, the age-adjusted death rate dropped to 30.5 from a high of 58.7 in 2012, which was a significant decrease (95% confidence interval). From 2015-2017 the age-adjusted rates rose again to 45.3, which was still lower than that from 2009 to 2013 for Southern Nevada.

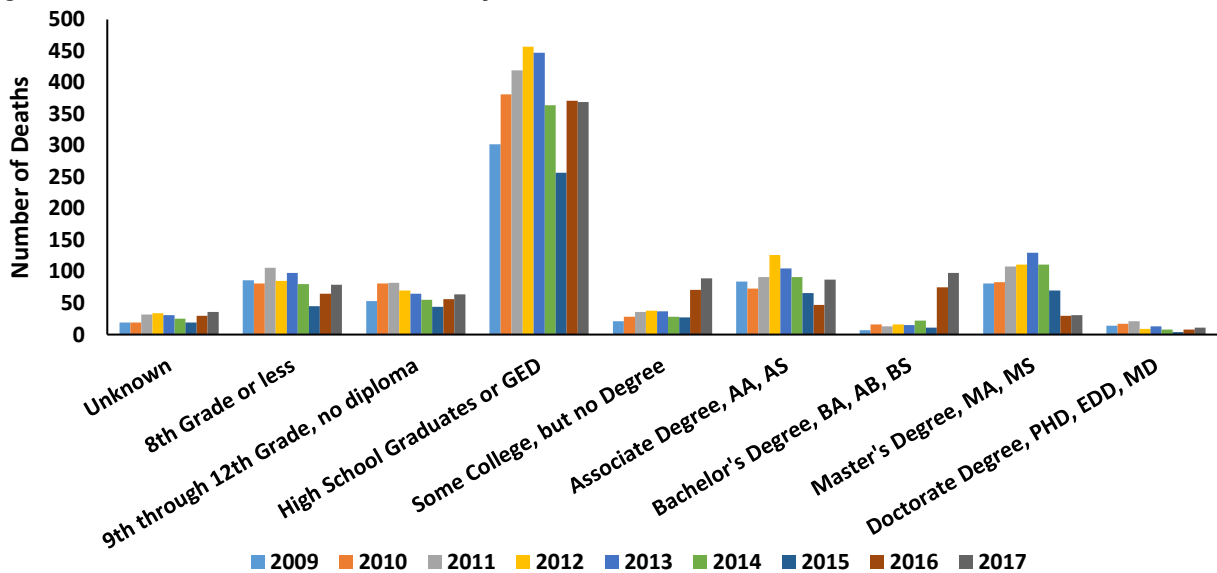
Figure 27. Mental Health-Related Deaths by Age Group, Southern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
 Chart scaled to display differences among age groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

In 2017, the 85+ age group had the highest deaths at 470, followed by the 75-84 age group with 286 deaths for Southern Nevada. Mental health-related deaths for those less than 45, were not displayed on the graph (n= 47).

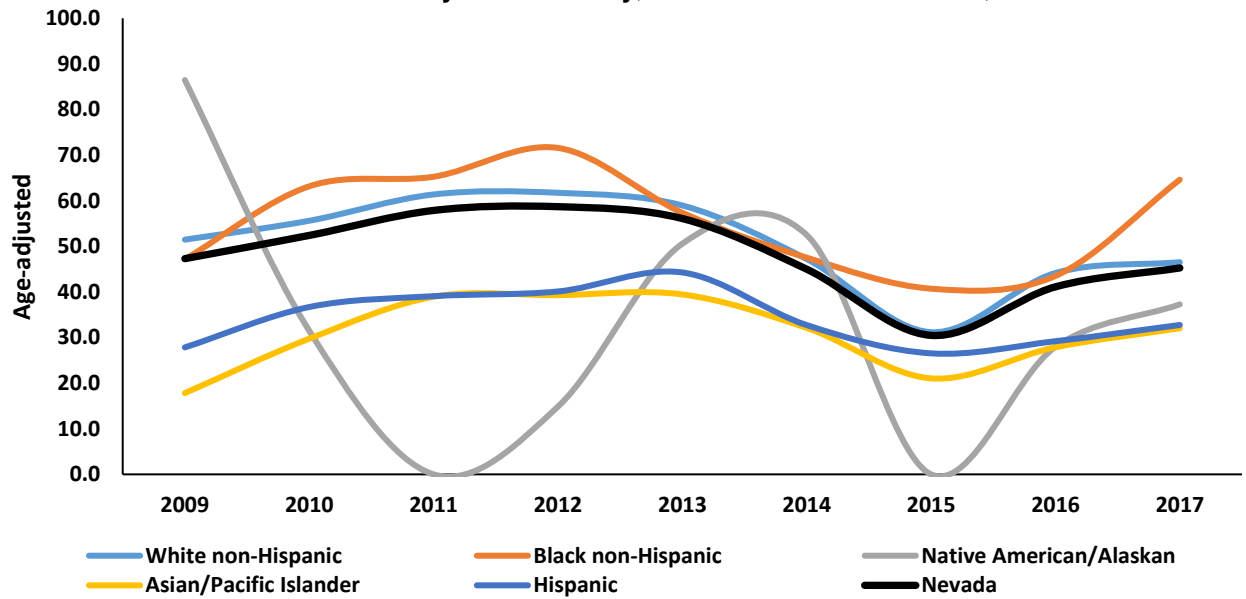
Figure 28. Mental Health-Related Deaths by Education, Southern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Mental health-related deaths were highest among high school graduates with 369 deaths in 2017, followed by 98 deaths among those with a bachelor’s degree, followed by 89 deaths among those with some college but no degree.

Figure 29. Mental Health-Related Deaths by Race/Ethnicity, Southern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

In 2017 among Black non-Hispanics, there were 64.6 deaths per 100,000 age-specific population which is significant to Southern Nevada. The Hispanic age-adjusted rate for 2017 in Southern Nevada was 32.8 per 100,000 age-specific population which is significantly lower.

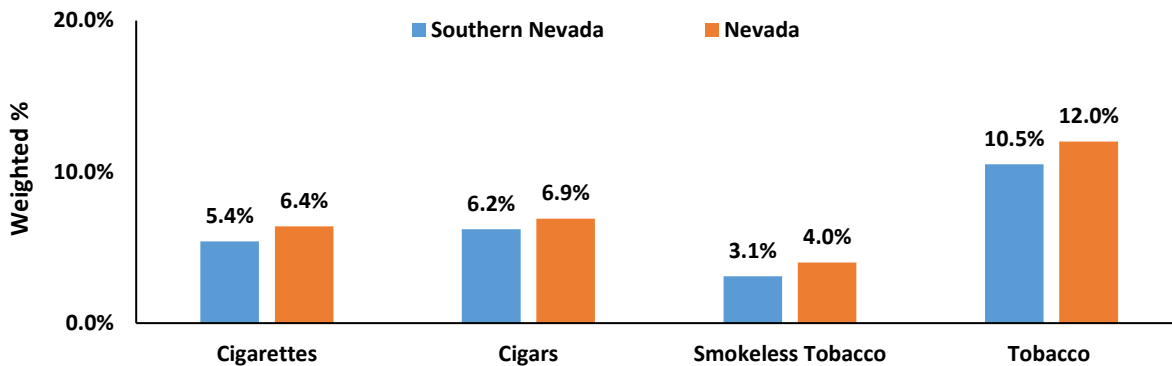
Substance Abuse

Substance use data are collected through survey data including two national surveys, hospital billing data, and vital records data.

Youth Risk Behavior Surveillance System (YRBSS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2017, 5,336 high school, and 5,464 middle school students participated in the YRBS.

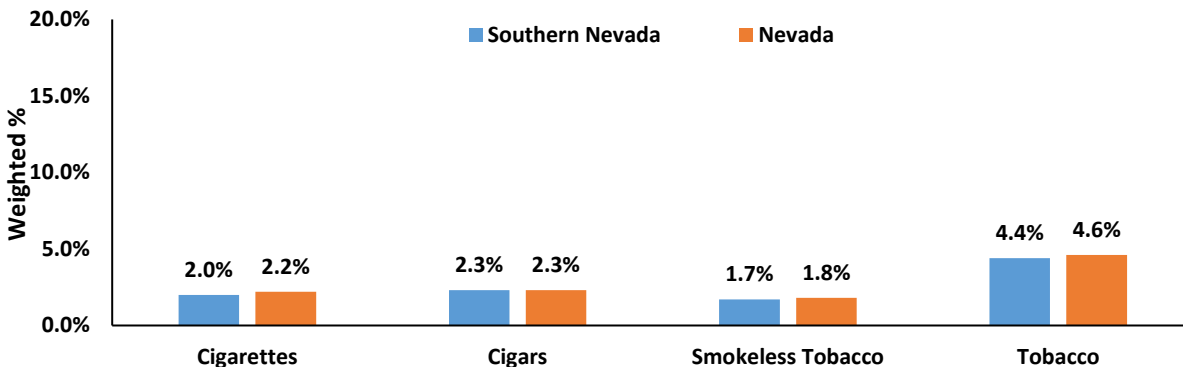
Figure 30. Current Tobacco Use Summary, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Of all high school students, 5.4% in Southern Nevada reported using cigarettes in the past 30 days and 10.5% have used tobacco at one time. This is lower than the weighted percentage for Nevada which is 12.0%.

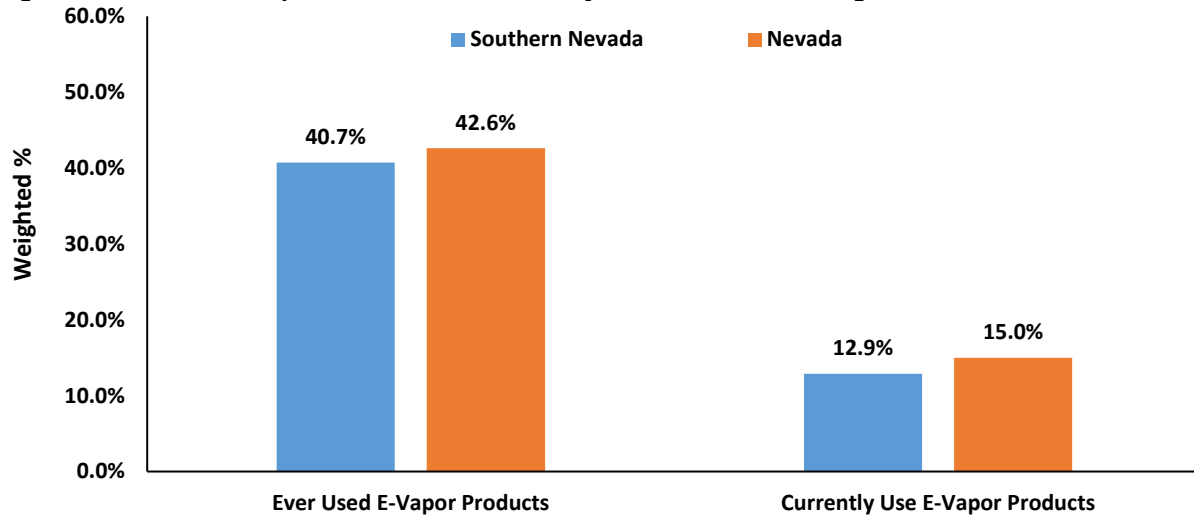
Figure 31. Current Tobacco Use Summary, Southern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Of Southern Nevada middle school students surveyed, 2.0% reported using cigarettes, 2.3% used cigars and 4.4% used tobacco in the past 30 days all of which is slightly lower than Nevada.

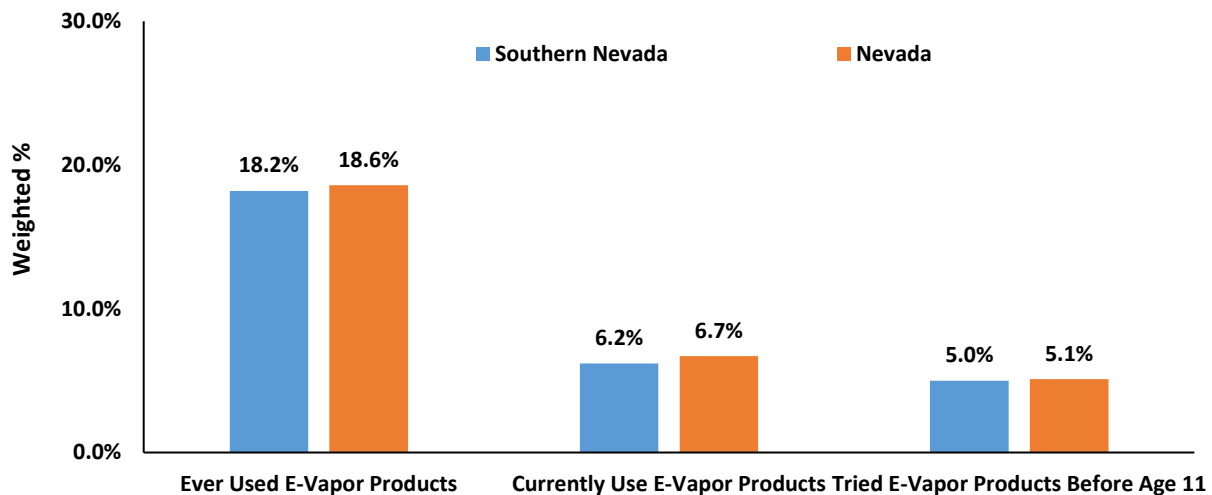
Figure 32. Electronic Vapor Product Use Summary, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 60% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

In Southern Nevada, 40.7% of high school students have used electronic vapor (E-vapor) products and 12.9% are currently using E-vapor products, which is lower than the weighted percentage for Nevada (15.0%).

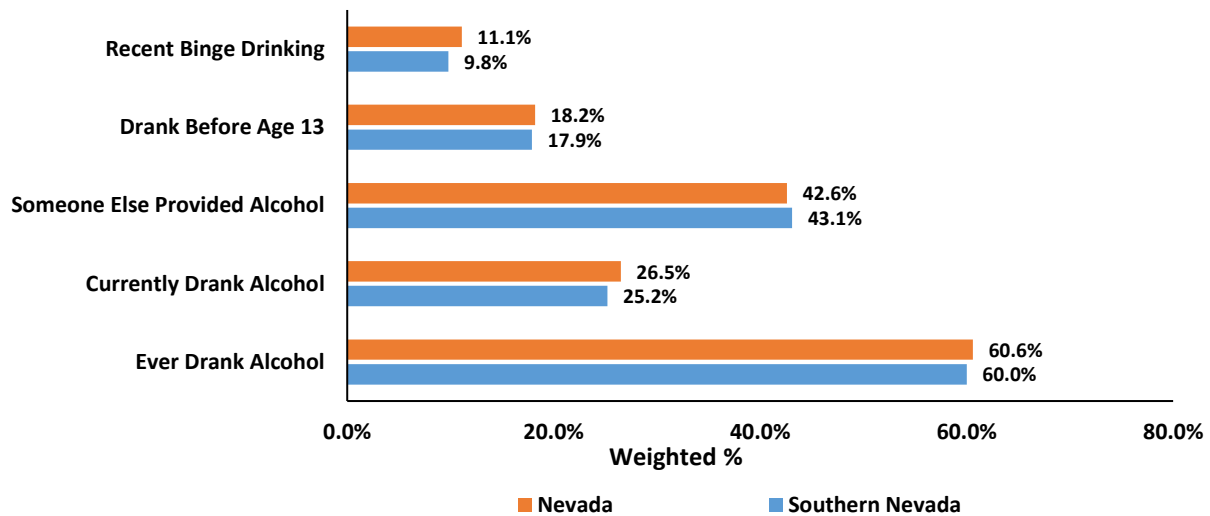
Figure 33. Electronic Vapor Product Use Summary, Southern Nevada Middle School Students, 2017



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 30% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

In Southern Nevada, among middle school students, 18.2% have used E-vapor products and 6.2% are currently using them, which is lower than Nevada at 6.7%.

Figure 34. Alcohol Use Summary, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).

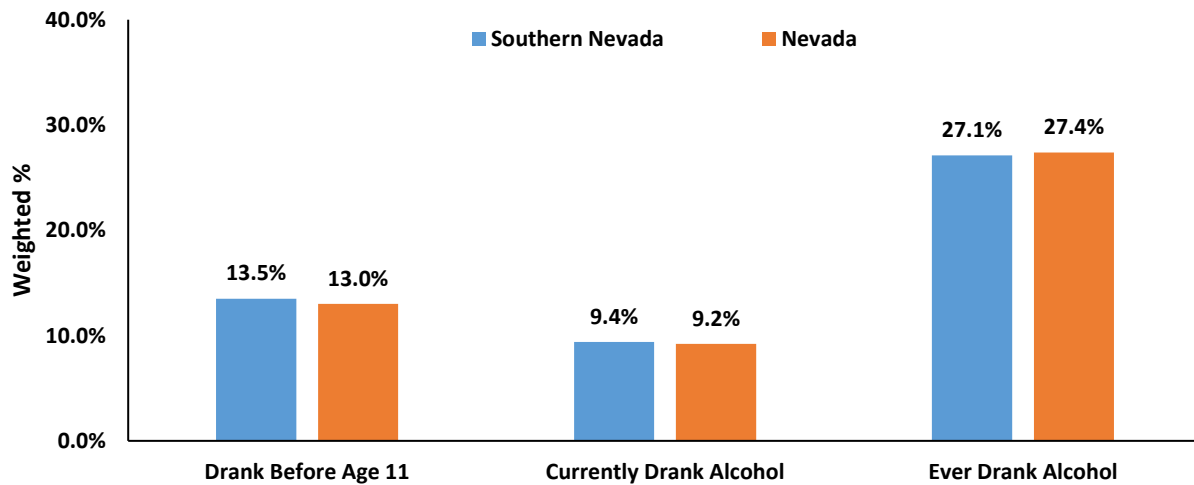
Chart scaled to 80% to display differences among groups.

Binge Drinking: Had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

At least, 6 out of 10 Southern Nevada high school students have had a drink of alcohol (60.0%), 25.2% currently drink alcohol, 43.1% had alcohol provided to them by someone else, 17.9% had alcohol before the age of 13 years and 9.8% indulged in a recent binge drinking experience (had at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours).

Figure 35. Alcohol Use Summary, Southern Nevada Middle School Students, 2017.



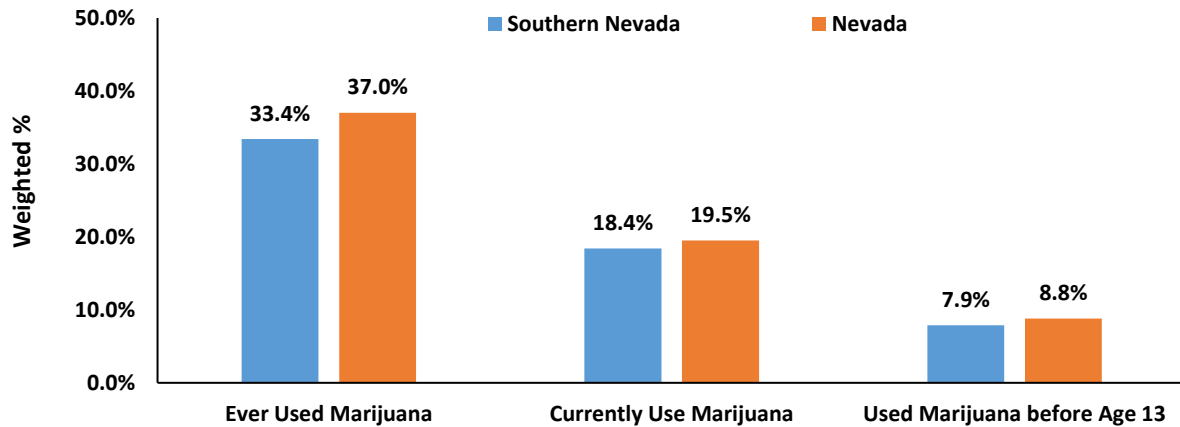
Source: Nevada Youth Risk Behavior Survey (YRBS).

Chart scaled to 40% to display differences among groups.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Out of Southern Nevada middle school students, 13.5% drank alcohol before age 11, 9.4% currently drink alcohol and 27.1% have had alcohol before which is slightly lower than Nevada at 27.4%.

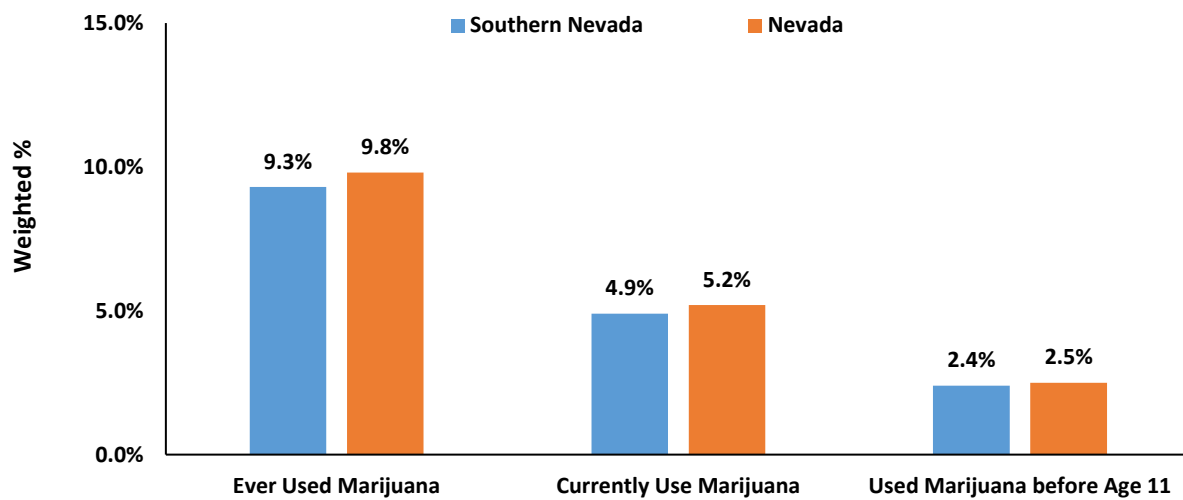
Figure 36. Marijuana Use Summary, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 50% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

In Southern Nevada, 33.4% of high school students reported trying marijuana, 18.4% currently use marijuana and 7.9% used marijuana before the age of 13, lower than Nevada at 8.8%.

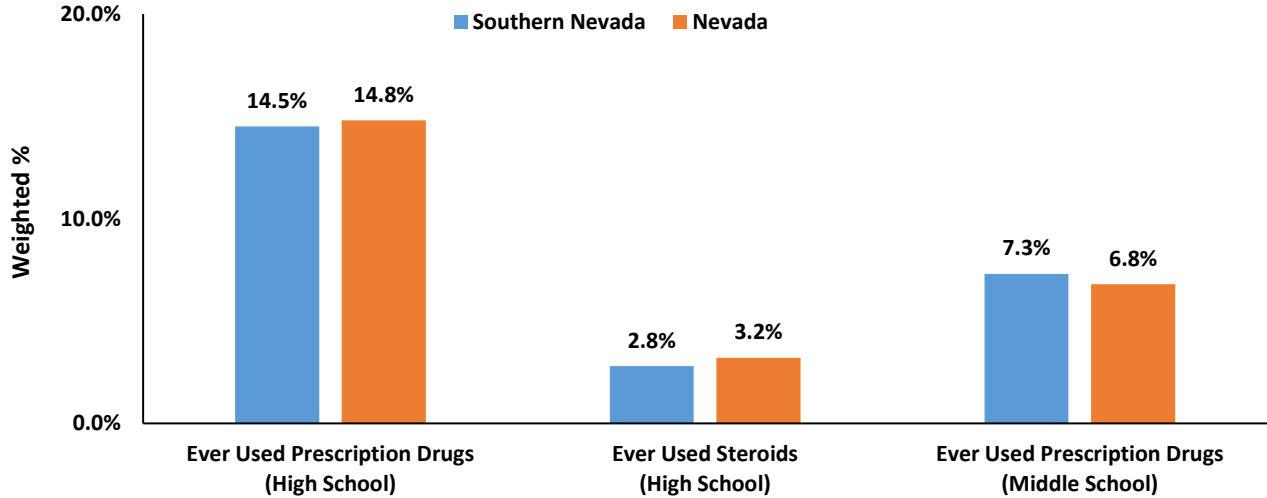
Figure 37. Marijuana Use Summary, Southern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 15% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

About 2% of Southern Nevada middle school students have tried marijuana before they turned 11 years old, 9.3% have tried marijuana before and 4.9% currently use marijuana.

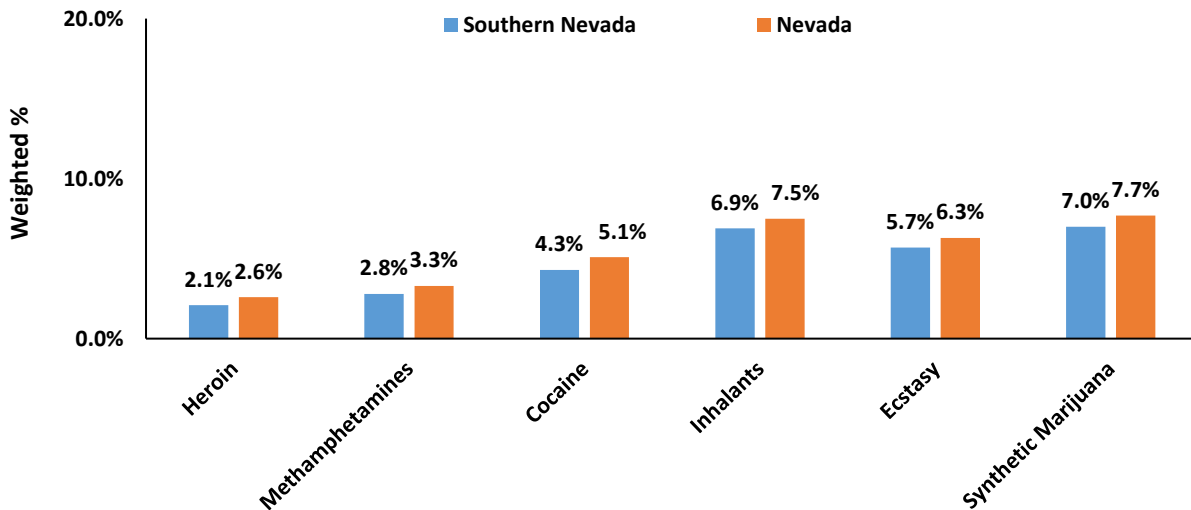
Figure 38. Nonprescription Substance Use Summary, Southern Nevada Middle and High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Approximately 15% of Southern Nevada high school students have used prescription drugs that were not prescribed to them in their lifetimes; 2.8% have tried non-prescribed steroids; and around 7% have used prescription drugs that were not prescribed to them.

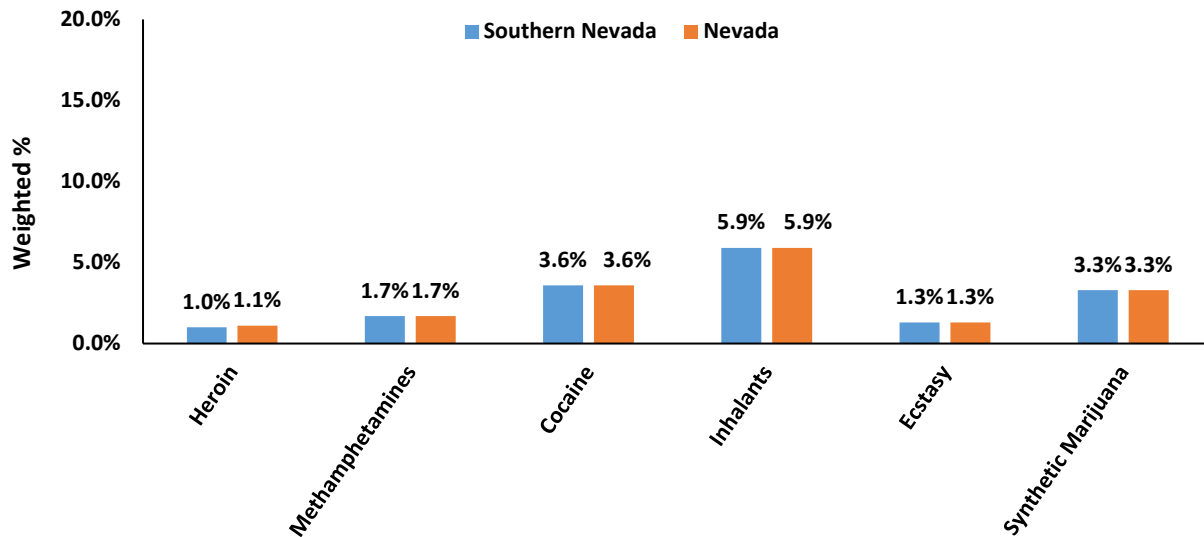
Figure 39. Lifetime Drug Use Summary, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Drug use among Southern Nevada high school students is slightly lower when compared to drug use in Nevada statewide. Synthetic marijuana and inhalant use tops the list at about 7.0% followed by ecstasy at 5.7% and cocaine at 4.3%.

Figure 40. Lifetime Drug Use Summary, Southern Nevada Middle School Students, 2017.



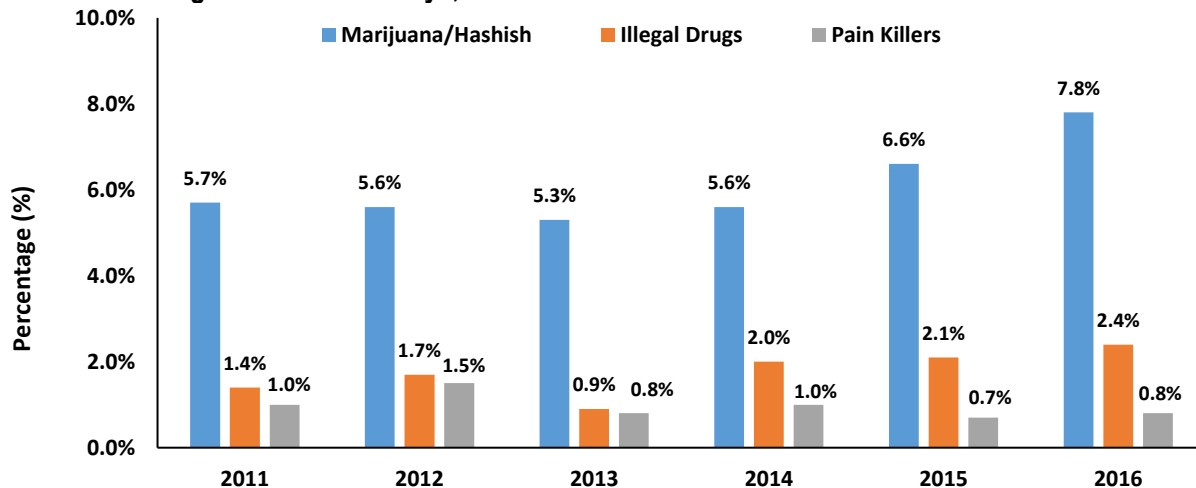
Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Inhalant use is predominant at 5.9% among middle-schoolers followed by cocaine use at 3.6% and synthetic marijuana use at 3.3% in Southern Nevada for 2017.

Behavioral Risk Factor Surveillance System

BRFSS collects information on adult health-related risk behaviors. According to the Centers for Disease Control and Prevention, BRFSS is a powerful tool for targeting and building health promotion activities.

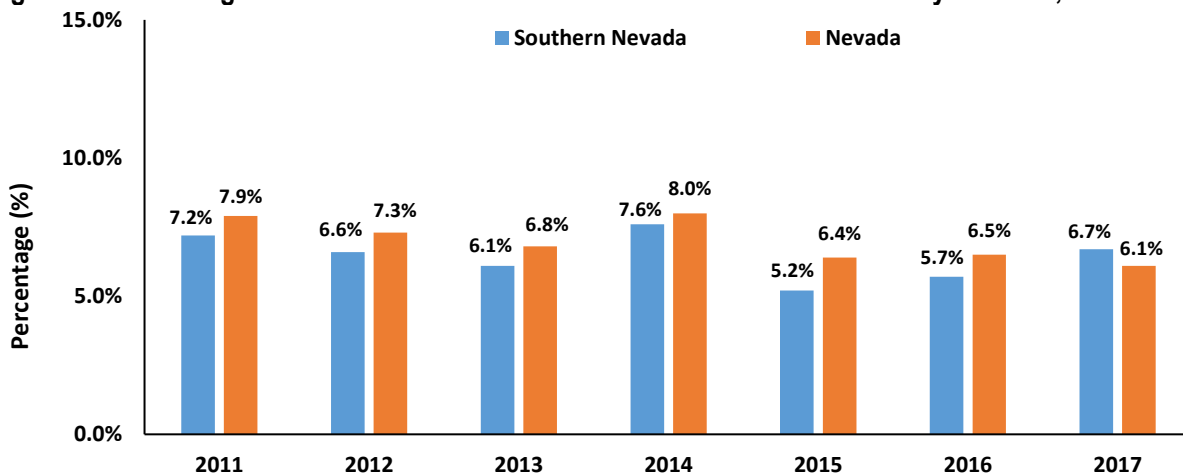
Figure 41. Adult Southern Nevada Residents Who Used Illegal Substances or Marijuana/Hashish or Pain Killers to Get High in the Last 30 days, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 10% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Between 2011 and 2016, on an average, 6.1% of Southern Nevada adults surveyed through BRFSS had used marijuana or hashish in the past 30 days. Marijuana use has increased consistently since 2014 and is expected to increase as marijuana was legalized in Nevada in 2017. On average, 1.0% of Southern Nevadans had used pain killers and 1.8% had used other illegal drugs to get high in the past 30 days.

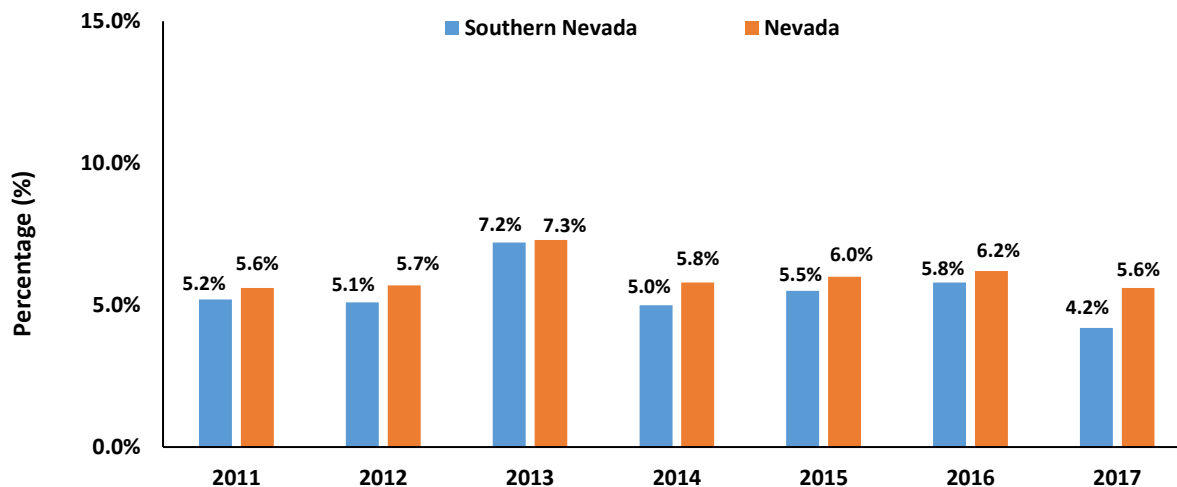
Figure 42. Percentage of Southern Nevada Adult Men Who are Considered Heavy Drinkers, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 15% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Southern Nevada men who considered themselves heavy drinkers in 2017 was 6.7%. For men, heavy drinking is defined by consuming more than two alcoholic beverages per day.

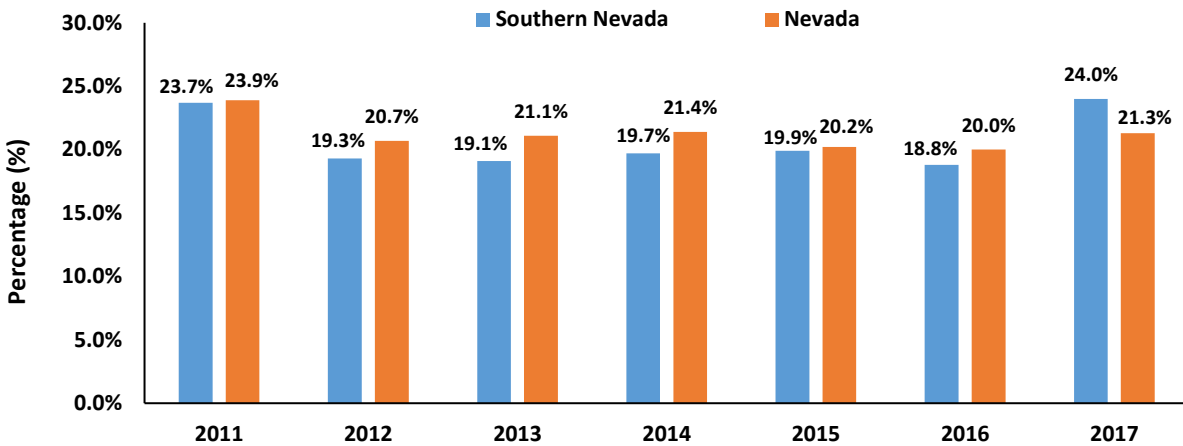
Figure 43. Percentage of Southern Nevada Adult Women Who are Considered Heavy Drinkers, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 15% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Women in Southern Nevada, who are considered heavy drinkers, have remained relatively steady from 2011 to 2017, at about 5.4%. For women, heavy drinking is defined by consuming more than one alcoholic beverage per day.

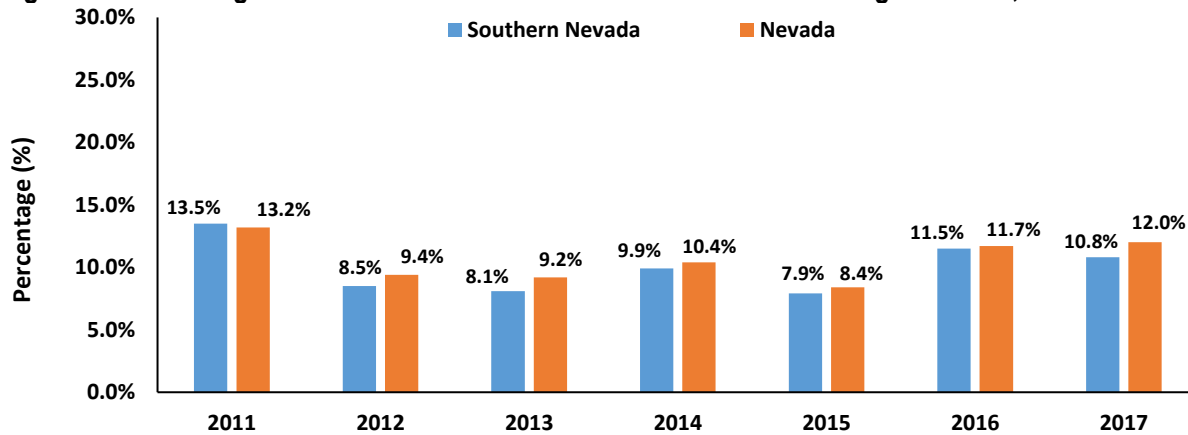
Figure 44. Percentage of Southern Nevada Adult Men Who are Considered Binge Drinkers, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 30% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Binge drinking is defined in men as having five or more alcoholic beverages on an occasion. Southern Nevada men reported the lowest binge drinking percentage in 2016 which was 18.8%. In 2017, this was at 24.0% which was more than Nevada at 21.3%.

Figure 45. Percentage of Southern Adult Women Who are Considered Binge Drinkers, 2011-2017.



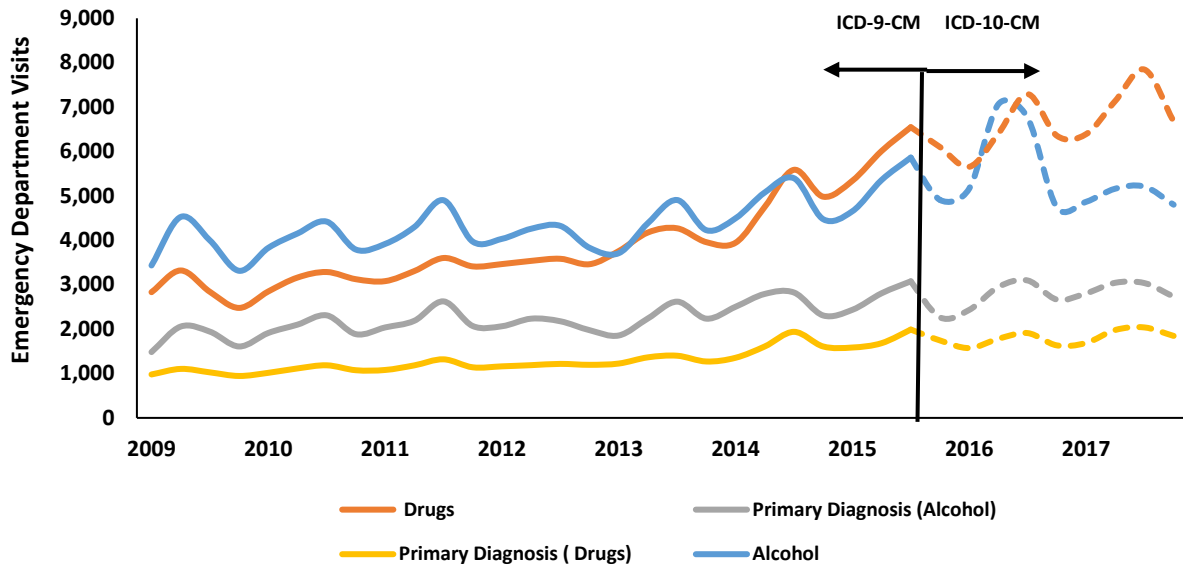
Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 30% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Binge drinking is defined in women as having four or more alcoholic beverages on an occasion. Southern Nevada women reported the highest binge drinking percentage of 13.5% in 2011. In 2017, this was 10.8% which is not a significant (95% confidence interval) decrease.

Hospital Emergency Department Encounters

The hospital emergency department billing data provides health billing data for emergency departments patients for Nevada’s non-federal hospitals. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers are not mutually exclusive.

Figure 46. Alcohol and Drug-Related Emergency Department Encounters by Quarter and Year, Southern Nevada, 2009-2017.



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

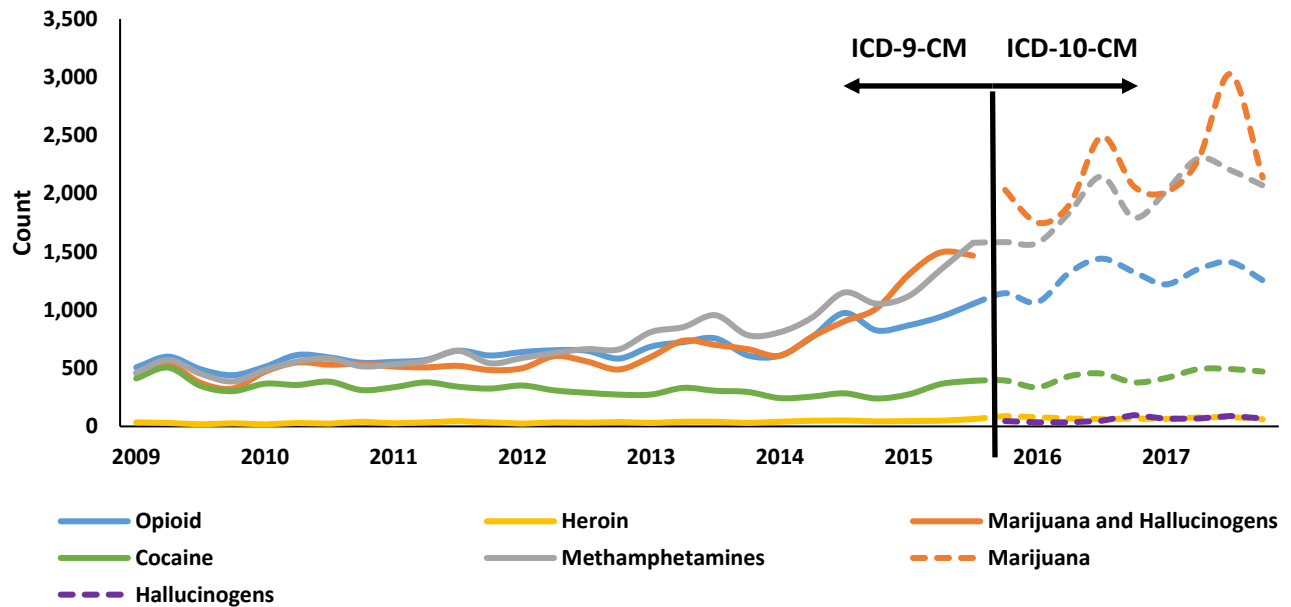
ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

The “primary diagnosis” is the condition established to be chiefly responsible for the emergency department visit. The “alcohol” and “drug” categories are for any visits where alcohol/drugs were listed in any of the diagnoses.

Alcohol visits were more common than drug visits until 2014 where drugs visits to the emergency department surpassed. In 2017, there was a total of 19,162 alcohol and drug-related emergency department encounters. Out of this number, 11,612 were related to alcohol (primary diagnosis) and 7,550 were drug-related (primary diagnosis).

Figure 47. Drug-Related Emergency Department Encounters by Drug Type and Quarter and Year, Southern Nevada, 2009-2017.



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

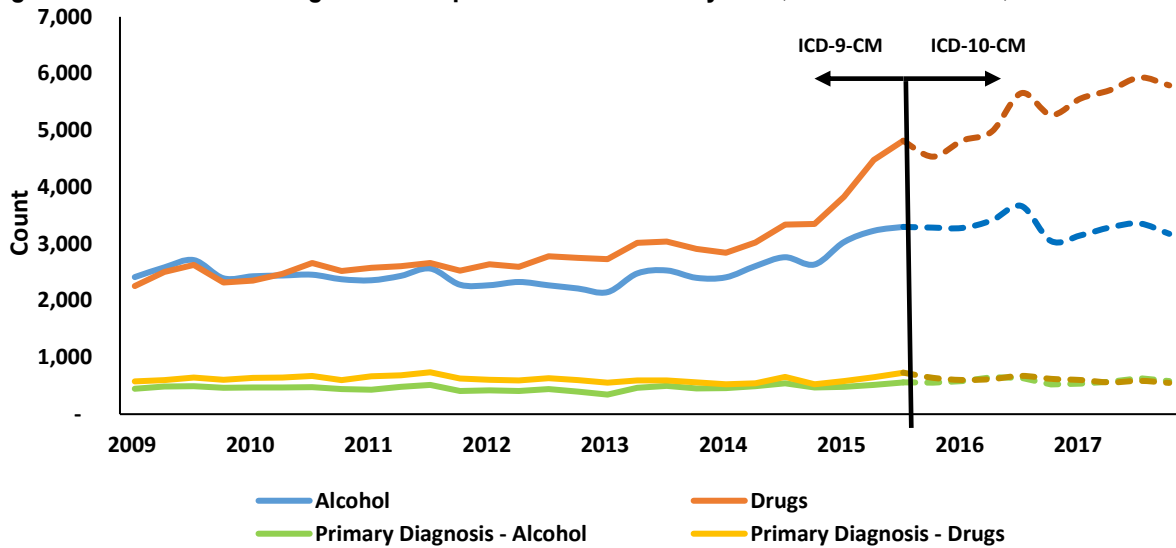
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into their own groups in the ICD-10-CM codes. From October 2015, marijuana/cannabis use alone is more common for emergency department encounters than hallucinogens, opioids, and heroin. This includes all diagnoses, and many of the marijuana visits are for marijuana/cannabis-related disorders and not for overdose or poisonings.

Hospital Inpatient Admissions

The hospital inpatient billing data provided health billing data for patients admitted to hospital for longer than a 24-hour period. In 2017, more people were admitted into Nevada hospitals for drug-related issues than alcohol-related issues.

Figure 48. Alcohol and Drug-Related Inpatient Admissions by Year, Southern Nevada, 2009-2017.



Source: Hospital Inpatient Billing.

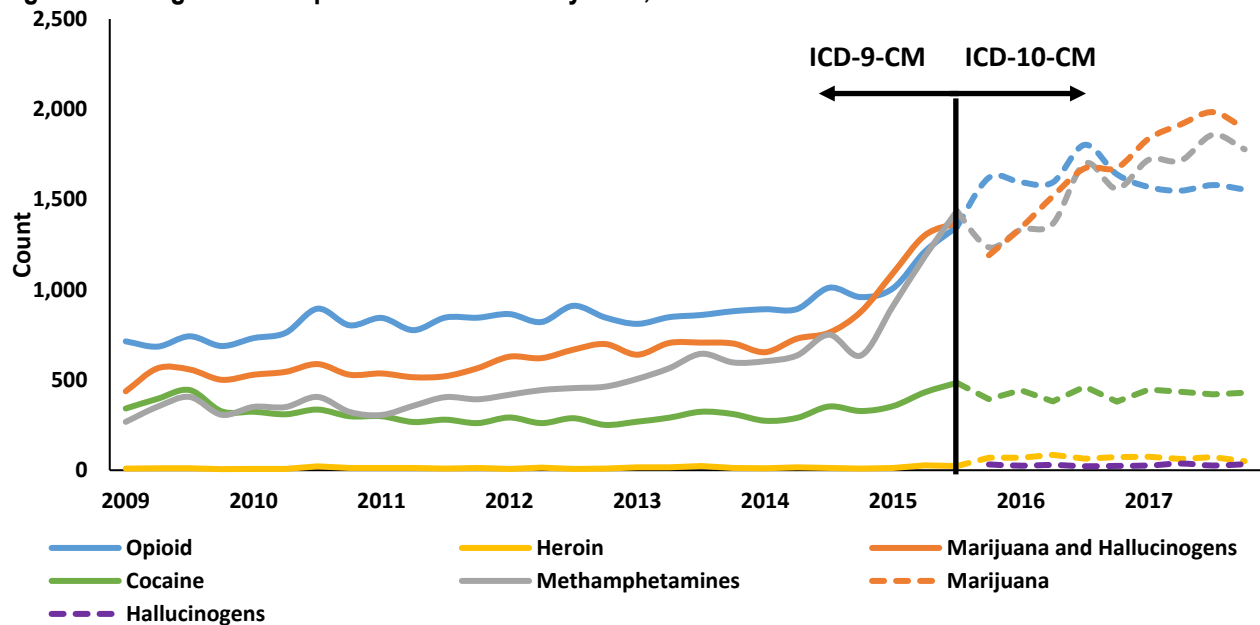
Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Alcohol-related admissions were more common than drug visits until 2012 when drug-related admissions surpassed alcohol and have remained higher through 2017. In 2017, there was a total of 35,969 alcohol and drug-related inpatient admissions. Out of this number, 2,333 were related to alcohol (primary diagnosis) and 2,300 were drug-related (primary diagnosis).

Figure 49. Drug-Related Inpatient Admissions by Year, 2009-2017.



Source: Hospital Inpatient Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

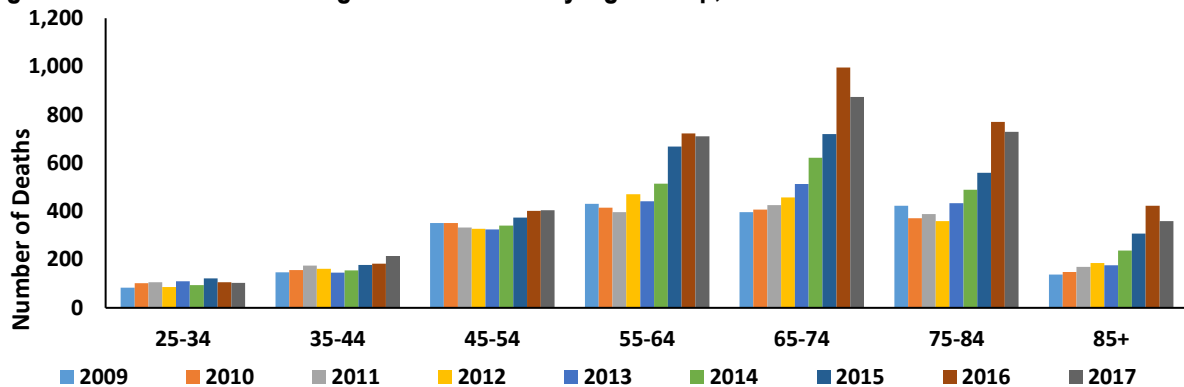
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into their own groups in the ICD-10-CM codes. Inpatient admissions for drug use have risen significantly since 2009. In 2017, there was an increase in inpatient admissions where marijuana/cannabis-related disorders and dependence were listed on the diagnosis (n=7,630).

Suicide and Mortality

Alcohol and/or drug-related deaths include deaths where alcohol/drugs are listed as either the cause of death or as a contributing cause of death; therefore, the main cause of death may not be due alcohol or drugs but a contributing to the cause of death. In 2017, 3,427 deaths were related to alcohol and drugs.

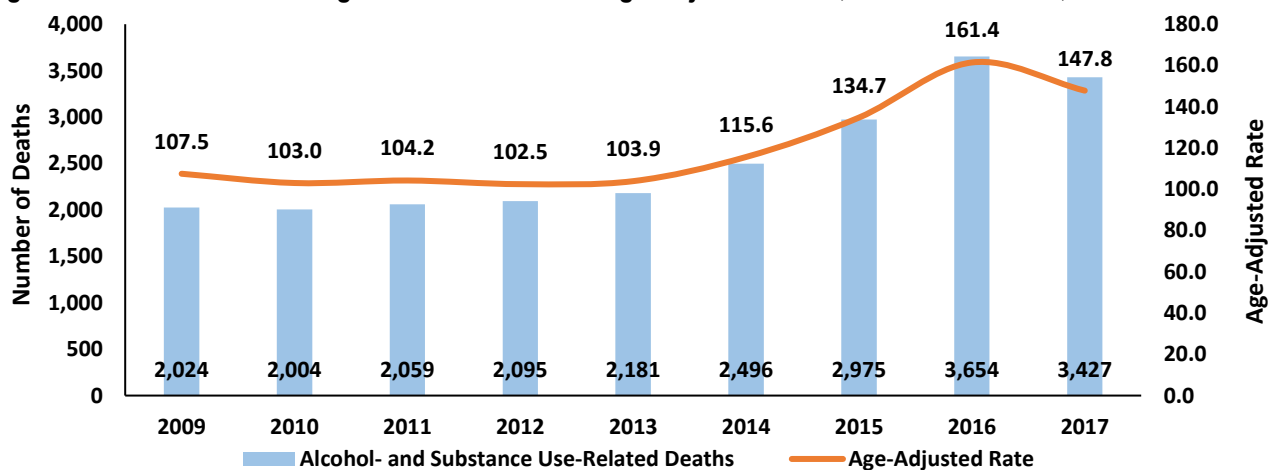
Figure 50. Alcohol and/or Drug-Related Deaths by Age Group, 2009-2017.



Source: Electronic Death Registry System.
 Chart scaled to display differences among age groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

In 2016, the 65-74 age group had a significant increase with 996 deaths. In 2017, the 65-74 age group had the most deaths with 874 deaths reported, followed by the 75-84 age group with 729 drug and alcohol-related deaths. There were 19 deaths from 2009-2017 to those less than 25 and are not included in the figure above.

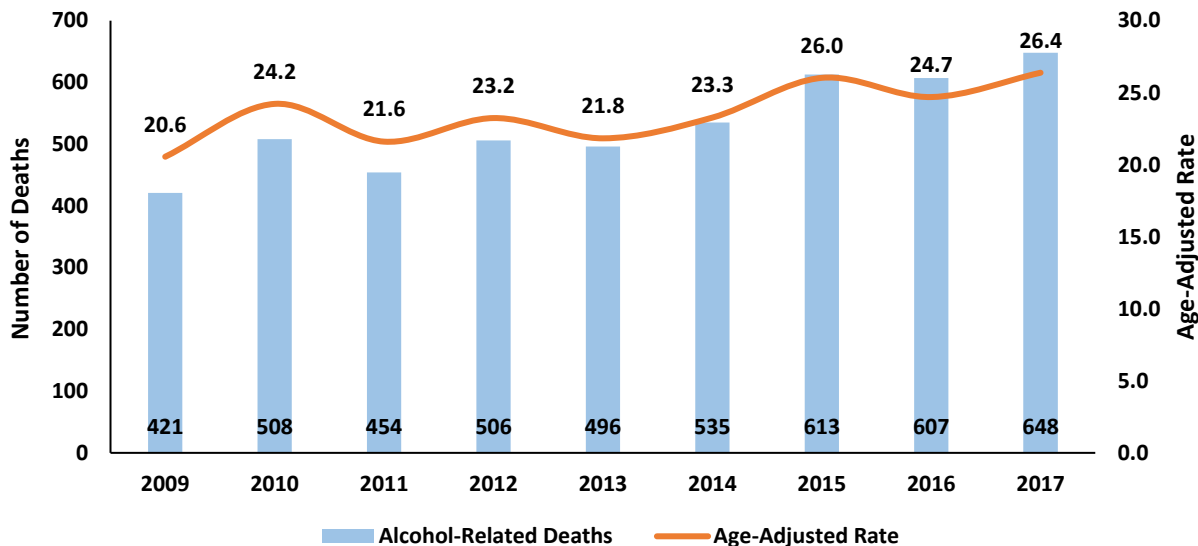
Figure 51. Alcohol and/or Drug-Related Deaths and Age-Adjusted Rates, Southern Nevada, 2009-2017.



Source: Electronic Death Registry System.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

The age-adjusted rate increased significantly in 2015 and has remained high for alcohol and drug-related deaths. In 2017, for Southern Nevada, 3,427 deaths were related to alcohol and drugs.

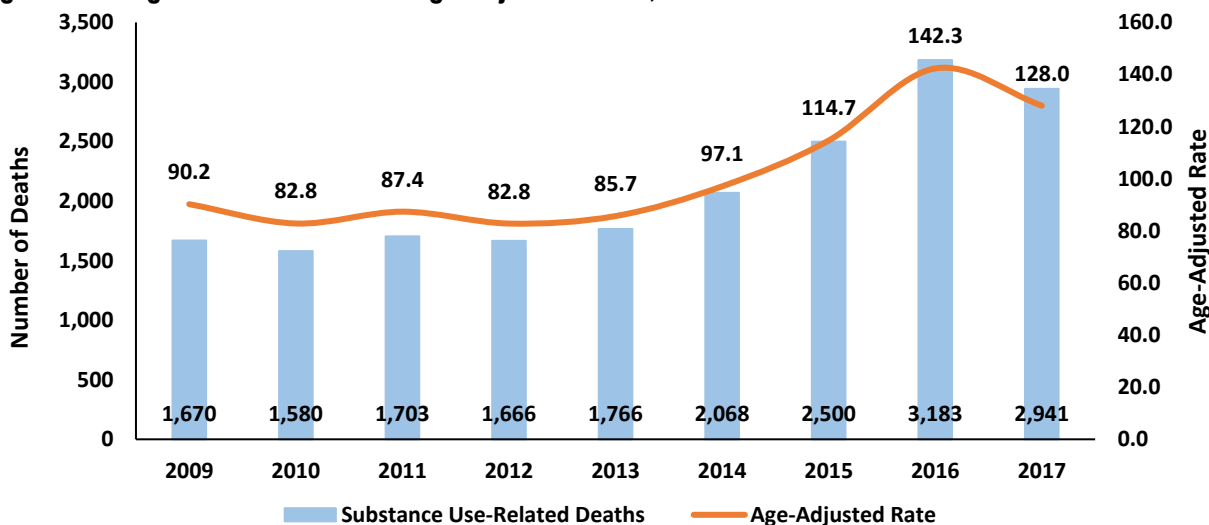
Figure 52. Alcohol-Related Deaths and Age-Adjusted Rates, 2009-2017.



Source: Electronic Death Registry System.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Alcohol-related deaths increased in 2015 and have remained increased through 2017 for Southern Nevada. Alcohol-related deaths make up 19% of alcohol and/or drug-related deaths.

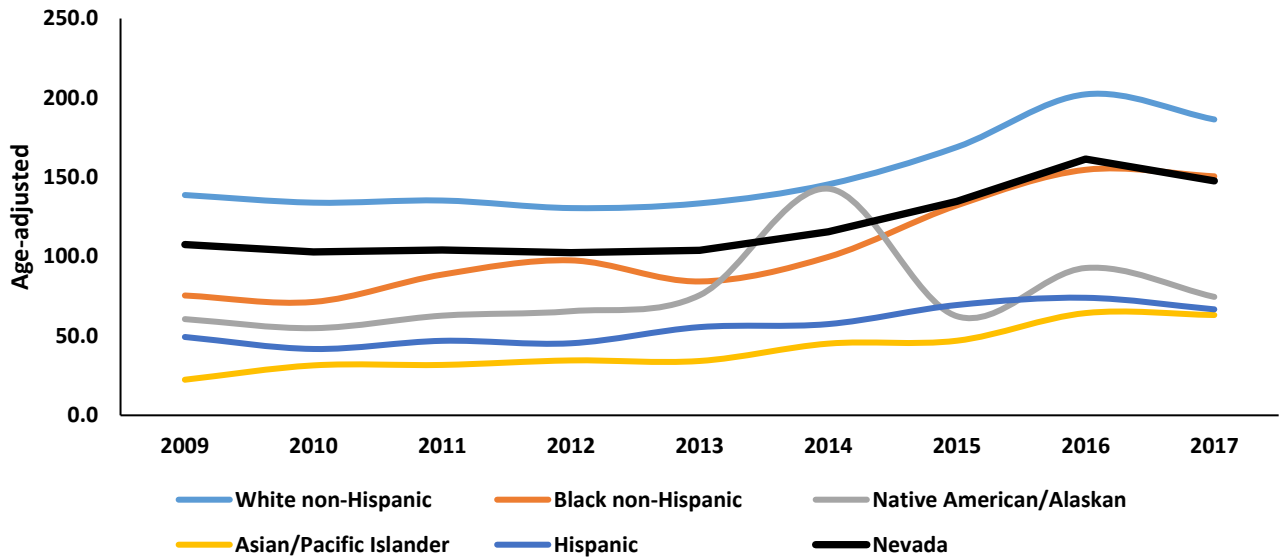
Figure 53. Drug-Related Deaths and Age-Adjusted Rates, 2009-2017.



Source: Electronic Death Registry System.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Drug-related deaths have increased significantly since 2015 (95% confidence interval). The 142.3 age-adjusted rate for 2016 is significantly higher in comparison to prior years.

Figure 54. Age-Adjusted Alcohol and Drug-Related Deaths Rates by Race, 2009-2017.



Source: Electronic Death Registry System.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

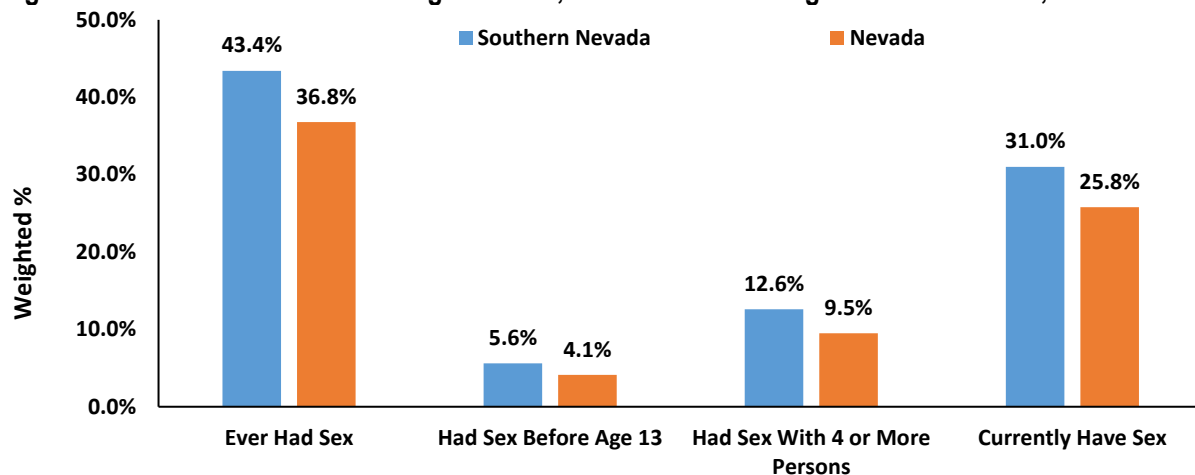
White non-Hispanics have had a significantly higher increase in alcohol and/or drug-related deaths since 2014. While Native American deaths increased in 2014, these deaths are not statistically significant (95% confidence interval) due to the population size.

Special Population: Youth

Youth Risk Behavior Surveillance System (YRBSS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2017, 5,336 high school and 5,464 middle school students participated in the survey.

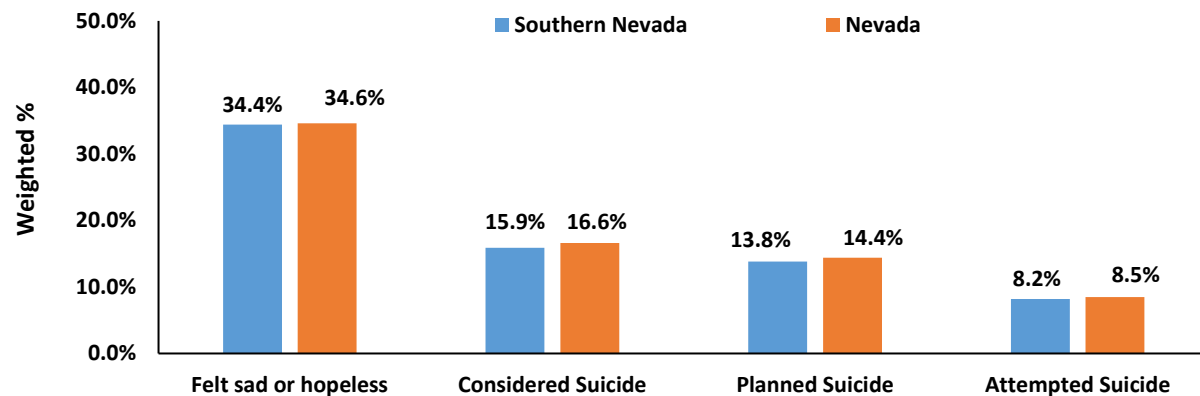
Figure 55. Sexual Intercourse among Students, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 50% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Among Southern Nevada high school students, 43.4% have reported having had sex, and 5.6% had sex before the age 13. Around 12% of high school students have had sex with more than 4 partners and nearly 31.0% of high school students currently have sex.

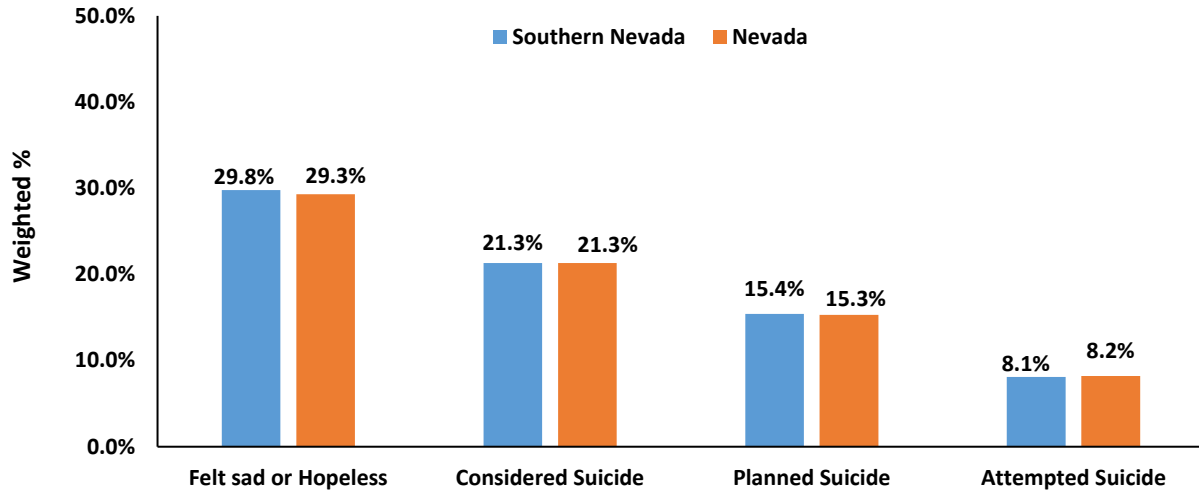
Figure 56. Mental Health Summary, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 50% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Approximately 34.4% of Southern Nevada high school students have felt sad or hopeless, 15.9% considered suicide, 13.8% planned to commit suicide and 8.2% have attempted suicide in the past 12 months.

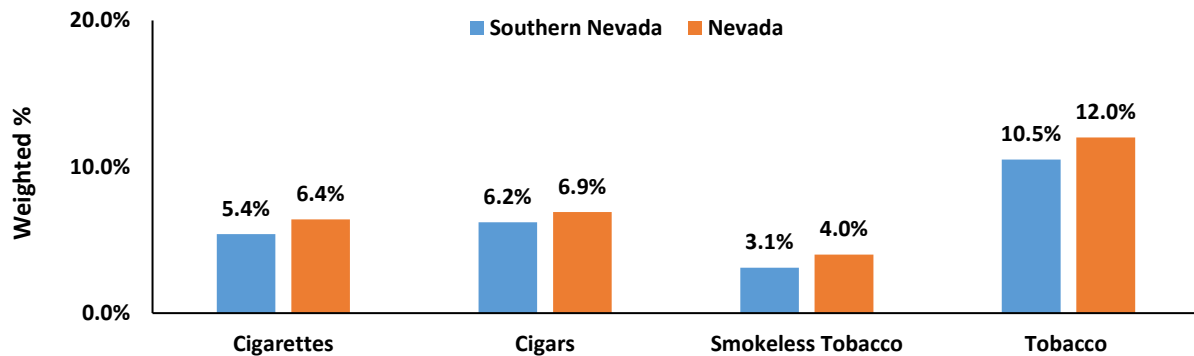
Figure 57. Mental Health Risk Behaviors, Southern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 50% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Approximately 29.8% of Southern Nevada middle school students have felt sad or hopeless, 21.3% considered suicide, 15.4% planned to commit suicide and 8.1% attempted suicide in the past 12 months.

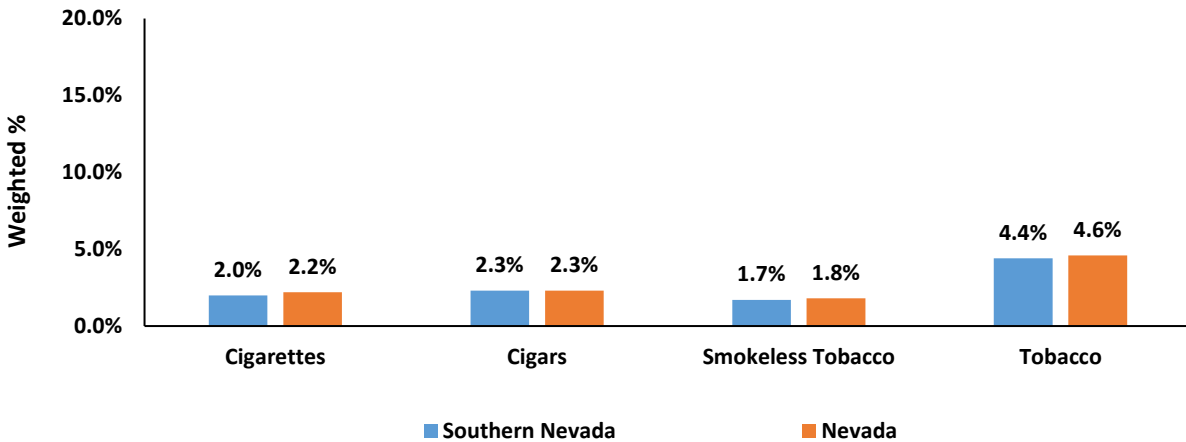
Figure 58. Current Tobacco Use Summary, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Of all high school students, 5.4% in Southern Nevada reported using cigarettes in the past 30 days and 10.5% have used tobacco at one time. This is lower than the weighted percentage for Nevada which is 12.0%.

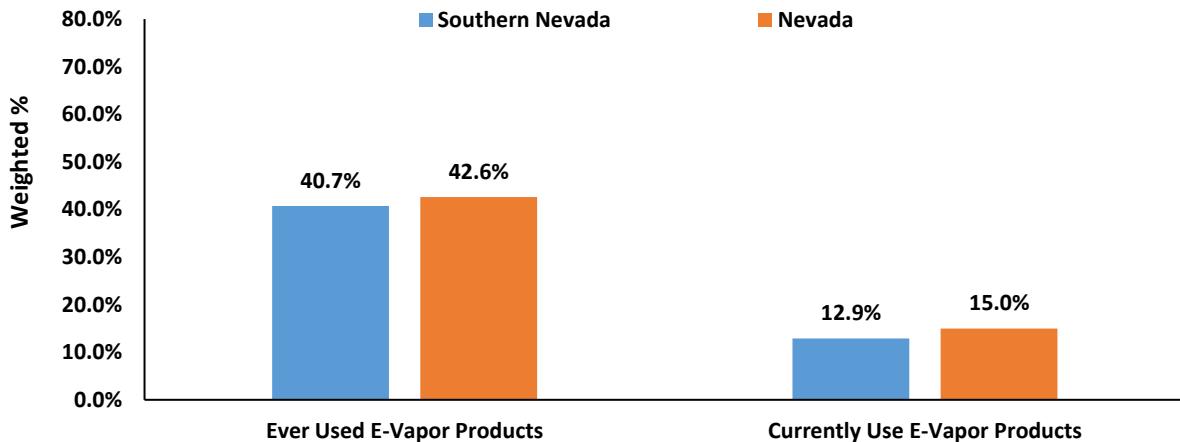
Figure 59. Current Tobacco Use Summary, Southern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Of Southern Nevada middle school students surveyed, 2.0% reported using cigarettes, 2.3% used cigars and 4.4% used tobacco in the past 30 days all of which is slightly lower than Nevada.

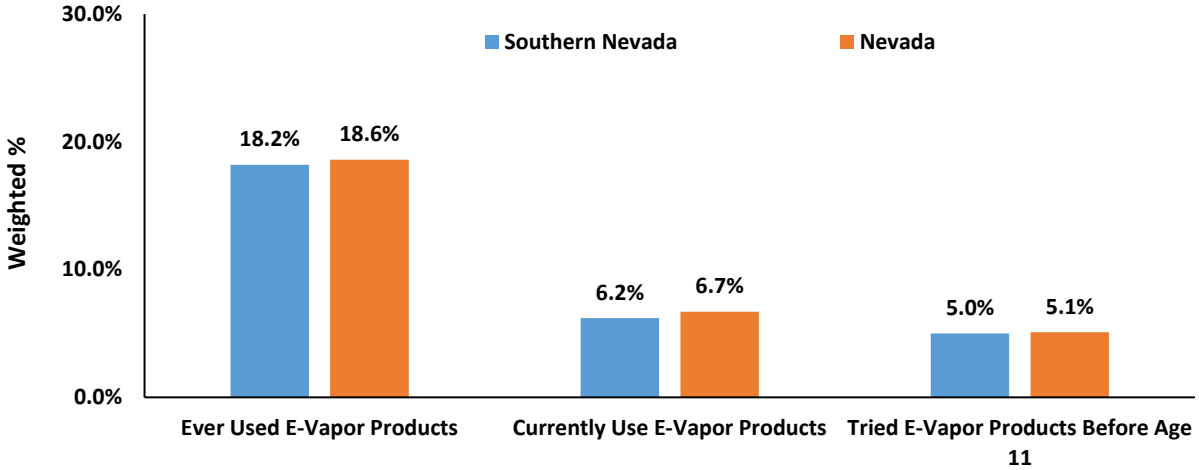
Figure 60. Electronic Vapor Product Use Summary, Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 80% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

In Southern Nevada, 40.7% of high school students have used electronic vapor (E-vapor) products and 12.9% are currently using E-vapor products, which is lower than the weighted percentage for Nevada (15.0%).

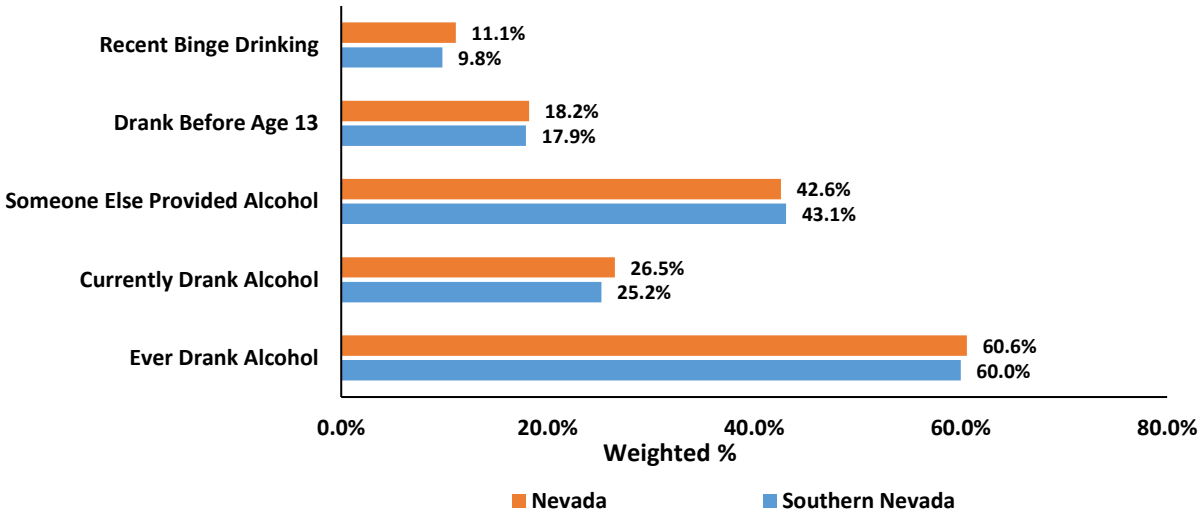
Figure 61. Electronic Vapor Product Use Summary, Southern Nevada Middle School Students, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 30% to display differences among groups.
 Indicator “tried e-vapor products before age 11” not measured in 2015.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

In southern Nevada, among middle school students, 18.2% have used E-vapor products and 6.2% are currently using them, which is lower than Nevada at 6.7%.

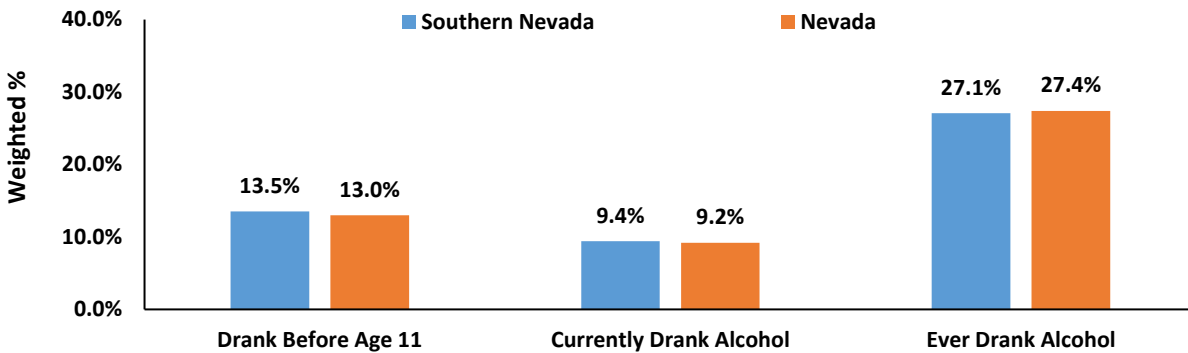
Figure 62. Alcohol Use Summary, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Binge Drinking: Had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours.
 Chart scaled to 80% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

At least, 6 out of 10 Southern Nevada high school students have had a drink of alcohol (60.0%), 25.2% currently drink alcohol, 43.1% had alcohol provided to them by someone else, 17.9% had alcohol before the age of 13 years and 9.8% indulged in a recent binge drinking experience (had at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours).

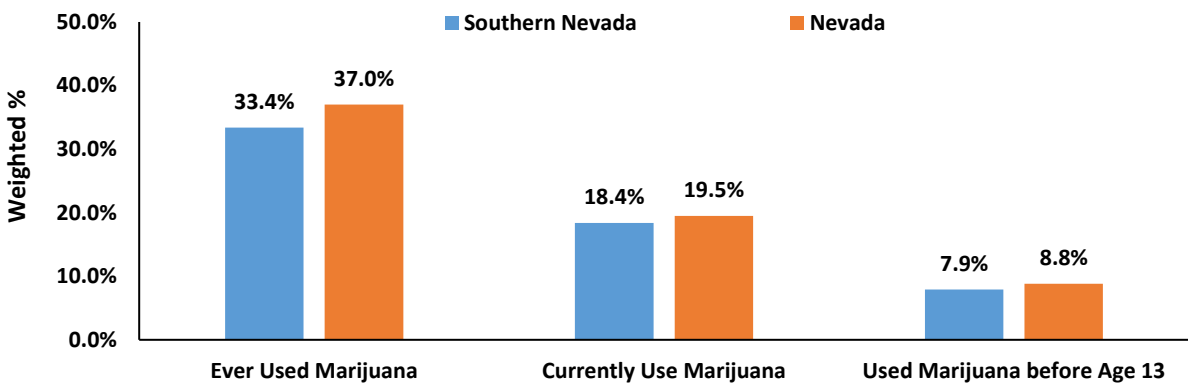
Figure 63. Alcohol Use Summary, Southern Nevada Middle School Students, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 40% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Out of Southern Nevada middle school students, 13.5% drank alcohol before age 11, 9.4% currently drink alcohol and 27.1% have had alcohol before which is slightly lower than Nevada at 27.4%.

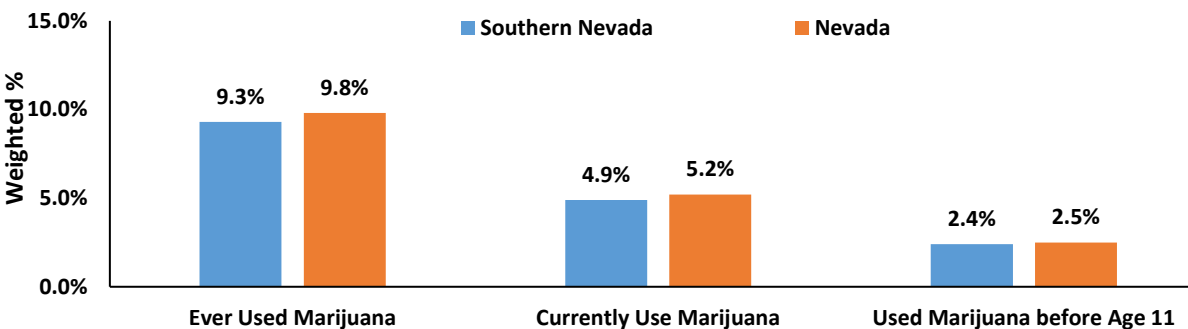
Figure 64. Marijuana Use Summary, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 50% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

In Southern Nevada, 33.4% of high school students reported trying marijuana, 18.4% currently use marijuana and 7.9% used marijuana before the age of 13, lower than Nevada at 8.8%.

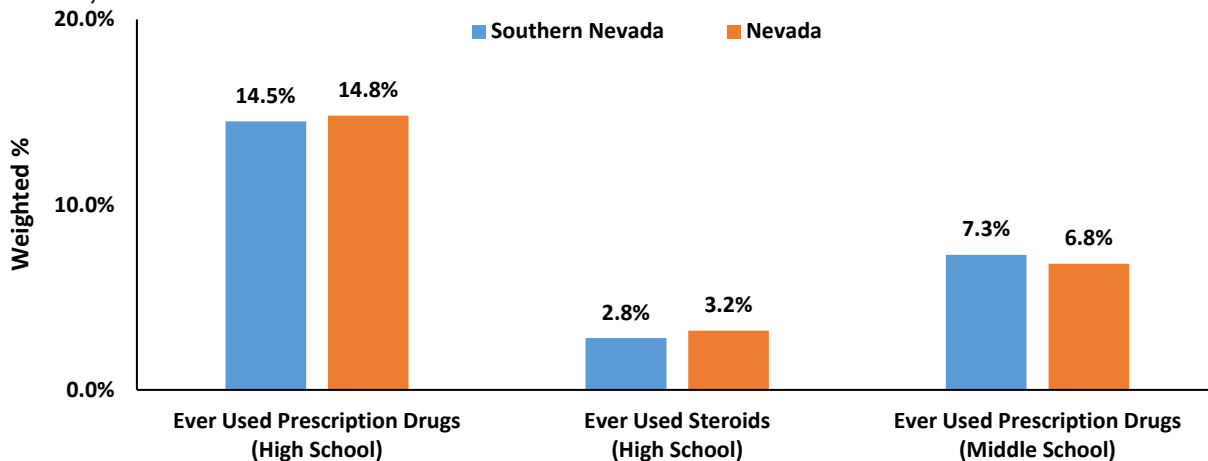
Figure 65. Marijuana Use Summary, Southern Nevada Middle School Students, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 15% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

About 2% of Southern Nevada middle school students have tried marijuana before they turned 11 years old, 9.3% have tried marijuana before and 4.9% currently use marijuana.

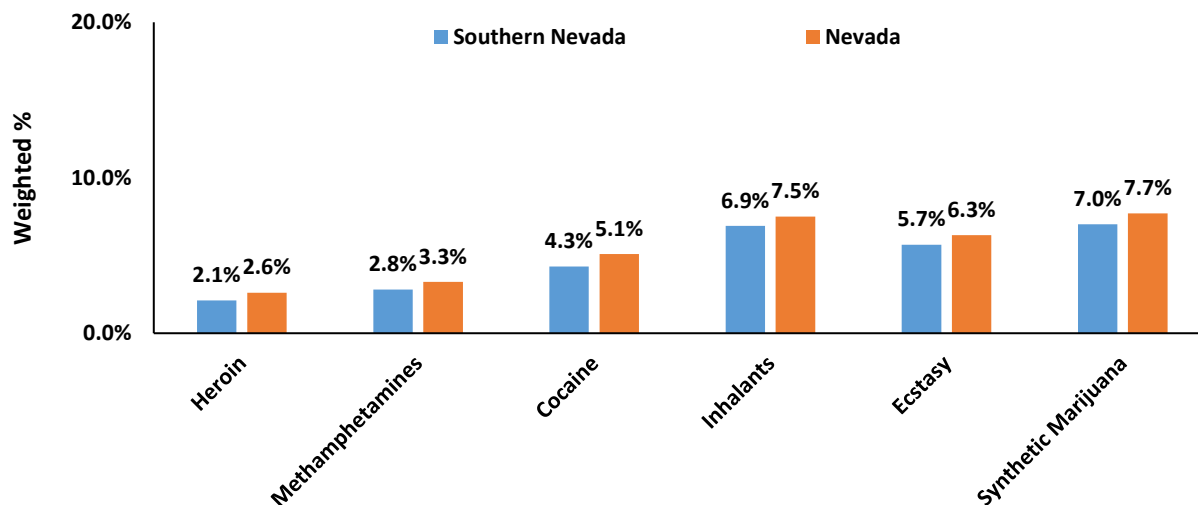
Figure 66. Nonprescription Substance Use Summary, Southern Nevada Middle and High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Approximately 15% of Southern Nevada high school students have used prescription drugs that were not prescribed to them in their lifetimes; 2.8% have tried non-prescribed steroids; and around 7% have used prescription drugs that were not prescribed to them.

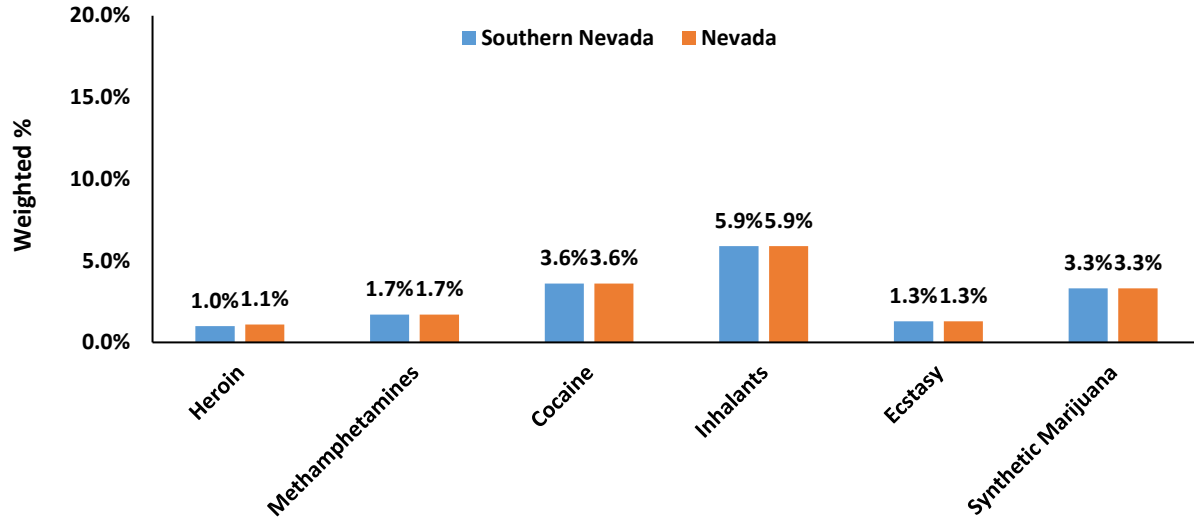
Figure 67. Lifetime Drug Use Summary, Southern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Drug use among Southern Nevada high school students is slightly lower when compared to drug use in Nevada statewide. Synthetic marijuana and inhalant use tops the list at about 7.0% followed by ecstasy at 5.7% and cocaine at 4.3%.

Figure 68. Lifetime Drug Use Summary, Southern Nevada Middle School Students, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Indicator for “heroin” and “ecstasy” not measured in 2015.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

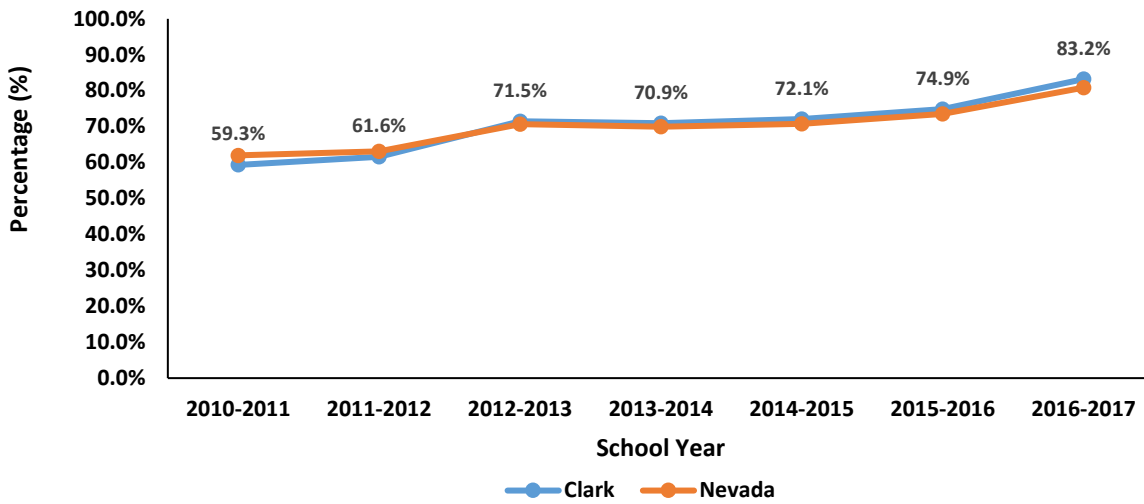
Inhalant use is predominant at 5.9% among middle-schoolers followed by cocaine use at 3.6% and synthetic marijuana use at 3.3% in Southern Nevada for 2017.

Nevada Report Card

The Nevada Report Card is the accountability reporting website of the Nevada Department of Education. In compliance with federal and state law, it assists community members (parents, educators, researchers, lawmakers, etc.) in locating a wealth of detailed information pertaining to K-12 public education in Nevada. The web site has three categories: “school and district information,” “assessment and accountability” and “fiscal and technology.”

When student behavioral health needs are not identified or not provided with the necessary attention, they are more likely to experience difficulties in school. These include higher rates of suspensions, expulsions, dropouts, and truancy, as well as lower grades. Nationally, 50% of students age 14 and older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group.

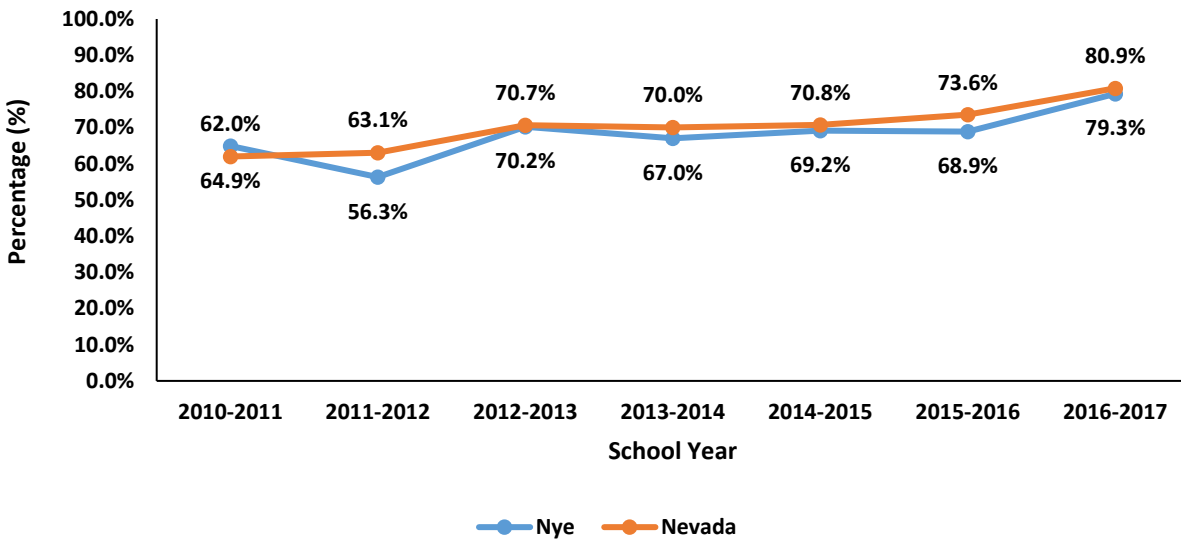
Figure 69. High School Graduation Percentage, Clark County, Class Cohorts 2010–2017.



Source: Nevada Department of Education, Report Card.

Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade (number of students who graduate in four years with a regular high school diploma / number of students who form the adjusted cohort for the graduation class). Clark County high schools posted their highest graduation rate at 83.2% for the Class of 2017 – an increase of eight percentage points.

Figure 70. High School Graduation Percentage, Nye County, Class Cohorts 2010–2017.



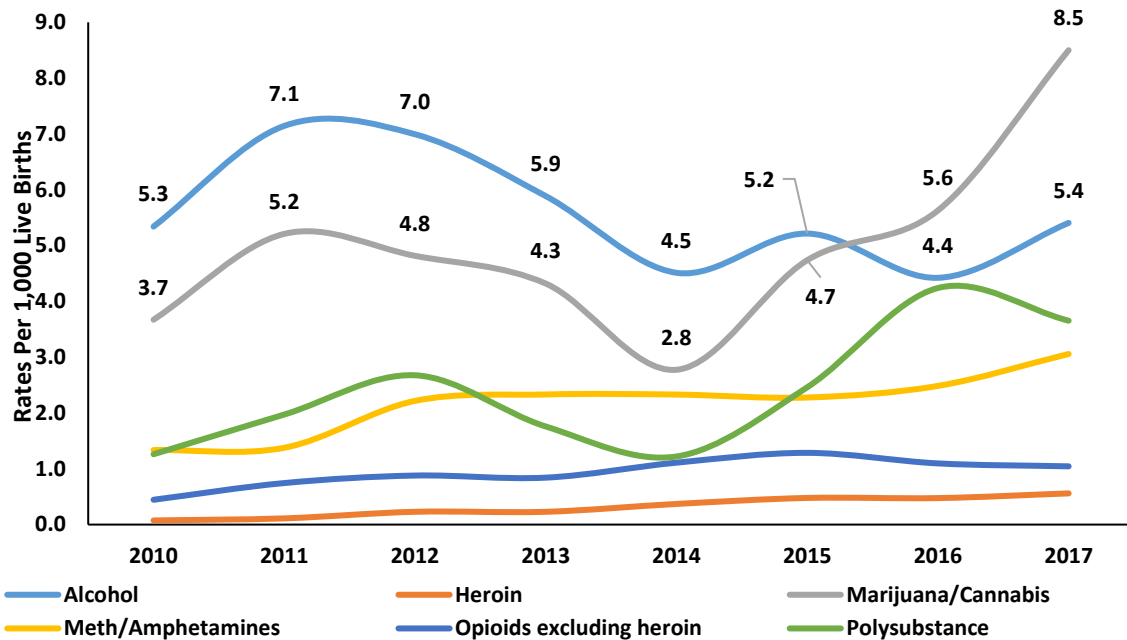
Source: Nevada Department of Education, Report Card.

Nye County high schools posted their highest graduation rate at 79.3% for the Class of 2017 – an increase of 10 percentage points.

Special Population: Newborns

The data in this section is reflective of self-reported information provided by the mother on the birth record. On average, there were 26, 828 live births per year to Southern Nevada residents between 2010 and 2017. In 2017, there were 145 births where the mother reported alcohol use, 228 with marijuana use reported, and 98 with polysubstance use.

Figure 71. Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Southern Nevada 2010-2017.



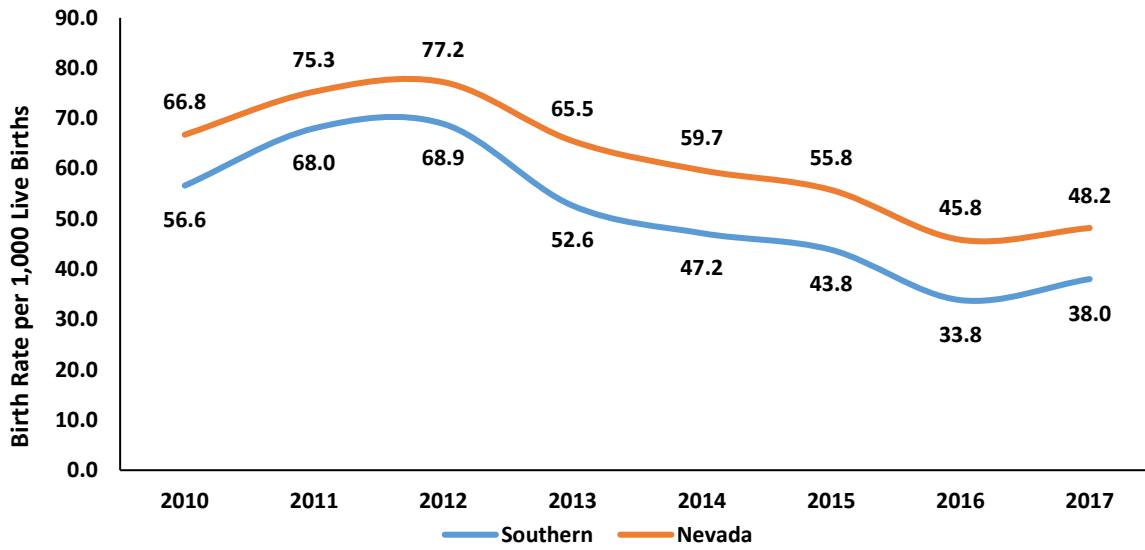
Source: Nevada Electronic Birth Registry System.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Of the self-reported substance use during pregnancy among Southern Nevada mothers who gave birth between 2010 and 2017, the highest rate was with marijuana use in 2017, at 8.5 per 1,000 live births.

Since 2015, the marijuana use rate has surpassed the alcohol use rate, which was 5.4 per 1,000 births in 2017. In 2017, a rate of 3.1 per 1,000 live births was reported for meth/amphetamines, which higher than 2010 at 1.3 per 1,000 live births. For polysubstance use, 3.7 per 1,000 live births reported in 2017. There has been an increase in self-reported polysubstance use since 2014, up from 1.2 per 1,000 live births.

Because alcohol and substance use during pregnancy is self-reported by the mothers, rates are likely lower than actual rates due to underreporting, and expectant mothers may be reluctant to be forthcoming on the birth record for a variety of reasons.

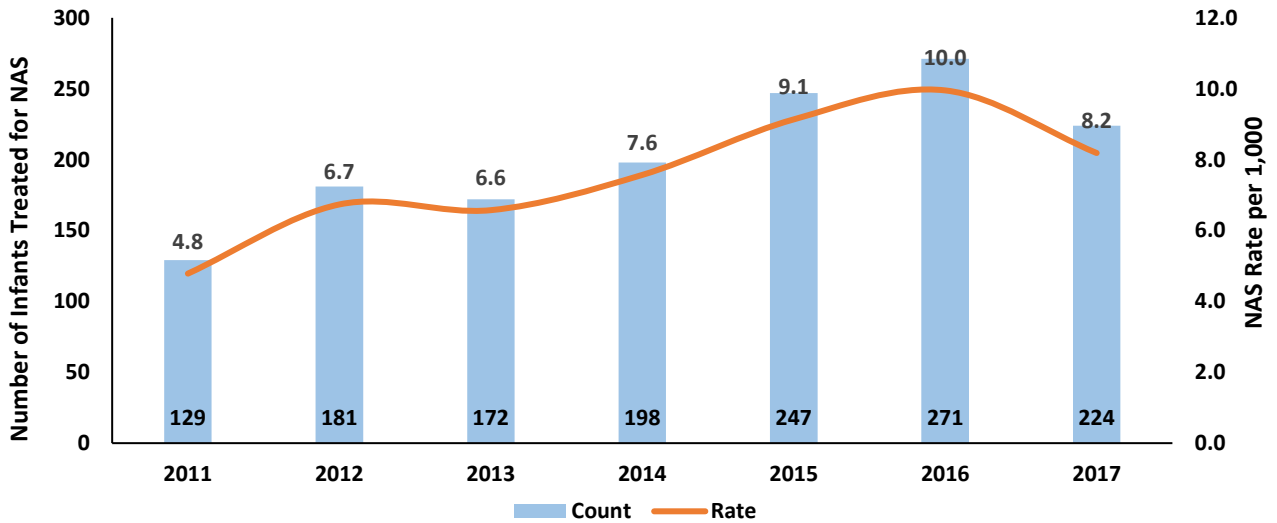
Figure 72. Prenatal Tobacco Use Birth Rates (self-reported), Southern Nevada 2010-2017.



Source: Nevada Electronic Birth Registry System.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Mothers who self-reported tobacco use, has decreased from 66.8 to 48.2 per 1,000 live births from 2010 to 2017 in Nevada. Southern Nevada is lower than Nevada 56.6 to 38.0 per 1,000 live births from 2010 to 2017.

Figure 73. Neonatal Abstinence Syndrome, Southern Nevada 2010-2017.

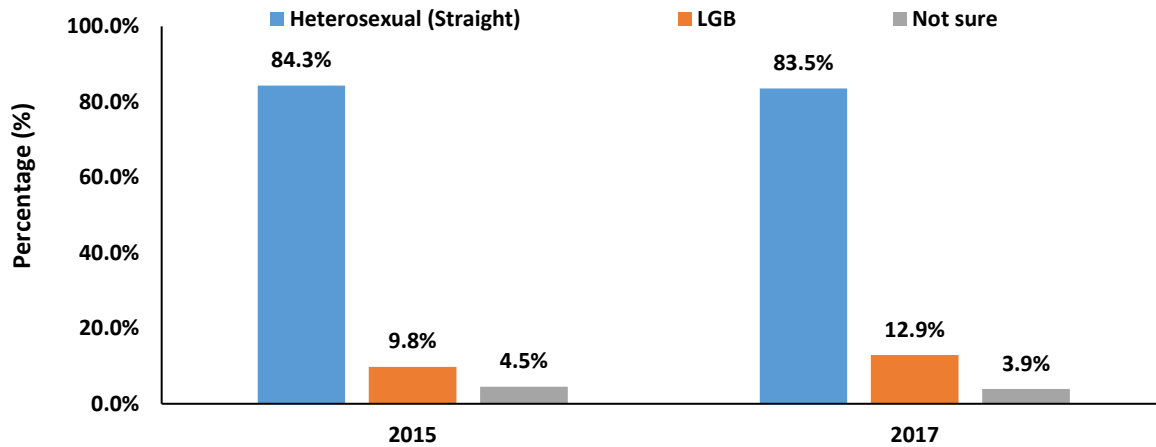


Source: Hospital Inpatient Department Billing and Nevada Electronic Birth Registry System.
ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother's womb. Withdraw or abstinence symptoms develop shortly after birth. Inpatient admissions for NAS has nearly doubled since 2011, from 129 newborns admitted to 224 newborns admitted in 2017.

Special Population: Lesbian, Gay, Bisexual, and Transgender (LGBT)

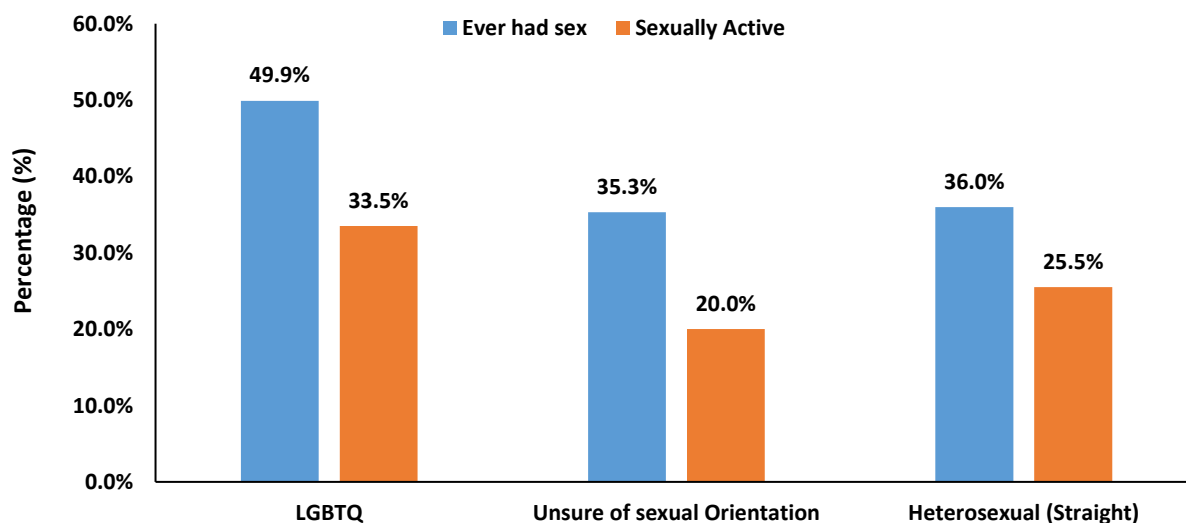
Figure 72. Sexual Orientation, Nevada High School Population, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Out of the high school students surveyed for YRBSS in Southern Nevada in 2017, 83.5% identified themselves as heterosexual, 12.9% as lesbian, gay, and bisexual (LGB) and 3.9% as unsure. In 2015, 84.3% had identified themselves as heterosexual, 9.8% as LGB and 4.5% as unsure.

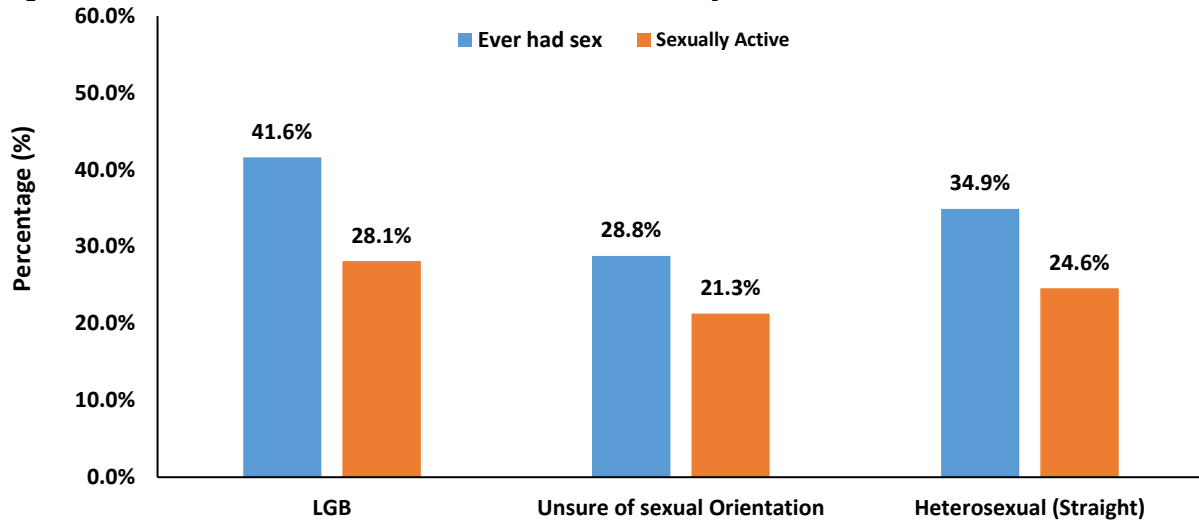
Figure 73. Prevalence Estimates of Health Risk Behaviors by LGBTQ Youth – Southern Nevada, 2015.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 60% to display differences among groups.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Out of the LGB high school students surveyed in Southern Nevada, in 2015, 49.9% said they had had sex; out of the heterosexual students surveyed 36.0% said they had had sex, out of the students unsure of their sexual orientation, 35.3 % said they had had sex.

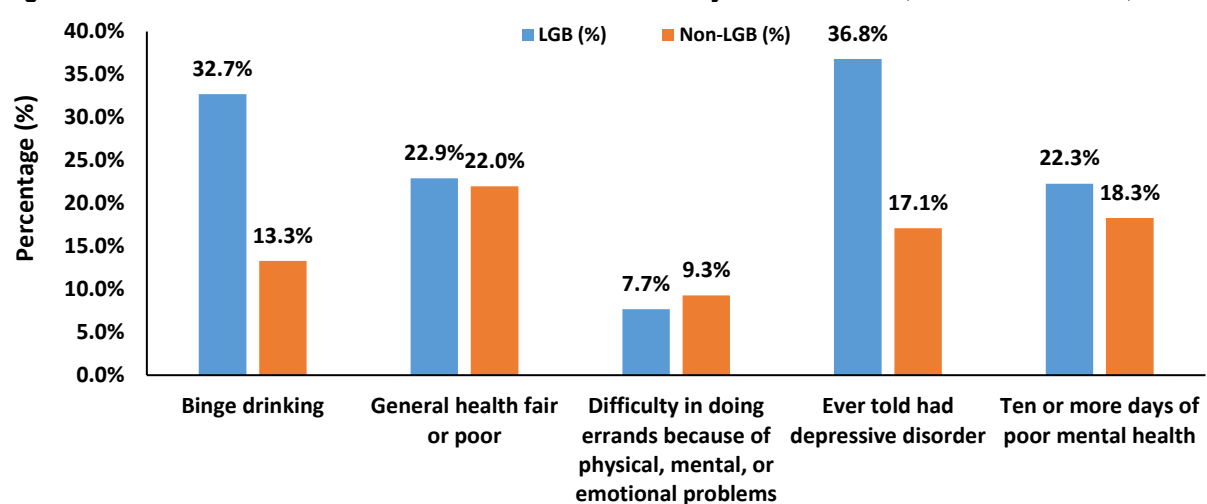
Figure 74. Prevalence Estimates of Health Risk Behaviors by LGB Youth, Southern Nevada, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 60% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Out of the LGB high school students surveyed in Southern Nevada, in 2017, 41.6% said they had had sex; out of the heterosexual students surveyed 34.9% said they had had sex; out of the students unsure of their sexual orientation, 28.8 % said they had had sex. The responses for 2017 show a decrease in the percentages of those who had ever had sex, across all three groups.

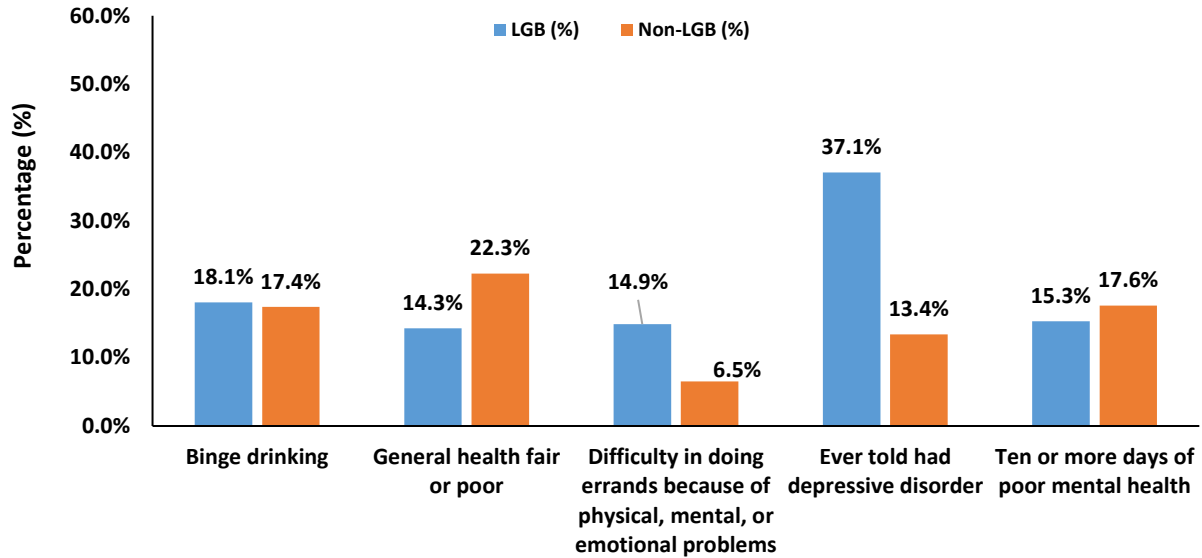
Figure 75. Prevalence Estimates of Health Risk Behaviors by LGBTQ Adults, Southern Nevada, 2016.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 60% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Among Southern Nevada LGB adults surveyed in 2016, 32.7% admitted to binge drinking, 22.9% to fair or poor health, 7.7% to difficulty in doing errands, 36.8% to having been told they had a depressive disorder and 22.3% to ten or more days of poor mental health.

Figure 76. Prevalence Estimates of Health Risk Behaviors by Adults, Southern Nevada, 2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 60% to display differences among groups.
 Southern Nevada: Clark, Esmeralda, and Nye Counties.

Among Southern Nevada LGB adults surveyed in 2017, 18.1% admitted to binge drinking (a decrease of 14.6 % from 2016), 14.3% to fair or poor health, 14.9% to difficulty in doing errands, 37.1% to having been told they had a depressive disorder and 15.3% to ten or more days of poor mental health (a decrease of 7.9 % from 2016).

Appendix

Hospital billing data (emergency department and Inpatient admissions) and mortality data both utilize International Classification of Diseases codes (ICD). Hospital billing uses ICD-CM which is a 7-digit code versus death where the ICD codes are 4-digit. In hospital billing data, the ICD codes are provided in the diagnosis fields, while death data the ICD codes are coded from the literal causes of death provided on the death certificate.

In October 2015, ICD-10-CM codes were implemented nationwide. Before October 2015, ICD-9-CM codes were used for medical billing. Therefore, 2015 data consists of two distinct coding schemes, ICD-9-CM and ICD-10-CM respectively. Due to this change in coding schemes, hospital billing data from October 2015 forward may not be directly comparable to previous data.

The following ICD-CM codes were used for mental health-related hospital encounters and admissions:

Anxiety: 300.0 (9); F41 (10)
Bi-Polar: 296.40-296.89 (9); F32.89, F31 (10)
Depression: 296.20-296.36 (9); F32.0-F32.5, F33.0-F33.4, F32.9 (10)
Post-Traumatic Stress Disorder: 309.81 (9); F43.10, F43.12 (10)
Schizophrenia: 300.0 (9); F20, Z65.8 (10)
Suicidal Ideation: V62.84 (9); R45.851 (10)
Suicide Attempts: E95.0-E95.9 (9); X71-X83, T36-T50, T71 (10)

The following ICD-10-CM codes were used for substance-related hospital encounters and admissions:

Alcohol: 291, 303, 980, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3 (9); F10, K70, G62.1, I42.6, K29.2, R78.0, T51 (10)
Drug: 292, 304, 965, 967, 968, 969, 970, 305.2, 305.3, 305.4, 305.5, 305.6, 305.7, 305.8, 305.9 (9); F11- F16, T39, T40, T43, F18, F19 T410, T41.1, T41.2, T41.3, T41.4, T42.3, T43.4, T42.6, T42.7, T42.8 (10)

The following ICD-10 codes were used for suicide-related deaths:

Suicide: X60-X84

The following ICD-10 codes were used for mental health-related deaths:

Mental and Behavioral Disorders: F00-F09, and F20-F99.

The following ICD-10 codes were used for alcohol and drug-related deaths:

Alcohol: F10, K70, Y90, Y91, X45, X65, Y15, T51, K73, K74, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1.
Drug: F11-F19, X40-X44, X60-S64, X85, Y10-Y14, Y40-Y59, G72.0', 'K85.3, R78.1, R78.2, R78.3, R78.4, R78.5, R78.6, E24.2, O35.5, P04.4, P96.1, P96.2, K71.1, N14.1, N14.0, N14.2, D52.1, T96, Z72.2, and T36-T50.

Table 1. Population Distribution, Southern Nevada, 2010-2017.

Sex	2009	2010	2011	2012	2013	2014	2015	2016	2017
Female	980,544	993,949	998,875	1,009,664	1,032,502	1,052,557	1,079,389	1,104,053	1,117,192
Male	998,240	1,010,315	1,014,185	1,023,683	1,044,828	1,063,275	1,085,977	1,108,822	1,120,461
Race									
White	1,006,068	1,008,062	1,007,200	1,008,007	1,014,315	1,019,706	1,022,795	1,028,868	1,029,937
Black	203,075	206,788	208,344	211,728	218,558	224,303	232,495	239,861	243,987
Native American	13,835	13,988	14,052	14,116	14,207	14,356	15,549	15,715	15,823
Asian/ Pacific Islander	191,328	195,567	196,129	199,773	208,772	216,476	230,510	240,499	245,097
Hispanic	564,478	579,860	587,335	599,722	621,479	640,991	664,017	687,932	702,809
Age									
0-14	416,532	419,779	419,974	422,141	427,955	433,006	447,641	452,686	453,988
15-17	79,952	79,798	79,061	78,568	79,344	80,534	86,483	89,991	90,955
18-19	53,110	53,987	53,785	53,358	53,658	54,212	54,711	55,936	58,390
20-24	127,148	130,094	131,171	134,247	139,448	142,642	145,339	148,301	146,922
25-34	293,752	291,956	286,292	282,504	284,467	286,434	297,234	304,203	309,236
35-44	296,336	298,569	298,857	302,366	308,499	312,683	312,073	316,995	318,487
45-54	268,337	272,672	274,644	276,771	282,814	289,531	292,136	299,158	300,957
55-64	214,458	219,213	223,545	227,482	234,734	241,187	247,433	254,141	258,499
65-74	142,544	147,834	151,430	159,056	166,569	172,097	176,437	180,689	184,615
75-84	66,699	69,177	71,876	73,352	75,466	78,231	80,327	84,367	88,420
85+	19,915	21,186	22,425	23,503	24,376	25,274	25,553	26,408	27,184
Total	1,978,784	2,004,264	2,013,060	2,033,347	2,077,330	2,115,832	2,165,366	2,212,875	2,237,653

Source: Nevada State Demographer, Vintage 2017.
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 2. Middle School and High School Indicators, Southern Nevada, 2017.

Indicator	Middle School		High School	
	Percent (%)	Confidence Interval (95%)	Percent (%)	Confidence Interval (95%)
Felt sad or hopeless	29.8%	(27.2-32.4)	34.4%	(32.1-36.8)
Considered committing suicide	21.3%	(19.0-23.6)	15.9%	(14.0-17.8)
Planned suicide	15.4%	(13.5-17.4)	13.8%	(11.9-15.6)
Attempted suicide	8.1%	(6.8-9.4)	8.2%	(6.6-9.9)
Cut or burn themselves**	18.2%	(16.0-20.3)	**	-
Currently smoke cigarettes	2.0%	(1.4-2.7)	5.4%	(4.3-6.6)
Currently smoke cigars	2.3%	(1.5-3.2)	6.2%	(4.8-7.7)
Currently use smokeless tobacco	1.7%	(1.1-2.3)	3.1%	(2.0-4.2)
Currently use tobacco	4.4%	(3.1-5.8)	10.5%	(8.8-12.3)
Ever used E-vapor products	18.2%	(15.6-20.8)	40.7%	(37.0-44.3)
Currently use E-vapor products	6.2%	(5.0-7.5)	12.9%	(10.6-15.2)
Tried E-vapor products before age 11	5.0%	(4.0-5.9)	**	-
Drank alcohol before age 11 (MS) / age 13 (HS)	13.5%	(11.7-15.4)	17.3%	(15.1-19.6)
Someone else provided alcohol	*	-	43.1%	(38.4-47.8)
Recent binge drinking	*	-	9.8%	(8.2-11.5)
Currently drank alcohol	9.4%	(7.8-10.9)	25.2%	(22.1-28.3)
Ever drank alcohol	27.7%	(24.7-30.7)	60.0%	(56.3-63.6)
Ever used marijuana	9.3%	(7.6-11.1)	35.5%	(31.3-39.7)
Currently use marijuana	4.9%	(3.6-6.2)	18.4%	(15.4-21.3)
Used marijuana before age 11 (MS) / age 13 (HS)	2.4%	(1.7-3.1)	7.9%	(6.3-9.5)
Ever used prescription drugs	7.3%	(5.8-8.9)	14.5%	(12.5-16.5)
Ever used steroids (in HS)*			2.8%	(1.5-4.1)
Ever used heroin	1.0%	(0.5-1.5)	2.1%	(1.9-3.7)
Ever used methamphetamines	1.7%	(1.0-2.4)	2.8%	(1.9-3.7)
Ever used cocaine	3.6%	(2.8-4.5)	4.3%	(3.1-5.5)
Ever used inhalants	5.9%	(4.8-7.0)	6.9%	(5.7-8.1)
Ever used ecstasy	1.3%	(0.8-1.8)	5.7%	(4.2-7.1)
Ever used synthetic marijuana	3.3%	(2.4-4.3)	7.0%	(5.4-8.6)
Ever had sex*	*	-	35.7%	(31.6-39.8)
Had sex before age 13*	*	-	3.9%	(2.8-5.0)
Had sex with 4 or more persons*	*	-	9.1%	(7.2-11.0)
Currently have Sex*	*	-	25.0%	(21.5-28.5)

Source: Nevada Youth Risk Behavior Survey (YRBS).
Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 3. Prevalence Estimates of Health Risk Behaviors, Southern Nevada Adults, 2011-2017.

Indicator	Percent & Confidence Interval (95%)						
	2011	2012	2013	2014	2015	2016	2017
Currently use marijuana/hashish	5.7% (4.2-7.2)	5.6% (4.1-7.0)	5.3% (3.1-7.4)	5.6% (3.8-7.4)	6.6% (4.4-8.9)	7.8% (6.0-9.5)	*
Use other illegal drugs	1.4% (0.3-2.5)	1.7% (0.3-3.2)	0.9% (0.2-1.5)	2.0% (0.4-3.5)	2.1% (0.5-3.7)	2.4% (1.2-3.5)	*
Currently use pain killer to get high	1.0% (0.0-1.9)	1.5% (0.4-2.6)	0.8% (0.3-1.4)	1.0% (0.2-1.7)	0.7% (0.0-1.6)	0.8% (0.1-1.5)	*
Seriously considering suicide	3.1% (1.9-4.3)	1.8% (1.1-2.5)	2.2% (0.9-3.5)	0.0% (0)	1.8% (0.9-2.6)	3.3% (2.1-4.5)	*
No days of poor mental or physical health that prevented them from doing usual activities	60.9% (56.9-65.0)	58.3% (54.7-62.0)	57.7% (53.0-62.5)	57.8% (53.1-62.5)	60.2% (55.1-65.2)	55.5% (51.5-59.5)	53.0% (48.5-57.5)
1-9 days of poor mental or physical health that prevented them from doing usual activities	20.0% (16.8-23.2)	22.8% (19.6-26.1)	24.4% (20.3-28.5)	26.7% (22.4-31.0)	21.7% (17.6-25.7)	25.5% (21.9-29.0)	29.6% (25.4-33.7)
10 or more days of poor mental or physical health that prevented them from doing usual activities	19.1% (15.8-22.4)	18.8% (16.0-21.6)	17.9% (14.1-21.6)	15.5% (12.3-18.6)	18.1% (14.0-22.3)	19.0% (16.1-22.0)	17.4% (14.0-20.9)

Source: Behavioral Risk Factor Surveillance System (BRFSS).

*Indicator not currently not available.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 4. Counts and Crude Rates of Selected Behavioral Health-Related Emergency Room Encounters by Gender, Southern Nevada Residents, 2009-2017.

2009		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	7,505	765.4 (748.1-782.7)	4,108	411.5 (398.9-424.1)	11,613	586.9 (576.2-597.5)	
Depression	7,386	753.3 (736.1-770.4)	5,335	534.4 (520.1-548.8)	12,721	642.9 (631.7-654.0)	
Bipolar Disorder	2,459	250.8 (240.9-260.7)	1,997	200.1 (191.3-208.8)	4,456	225.2 (218.6-231.8)	
PTSD	169	17.2 (14.6-19.8)	233	23.3 (20.3-26.3)	402	20.3 (18.3-22.3)	
Schizophrenia	1,011	103.1 (96.8-109.5)	1,705	170.8 (162.7-178.9)	2,716	137.3 (132.1-142.4)	
Suicidal Ideation	2,663	271.6 (261.3-281.9)	3,616	362.2 (350.4-374.0)	6,279	317.3 (309.5-325.2)	
2010		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	8,116	816.5 (798.8-834.3)	4,244	420.1 (407.4-432.7)	12,360	616.7 (605.8-627.6)	
Depression	7,430	747.5 (730.5-764.5)	5,377	532.2 (518.0-546.4)	12,807	639.0 (627.9-650.1)	
Bipolar Disorder	2,671	268.7 (258.5-278.9)	2,069	204.8 (196.0-213.6)	4,740	236.5 (229.8-243.2)	
PTSD	279	28.1 (24.8-31.4)	265	26.2 (23.1-29.4)	544	27.1 (24.9-29.4)	
Schizophrenia	1,120	112.7 (106.1-119.3)	2,190	216.8 (207.7-225.8)	3,310	165.1 (159.5-170.8)	
Suicidal Ideation	2,775	279.2 (268.8-289.6)	3,662	362.5 (350.7-374.2)	6,437	321.2 (313.3-329.0)	
2011		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	9,820	983.1 (963.7-1,002.6)	4,815	474.8 (461.4-488.2)	14,636	727.1 (715.3-738.8)	
Depression	8,487	849.7 (831.6-867.7)	5,829	574.7 (560.0-589.5)	14,316	711.2 (699.5-722.8)	
Bipolar Disorder	3,048	305.1 (294.3-316.0)	2,200	216.9 (207.9-226.0)	5,248	260.7 (253.6-267.8)	
PTSD	321	32.1 (28.6-35.7)	393	38.8 (34.9-42.6)	714	35.5 (32.9-38.1)	
Schizophrenia	1,259	126.0 (119.1-133.0)	2,136	210.6 (201.7-219.5)	3,395	168.6 (163.0-174.3)	
Suicidal Ideation	3,080	308.3 (297.5-319.2)	3,807	375.4 (363.5-387.3)	6,887	342.1 (334.0-350.2)	
2012		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	11,963	1,184.8 (1,163.6-1,206.1)	5,902	591.2 (576.2-606.3)	17,865	878.6 (865.7-891.5)	
Depression	8,812	872.8 (854.5-891.0)	5,987	599.8 (584.6-614.9)	14,799	727.8 (716.1-739.5)	
Bipolar Disorder	3,442	340.9 (329.5-352.3)	2,591	259.6 (249.6-269.6)	6,033	296.7 (289.2-304.2)	
PTSD	504	49.9 (45.6-54.3)	461	46.2 (42.0-50.4)	965	47.5 (44.5-50.5)	
Schizophrenia	1,483	146.9 (139.4-154.4)	2,377	238.1 (228.5-247.7)	3,861	189.9 (183.9-195.9)	
Suicidal Ideation	3,276	324.5 (313.4-335.6)	3,987	399.4 (387.0-411.8)	7,263	357.2 (349.0-365.4)	
2013		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	12,443	1,205.1 (1,184.0-1,226.3)	6,889	659.3 (643.8-674.9)	19,333	930.7 (917.5-943.8)	
Depression	8,644	837.2 (819.5-854.8)	6,048	578.9 (564.3-593.4)	14,693	707.3 (695.9-718.7)	
Bipolar Disorder	3,430	332.2 (321.1-343.3)	2,893	276.9 (266.8-287.0)	6,323	304.4 (296.9-311.9)	
PTSD	554	53.7 (49.2-58.1)	564	54.0 (49.5-58.4)	1,118	53.8 (50.7-57.0)	
Schizophrenia	1,522	147.4 (140.0-154.8)	2,814	269.3 (259.4-279.3)	4,336	208.7 (202.5-214.9)	
Suicidal Ideation	2,986	289.2 (278.8-299.6)	4,014	384.2 (372.3-396.1)	7,000	337.0 (329.1-344.9)	
2014		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	16,432	1,561.2 (1,537.3-1,585.0)	8,490	798.5 (781.5-815.5)	24,922	1,177.9 (1,163.3-1,192.5)	
Depression	10,405	988.5 (969.6-1,007.5)	6,914	650.3 (634.9-665.6)	17,320	818.6 (806.4-830.8)	
Bipolar Disorder	4,251	403.9 (391.7-416.0)	3,540	332.9 (322.0-343.9)	7,791	368.2 (360.0-376.4)	
PTSD	814	77.3 (72.0-82.6)	765	71.9 (66.8-77.0)	1,579	74.6 (70.9-78.3)	
Schizophrenia	1,852	176.0 (167.9-184.0)	3,313	311.6 (301.0-322.2)	5,165	244.1 (237.5-250.8)	
Suicidal Ideation	2,844	270.2 (260.3-280.1)	3,670	345.2 (334.0-356.3)	6,514	307.9 (300.4-315.3)	

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

2015		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	19,316	1,789.5 (1,764.3-1,814.8)	10,080	928.2 (910.1-946.3)	29,396	1,357.6 (1,342.0-1,373.1)	
Depression	11,301	1,047.0 (1,027.7-1,066.3)	7,718	710.7 (694.8-726.6)	19,019	878.3 (865.8-890.8)	
Bipolar Disorder	4,809	445.5 (432.9-458.1)	3,932	362.1 (350.8-373.4)	8,741	403.7 (395.2-412.1)	
PTSD	955	88.5 (82.9-94.1)	931	85.7 (80.2-91.2)	1,886	87.1 (83.2-91.0)	
Schizophrenia	1,933	179.1 (171.1-187.1)	3,739	344.3 (333.3-355.3)	5,672	261.9 (255.1-268.8)	
Suicidal Ideation	3,063	283.8 (273.7-293.8)	4,788	440.9 (428.4-453.4)	7,851	362.6 (354.6-370.6)	
2016		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	20,934	1,896.1 (1,870.4-1,921.8)	11,138	1,004.5 (985.8-1,023.1)	32,090	1,450.1 (1,434.3-1,466.0)	
Depression	12,311	1,115.1 (1,095.4-1,134.8)	8,175	737.3 (721.3-753.3)	20,505	926.6 (913.9-939.3)	
Bipolar Disorder	5,337	483.4 (470.4-496.4)	4,386	395.6 (383.8-407.3)	9,730	439.7 (431.0-448.4)	
PTSD	1,324	119.9 (113.5-126.4)	1,171	105.6 (99.6-111.7)	2,500	113.0 (108.5-117.4)	
Schizophrenia	1,944	176.1 (168.3-183.9)	3,521	317.5 (307.1-328.0)	5,467	247.1 (240.5-253.6)	
Suicidal Ideation	3,458	313.2 (302.8-323.6)	5,184	467.5 (454.8-480.3)	8,649	390.8 (382.6-399.1)	
2017		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	23,962	2,144.8 (2,117.7-2,172.0)	12,975	1,158.0 (1,138.1-1,177.9)	36,939	1,650.8 (1,634.0-1,667.6)	
Depression	12,831	1,148.5 (1,128.6-1,168.4)	8,823	787.4 (771.0-803.9)	21,657	967.8 (955.0-980.7)	
Bipolar Disorder	6,817	610.2 (595.7-624.7)	6,021	537.4 (523.8-550.9)	12,841	573.9 (563.9-583.8)	
PTSD	1,926	172.4 (164.7-180.1)	1,792	159.9 (152.5-167.3)	3,718	166.2 (160.8-171.5)	
Schizophrenia	2,509	224.6 (215.8-233.4)	4,830	431.1 (418.9-443.2)	7,340	328.0 (320.5-335.5)	
Suicidal Ideation	4,422	395.8 (384.1-407.5)	7,231	645.4 (630.5-660.2)	11,657	520.9 (511.5-530.4)	

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 5. Counts and Crude Rates of Selected Behavioral Health-Related Inpatient Admissions by Gender, Southern Nevada Residents, 2009-2017.

2009						
Condition	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
Anxiety	5,783	589.8 (574.6-605.0)	2,826	283.1 (272.7-293.5)	8,609	435.1 (425.9-444.3)
Depression	8,572	874.2 (855.7-892.7)	4,916	492.5 (478.7-506.2)	13,488	681.6 (670.1-693.1)
Bipolar Disorder	3,040	310.0 (299.0-321.1)	2,022	202.6 (193.7-211.4)	5,062	255.8 (248.8-262.9)
PTSD	475	48.4 (44.1-52.8)	502	50.3 (45.9-54.7)	977	49.4 (46.3-52.5)
Schizophrenia	849	86.6 (80.8-92.4)	1,045	104.7 (98.3-111.0)	1,894	95.7 (91.4-100.0)
Suicidal Ideation	568	57.9 (53.2-62.7)	673	67.4 (62.3-72.5)	1,241	62.7 (59.2-66.2)
2010						
Condition	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
Anxiety	5,960	599.6 (584.4-614.9)	3,015	298.4 (287.8-309.1)	8,975	447.8 (438.5-457.1)
Depression	8,723	877.6 (859.2-896.0)	5,248	519.4 (505.4-533.5)	13,971	697.1 (685.5-708.6)
Bipolar Disorder	3,205	322.5 (311.3-333.6)	2,206	218.3 (209.2-227.5)	5,411	270.0 (262.8-277.2)
PTSD	610	61.4 (56.5-66.2)	491	48.6 (44.3-52.9)	1,101	54.9 (51.7-58.2)
Schizophrenia	868	87.3 (81.5-93.1)	1,155	114.3 (107.7-120.9)	2,023	100.9 (96.5-105.3)
Suicidal Ideation	688	69.2 (64.0-74.4)	799	79.1 (73.6-84.6)	1,487	74.2 (70.4-78.0)
2011						
Condition	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
Anxiety	6,693	670.1 (654.0-686.1)	3,354	330.7 (319.5-341.9)	10,047	499.1 (489.3-508.9)
Depression	9,236	924.6 (905.8-943.5)	5,309	523.5 (509.4-537.6)	14,545	722.5 (710.8-734.3)
Bipolar Disorder	3,196	320.0 (308.9-331.1)	2,113	208.3 (199.5-217.2)	5,309	263.7 (256.6-270.8)
PTSD	507	50.8 (46.3-55.2)	550	54.2 (49.7-58.8)	1,057	52.5 (49.3-55.7)
Schizophrenia	803	80.4 (74.8-86.0)	1,132	111.6 (105.1-118.1)	1,935	96.1 (91.8-100.4)
Suicidal Ideation	890	89.1 (83.2-95.0)	942	92.9 (87.0-98.8)	1,832	91.0 (86.8-95.2)
2012						
Condition	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
Anxiety	8,031	795.4 (778.0-812.8)	3,907	391.4 (379.1-403.7)	11,938	587.1 (576.6-597.6)
Depression	9,693	960.0 (940.9-979.1)	5,685	569.5 (554.7-584.3)	15,378	756.3 (744.3-768.2)
Bipolar Disorder	2,931	290.3 (279.8-300.8)	2,059	206.3 (197.4-215.2)	4,990	245.4 (238.6-252.2)
PTSD	571	56.6 (51.9-61.2)	649	65.0 (60.0-70.0)	1,220	60.0 (56.6-63.4)
Schizophrenia	881	87.3 (81.5-93.0)	1,164	116.6 (109.9-123.3)	2,045	100.6 (96.2-104.9)
Suicidal Ideation	1,749	173.2 (165.1-181.3)	1,670	167.3 (159.3-175.3)	3,419	168.1 (162.5-173.8)
2013						
Condition	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
Anxiety	9,312	901.9 (883.6-920.2)	4,727	452.4 (439.5-465.3)	14,039	675.8 (664.6-687.0)
Depression	10,656	1,032.1 (1,012.5-1,051.7)	6,014	575.6 (561.0-590.1)	16,670	802.5 (790.3-814.7)
Bipolar Disorder	2,898	280.7 (270.5-290.9)	2,171	207.8 (199.0-216.5)	5,069	244.0 (237.3-250.7)
PTSD	692	67.0 (62.0-72.0)	753	72.1 (66.9-77.2)	1,445	69.6 (66.0-73.1)
Schizophrenia	975	94.4 (88.5-100.4)	1,332	127.5 (120.6-134.3)	2,307	111.1 (106.5-115.6)
Suicidal Ideation	1,995	193.2 (184.7-201.7)	2,080	199.1 (190.5-207.6)	4,075	196.2 (190.1-202.2)
2014						
Condition	Female		Male		Total	
	N.	Rate	N.	Rate	N.	Rate
Anxiety	10,357	984.0 (965.0-1,002.9)	5,510	518.2 (504.5-531.9)	15,868	750.0 (738.3-761.6)
Depression	11,683	1,110.0 (1,089.8-1,130.1)	6,889	647.9 (632.6-663.2)	18,573	877.8 (865.2-890.4)
Bipolar Disorder	3,194	303.5 (292.9-314.0)	2,567	241.4 (232.1-250.8)	5,761	272.3 (265.2-279.3)
PTSD	791	75.2 (69.9-80.4)	960	90.3 (84.6-96.0)	1,751	82.8 (78.9-86.6)
Schizophrenia	1,095	104.0 (97.9-110.2)	1,741	163.7 (156.0-171.4)	2,836	134.0 (129.1-139.0)
Suicidal Ideation	2,370	225.2 (216.1-234.2)	2,608	245.3 (235.9-254.7)	4,978	235.3 (228.7-241.8)

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

2015		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	12,510	1,159.0 (1,138.7-1,179.3)	6,642	611.6 (596.9-626.3)	19,152	884.5 (871.9-897.0)	
Depression	13,690	1,268.3 (1,247.1-1,289.6)	8,831	813.2 (796.2-830.1)	22,521	1,040.1 (1,026.5-1,053.6)	
Bipolar Disorder	4,896	453.6 (440.9-466.3)	4,579	421.6 (409.4-433.9)	9,475	437.6 (428.8-446.4)	
PTSD	1,372	127.1 (120.4-133.8)	1,353	124.6 (117.9-131.2)	2,725	125.8 (121.1-130.6)	
Schizophrenia	1,954	181.0 (173.0-189.1)	3,456	318.2 (307.6-328.8)	5,410	249.8 (243.2-256.5)	
Suicidal Ideation	3,799	352.0 (340.8-363.2)	4,862	447.7 (435.1-460.3)	8,661	400.0 (391.6-408.4)	
2016		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	13,834	1,253.0 (1,232.1-1,273.9)	7,491	675.6 (660.3-690.9)	21,330	963.9 (951.0-976.8)	
Depression	13,884	1,257.5 (1,236.6-1,278.5)	9,398	847.6 (830.4-864.7)	23,283	1,052.2 (1,038.6-1,065.7)	
Bipolar Disorder	4,995	452.4 (439.9-465.0)	4,545	409.9 (398.0-421.8)	9,540	431.1 (422.5-439.8)	
PTSD	1,511	136.9 (130.0-143.8)	1,426	128.6 (121.9-135.3)	2,937	132.7 (127.9-137.5)	
Schizophrenia	1,852	167.7 (160.1-175.4)	3,326	300.0 (289.8-310.2)	5,178	234.0 (227.6-240.4)	
Suicidal Ideation	1,831	165.8 (158.2-173.4)	2,305	207.9 (199.4-216.4)	4,136	186.9 (181.2-192.6)	
2017		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	14,752	1,320.5 (1,299.1-1,341.8)	8,150	727.4 (711.6-743.2)	22,903	1,023.5 (1,010.3-1,036.8)	
Depression	14,860	1,330.1 (1,308.7-1,351.5)	10,332	922.1 (904.3-939.9)	25,193	1,125.9 (1,112.0-1,139.8)	
Bipolar Disorder	5,286	473.2 (460.4-485.9)	5,044	450.2 (437.7-462.6)	10,333	461.8 (452.9-470.7)	
PTSD	1,656	148.2 (141.1-155.4)	1,610	143.7 (136.7-150.7)	3,267	146.0 (141.0-151.0)	
Schizophrenia	1,783	159.6 (152.2-167.0)	3,020	269.5 (259.9-279.1)	4,803	214.6 (208.6-220.7)	
Suicidal Ideation	4,029	360.6 (349.5-371.8)	5,780	515.9 (502.6-529.2)	9,809	438.4 (429.7-447.0)	

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 6. Demographics of State Funded Mental Health Clinics Utilization*, 2011-2017.

	2011	2012	2013	2014	2015	2016	2017
Female	7,214	6,715	6,515	5,655	4,064	3,575	3,245
Male	6,764	6,256	6,147	5,476	4,671	4,053	3,815
Unknown	132	33	89	76	34	10	6
White	7,617	6,975	6,329	5,360	3,979	3,144	2,952
Black	2,299	2,137	2,145	1,883	1,621	1,410	1,299
Hispanic	1,673	1,722	1,705	1,415	1,321	1,102	1,069
Asian	362	368	346	295	266	239	237
American Indian/Alaskan	90	90	79	82	62	52	46
Native Hawaiian/Pacific Islander	77	68	69	69	58	42	51
More than 1 race reported	159	172	172	196	145	96	89
Unknown	1,833	1,472	1,906	1,907	1,317	1,553	1,323
0-14	49	89	79	84	83	78	100
15-17	29	35	33	45	47	53	73
18-19	254	197	189	93	111	126	123
20-24	1,244	1,088	946	788	718	597	529
25-34	3,093	2,865	2,885	2,409	1,975	1,729	1,613
35-44	3,068	2,857	2,687	2,330	1,810	1,571	1,462
45-54	3,816	3,485	3,455	3,064	2,113	1,719	1,449
55-64	2,194	2,064	2,122	2,006	1,498	1,303	1,275
65-74	319	286	315	352	369	398	375
75-84	35	31	30	33	39	57	60
>84	5	4	4	2	6	6	7
Unknown	4	3	6	1	0	1	0
Total	14,110	13,004	12,751	11,207	8,769	7,638	7,066

Source: Avatar.

*A client is counted only once per year. Clients may be counted more than once across years.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 7a. Alcohol and Drug-Related Emergency Department Encounters by Year, Southern Nevada 2009.

2009						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	4,541	30%	463.1 (449.6-476.6)	5,154	45%	525.6 (511.3-540.0)
Male	10,728	70%	1,074.7 (1,054.4-1,095.0)	6,313	55%	632.4 (616.8-648.0)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	9,759	64%	970.0 (950.8-989.3)	7,436	65%	739.1 (722.3-755.9)
Black	1,974	13%	972.1 (929.2-1,014.9)	2,051	18%	1,010.0 (966.3-1,053.7)
Native American	274	2%	1,980.5 (1,746.0-2,215.0)	44	0%	318.0 (224.1-412.0)
Asian/Pacific	376	2%	196.5 (176.7-216.4)	269	2%	140.6 (123.8-157.4)
Hispanic	2,185	14%	387.1 (370.9-403.3)	1,293	11%	229.1 (216.6-241.5)
Other/Unknown	701	5%	-	374	3%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	68	0%	16.3 (12.4-20.2)	481	4%	115.5 (105.2-125.8)
15-17	317	2%	396.5 (352.8-440.1)	487	4%	609.1 (555.0-663.2)
18-19	262	2%	493.3 (433.6-553.1)	472	4%	888.7 (808.5-968.9)
20-24	1,129	7%	887.9 (836.1-939.7)	1,387	12%	1,090.9 (1,033.4-1,148.3)
25-34	2,629	17%	895.0 (860.8-929.2)	2,740	24%	932.8 (897.8-967.7)
35-44	3,525	23%	1,189.5 (1,150.3-1,228.8)	2,401	21%	810.2 (777.8-842.6)
45-54	4,484	29%	1,671.0 (1,622.1-1,719.9)	2,305	20%	859.0 (823.9-894.1)
55-64	1,992	13%	928.9 (888.1-969.6)	887	8%	413.6 (386.4-440.8)
65-74	630	4%	442.0 (407.5-476.5)	192	2%	134.7 (115.6-153.7)
75-84	156	1%	233.9 (197.2-270.6)	78	1%	116.9 (91.0-142.9)
85+	74	0%	371.6 (286.9-456.2)	37	0%	185.8 (125.9-245.7)
Total	15,269		771.6 (759.4-783.9)	11,467		579.5 (568.9-590.1)

Source: Hospital Emergency Department Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 7b. Alcohol and Drug-Related Emergency Department Encounters by Year, Southern Nevada 2010.

2010						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	4,373	27%	440.0 (426.9-453.0)	5,675	46%	571.0 (556.1-585.8)
Male	11,819	73%	1,169.8 (1,148.7-1,190.9)	6,742	54%	667.3 (651.4-683.2)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	10,543	65%	1,045.9 (1,025.9-1,065.8)	7,839	63%	777.6 (760.4-794.8)
Black	1,904	12%	920.8 (879.4-962.1)	2,202	18%	1,064.9 (1,020.4-1,109.3)
Native American	283	2%	2,023.2 (1,787.4-2,258.9)	34	0%	243.1 (161.4-324.8)
Asian/Pacific	265	2%	135.5 (119.2-151.8)	225	2%	115.1 (100.0-130.1)
Hispanic	2,466	15%	425.3 (408.5-442.1)	1,657	13%	285.8 (272.0-299.5)
Other/Unknown	731	5%	-	460	4%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	60	0%	14.3 (10.7-17.9)	484	4%	115.3 (105.0-125.6)
15-17	336	2%	421.1 (376.0-466.1)	563	5%	705.5 (647.3-763.8)
18-19	298	2%	552.0 (489.3-614.7)	511	4%	946.5 (864.5-1,028.6)
20-24	1,108	7%	851.7 (801.5-901.8)	1,521	12%	1,169.2 (1,110.4-1,227.9)
25-34	2,618	16%	896.7 (862.4-931.1)	3,108	25%	1,064.5 (1,027.1-1,102.0)
35-44	3,488	22%	1,168.2 (1,129.5-1,207.0)	2,575	21%	862.4 (829.1-895.8)
45-54	4,945	31%	1,813.5 (1,763.0-1,864.1)	2,335	19%	856.3 (821.6-891.1)
55-64	2,513	16%	1,146.4 (1,101.6-1,191.2)	923	7%	421.1 (393.9-448.2)
65-74	580	4%	392.3 (360.4-424.3)	292	2%	197.5 (174.9-220.2)
75-84	149	1%	215.4 (180.8-250.0)	75	1%	108.4 (83.9-133.0)
85+	92	1%	434.2 (345.5-523.0)	29	0%	136.9 (87.1-186.7)
Total	16,192		807.9 (795.4-820.3)	12,417		619.5 (608.6-630.4)

Source: Hospital Emergency Department Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 7c. Alcohol and Drug-Related Emergency Department Encounters by Year, Southern Nevada 2011.

2011						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	5,022	29%	502.8 (488.9-516.7)	6,114	46%	612.1 (596.7-627.4)
Male	12,065	71%	1,189.6 (1,168.4-1,210.9)	7,286	54%	718.4 (701.9-734.9)
Unknown	1	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	11,223	66%	1,114.3 (1,093.7-1,134.9)	8,459	63%	839.9 (822.0-857.8)
Black	2,026	12%	972.4 (930.1-1,014.8)	2,352	18%	1,128.9 (1,083.3-1,174.5)
Native American	224	1%	1,594.0 (1,385.3-1,802.8)	38	0%	270.4 (184.4-356.4)
Asian/Pacific	314	2%	160.1 (142.4-177.8)	251	2%	128.0 (112.1-143.8)
Hispanic	2,441	14%	415.6 (399.1-432.1)	1,771	13%	301.5 (287.5-315.6)
Other/Unknown	860	5%	-	529	4%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	56	0%	13.3 (9.8-16.8)	498	4%	118.6 (108.2-129.0)
15-17	307	2%	388.3 (344.9-431.7)	572	4%	723.5 (664.2-782.8)
18-19	277	2%	515.0 (454.4-575.7)	577	4%	1,072.8 (985.2-1,160.3)
20-24	1,101	6%	839.4 (789.8-888.9)	1,660	12%	1,265.5 (1,204.6-1,326.4)
25-34	2,769	16%	967.2 (931.2-1,003.2)	3,366	25%	1,175.7 (1,136.0-1,215.4)
35-44	3,482	20%	1,165.1 (1,126.4-1,203.8)	2,605	19%	871.7 (838.2-905.1)
45-54	5,040	29%	1,835.1 (1,784.4-1,885.8)	2,436	18%	887.0 (851.7-922.2)
55-64	3,060	18%	1,368.9 (1,320.4-1,417.4)	1,166	9%	521.6 (491.7-551.5)
65-74	766	4%	505.8 (470.0-541.7)	357	3%	235.8 (211.3-260.2)
75-84	180	1%	250.4 (213.8-287.0)	122	1%	169.7 (139.6-199.9)
85+	49	0%	218.5 (157.3-279.7)	41	0%	182.8 (126.9-238.8)
Total	17,088		848.9 (836.1-861.6)	13,400		665.7 (654.4-676.9)

Source: Hospital Emergency Department Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 7d. Alcohol and Drug-Related Emergency Department Encounters by Year, Southern Nevada 2012.

2012						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	5,041	31%	499.3 (485.5-513.1)	6,439	46%	637.7 (622.2-653.3)
Male	11,405	69%	1,114.1 (1,093.7-1,134.6)	7,605	54%	742.9 (726.2-759.6)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	10,579	64%	1,049.5 (1,029.5-1,069.5)	8,512	61%	844.4 (826.5-862.4)
Black	1,956	12%	923.8 (882.9-964.8)	2,682	19%	1,266.7 (1,218.8-1,314.7)
Native American	302	2%	2,139.4 (1,898.1-2,380.7)	41	0%	290.4 (201.5-379.3)
Asian/Pacific	324	2%	162.2 (144.5-179.8)	261	2%	130.6 (114.8-146.5)
Hispanic	2,398	15%	399.9 (383.8-415.9)	1,945	14%	324.3 (309.9-338.7)
Other/Unknown	887	5%	-	603	4%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	52	0%	12.3 (9.0-15.7)	476	3%	112.8 (102.6-122.9)
15-17	284	2%	361.5 (319.4-403.5)	513	4%	652.9 (596.4-709.4)
18-19	271	2%	507.9 (447.4-568.4)	565	4%	1,058.9 (971.6-1,146.2)
20-24	1,193	7%	888.7 (838.2-939.1)	1,829	13%	1,362.4 (1,300.0-1,424.9)
25-34	2,799	17%	990.8 (954.1-1,027.5)	3,454	25%	1,222.6 (1,181.9-1,263.4)
35-44	3,215	20%	1,063.3 (1,026.5-1,100.0)	2,770	20%	916.1 (882.0-950.2)
45-54	4,793	29%	1,731.8 (1,682.7-1,780.8)	2,493	18%	900.7 (865.4-936.1)
55-64	2,801	17%	1,231.3 (1,185.7-1,276.9)	1,411	10%	620.3 (587.9-652.6)
65-74	821	5%	516.2 (480.9-551.5)	368	3%	231.4 (207.7-255.0)
75-84	187	1%	254.9 (218.4-291.5)	132	1%	180.0 (149.3-210.7)
85+	27	0%	114.9 (71.5-158.2)	33	0%	140.4 (92.5-188.3)
Total	16,446		808.8 (796.5-821.2)	14,044		690.7 (679.3-702.1)

Source: Hospital Emergency Department Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 7e. Alcohol and Drug-Related Emergency Department Encounters by Year, Southern Nevada 2013.

2013						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	4,966	29%	481.0 (467.6-494.3)	6,863	42%	664.7 (649.0-680.4)
Male	12,266	71%	1,174.0 (1,153.2-1,194.7)	9,297	58%	889.8 (871.7-907.9)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	10,425	61%	1,027.8 (1,008.1-1,047.5)	9,360	58%	922.8 (904.1-941.5)
Black	2,352	14%	1,076.1 (1,032.7-1,119.6)	3,197	20%	1,462.8 (1,412.1-1,513.5)
Native American	408	2%	2,871.8 (2,593.2-3,150.5)	233	1%	1,640.0 (1,429.5-1,850.6)
Asian/Pacific	271	2%	129.8 (114.4-145.3)	239	1%	114.5 (100.0-129.0)
Hispanic	2,291	13%	368.6 (353.5-383.7)	1,932	12%	310.9 (297.0-324.7)
Other/Unknown	1,475	9%	-	1,198	7%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	49	0%	11.4 (8.2-14.7)	448	3%	104.7 (95.0-114.4)
15-17	276	2%	347.9 (306.8-388.9)	596	4%	751.2 (690.9-811.5)
18-19	207	1%	385.8 (333.2-438.3)	602	4%	1,121.9 (1,032.3-1,211.6)
20-24	1,259	7%	902.8 (853.0-952.7)	2,066	13%	1,481.6 (1,417.7-1,545.4)
25-34	2,972	17%	1,044.8 (1,007.2-1,082.3)	4,311	27%	1,515.5 (1,470.2-1,560.7)
35-44	3,136	18%	1,016.5 (981.0-1,052.1)	3,104	19%	1,006.2 (970.8-1,041.6)
45-54	5,082	29%	1,796.9 (1,747.5-1,846.3)	2,872	18%	1,015.5 (978.4-1,052.6)
55-64	3,097	18%	1,319.4 (1,272.9-1,365.8)	1,497	9%	637.7 (605.4-670.0)
65-74	927	5%	556.5 (520.7-592.4)	490	3%	294.2 (268.1-320.2)
75-84	187	1%	247.8 (212.3-283.3)	123	1%	163.0 (134.2-191.8)
85+	39	0%	160.0 (109.8-210.2)	51	0%	209.2 (151.8-266.6)
Total	17,222		829.0 (816.7-841.4)	16,159		777.9 (765.9-789.9)

Source: Hospital Emergency Department Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 7f. Alcohol and Drug-Related Emergency Department Encounters by Year, Southern Nevada 2014.

2014						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	5,717	29%	543.2 (529.1-557.2)	8,151	42%	774.4 (757.6-791.2)
Male	13,729	71%	1,291.2 (1,269.6-1,312.8)	11,116	58%	1,029.8 (1,010.7-1,049.0)
Unknown	0	0%	-	1	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	11,627	60%	1,140.2 (1,119.5-1,161.0)	10,952	57%	1,074.0 (1,053.9-1,094.2)
Black	2,676	14%	1,193.0 (1,147.8-1,238.2)	3,915	20%	1,745.4 (1,690.7-1,800.1)
Native American	458	2%	3,190.3 (2,898.1-3,482.5)	402	2%	2,800.2 (2,526.5-3,074.0)
Asian/Pacific	343	2%	158.4 (141.7-175.2)	355	2%	164.0 (146.9-181.0)
Hispanic	2,577	13%	402.0 (386.5-417.6)	2,284	12%	356.3 (341.7-370.9)
Other/Unknown	1,765	9%	-	1360	7%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	41	0%	9.5 (6.6-12.4)	505	3%	116.6 (106.5-126.8)
15-17	204	1%	253.3 (218.5-288.1)	565	3%	701.6 (643.7-759.4)
18-19	231	1%	426.1 (371.2-481.1)	597	3%	1,101.2 (1,012.9-1,189.6)
20-24	1,327	7%	930.3 (880.2-980.4)	2,338	12%	1,639.1 (1,572.6-1,705.5)
25-34	3,678	19%	1,284.1 (1,242.6-1,325.6)	5,278	27%	1,842.7 (1,792.9-1,892.4)
35-44	3,604	19%	1,152.6 (1,115.0-1,190.2)	3,941	20%	1,260.4 (1,221.0-1,299.7)
45-54	5,226	27%	1,805.0 (1,756.1-1,853.9)	3,329	17%	1,149.8 (1,110.7-1,188.9)
55-64	3,593	18%	1,489.7 (1,441.0-1,538.4)	1,882	10%	780.3 (745.1-815.6)
65-74	1,239	6%	719.9 (679.9-760.0)	583	3%	338.8 (311.3-366.3)
75-84	248	1%	317.0 (277.6-356.5)	169	1%	216.0 (183.5-248.6)
85+	55	0%	217.6 (160.1-275.1)	81	0%	320.5 (250.7-390.3)
Total	19,446		919.1 (906.2-932.0)	19,268		910.7 (897.8-923.5)

Source: Hospital Emergency Department Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 7g. Alcohol and Drug-Related Emergency Department Encounters by Year, Southern Nevada 2015.

2015						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	6,131	29%	568.0 (553.8-582.2)	9,648	40%	893.8 (876.0-911.7)
Male	14,653	71%	1,349.3 (1,327.4-1,371.1)	14,350	60%	1,321.4 (1,299.8-1,343.0)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	11,769	57%	1,150.7 (1,129.9-1,171.5)	13,168	55%	1,287.5 (1,265.5-1,309.4)
Black	3,259	16%	1,401.7 (1,353.6-1,449.9)	5,391	22%	2,318.8 (2,256.9-2,380.7)
Native American	605	3%	3,891.0 (3,581.0-4,201.1)	597	2%	3,839.6 (3,531.6-4,147.6)
Asian/Pacific	367	2%	159.2 (142.9-175.5)	390	2%	169.2 (152.4-186.0)
Hispanic	3,111	15%	468.5 (452.0-485.0)	3,055	13%	460.1 (443.8-476.4)
Other/Unknown	1,673	8%	-	1,397	6%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	41	0%	9.2 (6.4-12.0)	483	2%	107.9 (98.3-117.5)
15-17	194	1%	224.3 (192.8-255.9)	604	3%	698.4 (642.7-754.1)
18-19	259	1%	473.4 (415.7-531.1)	733	3%	1,339.8 (1,242.8-1,436.8)
20-24	1,546	7%	1,063.7 (1,010.7-1,116.7)	2,958	12%	2,035.2 (1,961.9-2,108.6)
25-34	3,595	17%	1,209.5 (1,169.9-1,249.0)	6,891	29%	2,318.4 (2,263.6-2,373.1)
35-44	3,885	19%	1,244.9 (1,205.8-1,284.0)	4,890	20%	1,566.9 (1,523.0-1,610.9)
45-54	5,244	25%	1,795.1 (1,746.5-1,843.6)	4,046	17%	1,385.0 (1,342.3-1,427.6)
55-64	4,214	20%	1,703.1 (1,651.7-1,754.5)	2,341	10%	946.1 (907.8-984.4)
65-74	1,343	6%	761.2 (720.5-801.9)	748	3%	423.9 (393.6-454.3)
75-84	363	2%	451.9 (405.4-498.4)	215	1%	267.7 (231.9-303.4)
85+	100	0%	391.3 (314.6-468.1)	89	0%	348.3 (275.9-420.7)
Total	20,784		959.8 (946.8-972.9)	23,998		1,108.3 (1,094.2-1,122.3)

Source: Hospital Emergency Department Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 7h. Alcohol and Drug-Related Emergency Department Encounters by Year, Southern Nevada 2016.

2016						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	7,774	33%	704.1 (688.5-719.8)	10,523	41%	953.1 (934.9-971.3)
Male	15,952	67%	1,438.6 (1,416.3-1,461.0)	15,172	59%	1,368.3 (1,346.5-1,390.1)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	12,698	54%	1,234.2 (1,212.7-1,255.6)	14,251	55%	1,385.1 (1,362.4-1,407.9)
Black	4,618	19%	1,925.3 (1,869.8-1,980.8)	5,875	23%	2,449.3 (2,386.7-2,512.0)
Native American	232	1%	1,476.3 (1,286.3-1,666.3)	90	0%	572.7 (454.4-691.0)
Asian/Pacific	364	2%	151.4 (135.8-166.9)	468	2%	194.6 (177.0-212.2)
Hispanic	3,408	14%	495.4 (478.8-512.0)	3,332	13%	484.4 (467.9-500.8)
Other/Unknown	2,408	10%	-	1,691	7%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	58	0%	12.8 (9.5-16.1)	329	1%	72.7 (64.8-80.5)
15-17	226	1%	251.1 (218.4-283.9)	601	2%	667.8 (614.5-721.2)
18-19	292	1%	522.0 (462.1-581.9)	799	3%	1,428.4 (1,329.4-1,527.5)
20-24	1,919	8%	1,294.0 (1,236.1-1,351.9)	3,218	13%	2,169.9 (2,094.9-2,244.9)
25-34	4,554	19%	1,497.0 (1,453.5-1,540.5)	7,341	29%	2,413.2 (2,358.0-2,468.4)
35-44	4,715	20%	1,487.4 (1,444.9-1,529.9)	5,253	20%	1,657.1 (1,612.3-1,701.9)
45-54	5,709	24%	1,908.4 (1,858.9-1,957.9)	4,373	17%	1,461.8 (1,418.4-1,505.1)
55-64	4,443	19%	1,748.2 (1,696.8-1,799.6)	2,573	10%	1,012.4 (973.3-1,051.6)
65-74	1,354	6%	749.4 (709.4-789.3)	871	3%	482.0 (450.0-514.1)
75-84	347	1%	411.3 (368.0-454.6)	250	1%	296.3 (259.6-333.1)
85+	111	0%	420.3 (342.1-498.5)	99	0%	374.9 (301.0-448.7)
Total	23,728		1,072.3 (1,058.6-1,085.9)	25,707		1,161.7 (1,147.5-1,175.9)

Source: Hospital Emergency Department Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 7i. Alcohol and Drug-Related Emergency Department Encounters by Year, Southern Nevada 2017.

2017						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	6,150	31%	550.5 (536.7-564.2)	11,534	42%	1,032.4 (1,013.6-1,051.3)
Male	13,712	69%	1,223.8 (1,203.3-1,244.3)	16,212	58%	1,446.9 (1,424.6-1,469.2)
Unknown	0	0%	-	5	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	11,232	57%	1,090.6 (1,070.4-1,110.7)	14,829	53%	1,439.8 (1,416.6-1,463.0)
Black	3,039	15%	1,245.6 (1,201.3-1,289.8)	6,567	24%	2,691.5 (2,626.4-2,756.6)
Native American	169	1%	1,068.1 (907.0-1,229.1)	59	0%	372.9 (277.7-468.0)
Asian/Pacific	308	2%	125.7 (111.6-139.7)	537	2%	219.1 (200.6-237.6)
Hispanic	3,019	15%	429.6 (414.2-444.9)	3,740	13%	532.2 (515.1-549.2)
Other/Unknown	2,095	11%	-	2019	7%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	67	0%	14.8 (11.2-18.3)	385	1%	84.8 (76.3-93.3)
15-17	197	1%	216.6 (186.3-246.8)	625	2%	687.2 (633.3-741.0)
18-19	206	1%	352.8 (304.6-401.0)	814	3%	1,394.1 (1,298.3-1,489.8)
20-24	1,504	8%	1,023.7 (971.9-1,075.4)	3,238	12%	2,203.9 (2,128.0-2,279.8)
25-34	3,491	18%	1,128.9 (1,091.5-1,166.4)	8,143	29%	2,633.3 (2,576.1-2,690.5)
35-44	4,188	21%	1,315.0 (1,275.1-1,354.8)	5,889	21%	1,849.1 (1,801.8-1,896.3)
45-54	4,716	24%	1,567.0 (1,522.3-1,611.7)	4,555	16%	1,513.5 (1,469.6-1,557.5)
55-64	3,917	20%	1,515.3 (1,467.8-1,562.7)	2,775	10%	1,073.5 (1,033.6-1,113.4)
65-74	1,204	6%	652.2 (615.3-689.0)	974	4%	527.6 (494.5-560.7)
75-84	274	1%	309.9 (273.2-346.6)	268	1%	303.1 (266.8-339.4)
85+	97	0%	356.8 (285.8-427.8)	84	0%	309.0 (242.9-375.1)
Total	19,862		887.6 (875.3-900.0)	27,751		1,240.2 (1,225.6-1,254.8)

Source: Hospital Emergency Department Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 8a. Alcohol and Drug-Related Inpatient Admissions by Year, Southern Nevada, 2009.

2009						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	2,806	28%	286.2 (275.6-296.8)	4,416	45%	450.4 (437.1-463.6)
Male	7,302	72%	731.5 (714.7-748.3)	5,294	55%	530.3 (516.0-544.6)
Unknown	1	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	6,896	68%	685.4 (669.3-701.6)	6,339	65%	630.1 (614.6-645.6)
Black	1,357	13%	668.2 (632.7-703.8)	1,958	20%	964.2 (921.5-1,006.9)
Native American	60	1%	433.7 (323.9-543.4)	27	0%	195.2 (121.5-268.8)
Asian/Pacific	139	1%	72.7 (60.6-84.7)	160	2%	83.6 (70.7-96.6)
Hispanic	1,243	12%	220.2 (208.0-232.4)	877	9%	155.4 (145.1-165.6)
Other/Unknown	414	4%	-	349	4%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	33	0%	7.9 (5.2-10.6)	156	2%	37.5 (31.6-43.3)
15-17	81	1%	101.3 (79.2-123.4)	399	4%	499.1 (450.1-548.0)
18-19	58	1%	109.2 (81.1-137.3)	265	3%	499.0 (438.9-559.0)
20-24	259	3%	203.7 (178.9-228.5)	686	7%	539.5 (499.2-579.9)
25-34	922	9%	313.9 (293.6-334.1)	1,632	17%	555.6 (528.6-582.5)
35-44	1,774	18%	598.6 (570.8-626.5)	1,998	21%	674.2 (644.7-703.8)
45-54	2,958	29%	1,102.3 (1,062.6-1,142.1)	2,352	24%	876.5 (841.1-911.9)
55-64	2,301	23%	1,072.9 (1,029.1-1,116.8)	1,387	14%	646.7 (612.7-680.8)
65-74	1,245	12%	873.4 (824.9-921.9)	478	5%	335.3 (305.3-365.4)
75-84	420	4%	629.7 (569.5-689.9)	249	3%	373.3 (326.9-419.7)
85+	58	1%	291.2 (216.3-366.2)	108	1%	542.3 (440.0-644.6)
Total	10,109		510.9 (500.9-520.8)	9,710		490.7 (480.9-500.5)

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 8b. Alcohol and Drug-Related Inpatient Admissions by Year, Southern Nevada, 2010.

2010						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	2,768	29%	278.5 (268.1-288.9)	4,608	46%	463.6 (450.2-477.0)
Male	6,939	71%	686.8 (670.7-703.0)	5,402	54%	534.7 (520.4-548.9)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	6,611	68%	655.8 (640.0-671.6)	6,340	63%	628.9 (613.4-644.4)
Black	1,399	14%	676.5 (641.1-712.0)	2,128	21%	1,029.1 (985.4-1,072.8)
Native American	47	0%	336.0 (239.9-432.1)	32	0%	228.8 (149.5-308.0)
Asian/Pacific	156	2%	79.8 (67.3-92.3)	177	2%	90.5 (77.2-103.8)
Hispanic	1,150	12%	198.3 (186.9-209.8)	962	10%	165.9 (155.4-176.4)
Other/Unknown	344	4%	-	371	4%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	14	0%	3.3 (1.6-5.1)	134	1%	31.9 (26.5-37.3)
15-17	116	1%	145.4 (118.9-171.8)	441	4%	552.6 (501.1-604.2)
18-19	90	1%	166.7 (132.3-201.1)	336	3%	622.4 (555.8-688.9)
20-24	224	2%	172.2 (149.6-194.7)	821	8%	631.1 (587.9-674.3)
25-34	878	9%	300.7 (280.8-320.6)	1,712	17%	586.4 (558.6-614.2)
35-44	1,627	17%	544.9 (518.5-571.4)	1,834	18%	614.3 (586.2-642.4)
45-54	2,670	28%	979.2 (942.1-1,016.3)	2,269	23%	832.1 (797.9-866.4)
55-64	2,329	24%	1,062.4 (1,019.3-1,105.6)	1,495	15%	682.0 (647.4-716.6)
65-74	1,250	13%	845.5 (798.7-892.4)	607	6%	410.6 (377.9-443.3)
75-84	430	4%	621.6 (562.8-680.3)	265	3%	383.1 (337.0-429.2)
85+	79	1%	372.9 (290.7-455.1)	96	1%	453.1 (362.5-543.8)
Total	9,707		484.3 (474.7-494.0)	10,010		499.4 (489.7-509.2)

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 8c. Alcohol and Drug-Related Inpatient Admissions by Year, Southern Nevada, 2011.

2011						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	2,801	29%	280.4 (270.0-290.8)	4,752	46%	475.7 (462.2-489.3)
Male	6,840	71%	674.4 (658.5-690.4)	5,627	54%	554.8 (540.3-569.3)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	6,783	70%	673.5 (657.4-689.5)	6,804	66%	675.5 (659.5-691.6)
Black	1,188	12%	570.2 (537.8-602.6)	1,928	19%	925.4 (884.1-966.7)
Native American	50	1%	355.8 (257.2-454.4)	24	0%	170.8 (102.5-239.1)
Asian/Pacific	160	2%	81.6 (68.9-94.2)	228	2%	116.3 (101.2-131.3)
Hispanic	1,097	11%	186.8 (175.7-197.8)	988	10%	168.2 (157.7-178.7)
Other/Unknown	363	4%	-	407	4%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	17	0%	4.0 (2.1-6.0)	150	1%	35.7 (30.0-41.4)
15-17	97	1%	122.7 (98.3-147.1)	376	4%	475.6 (427.5-523.7)
18-19	94	1%	174.8 (139.4-210.1)	412	4%	766.0 (692.0-840.0)
20-24	264	3%	201.3 (177.0-225.5)	1,062	10%	809.6 (760.9-858.3)
25-34	785	8%	274.2 (255.0-293.4)	1,807	17%	631.2 (602.1-660.3)
35-44	1,488	15%	497.9 (472.6-523.2)	1,698	16%	568.2 (541.1-595.2)
45-54	2,649	27%	964.5 (927.8-1,001.3)	2,209	21%	804.3 (770.8-837.9)
55-64	2,338	24%	1,045.9 (1,003.5-1,088.3)	1,618	16%	723.8 (688.5-759.1)
65-74	1,373	14%	906.7 (858.7-954.6)	670	6%	442.4 (408.9-476.0)
75-84	479	5%	666.4 (606.7-726.1)	287	3%	399.3 (353.1-445.5)
85+	57	1%	254.2 (188.2-320.2)	90	1%	401.3 (318.4-484.2)
Total	9,641		478.9 (469.4-488.5)	10,379		515.6 (505.7-525.5)

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 8d. Alcohol and Drug-Related Inpatient Admissions by Year, Southern Nevada, 2012.

2012						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	2,592	29%	256.7 (246.8-266.6)	4,961	46%	491.4 (477.7-505.0)
Male	6,493	71%	634.3 (618.9-649.7)	5,807	54%	567.3 (552.7-581.9)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	6,137	68%	608.8 (593.6-624.1)	6,915	64%	686.0 (669.8-702.2)
Black	1,207	13%	570.1 (537.9-602.2)	2,086	19%	985.2 (942.9-1,027.5)
Native American	62	1%	439.2 (329.9-548.5)	34	0%	240.9 (159.9-321.8)
Asian/Pacific	179	2%	89.6 (76.5-102.7)	212	2%	106.1 (91.8-120.4)
Hispanic	1,053	12%	175.6 (165.0-186.2)	899	8%	149.9 (140.1-159.7)
Other/Unknown	438	5%	-	606	6%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	15	0%	3.6 (1.8-5.4)	115	1%	27.2 (22.3-32.2)
15-17	95	1%	120.9 (96.6-145.2)	414	4%	526.9 (476.2-577.7)
18-19	59	1%	110.6 (82.4-138.8)	362	3%	678.4 (608.5-748.3)
20-24	250	3%	186.2 (163.1-209.3)	1,009	9%	751.6 (705.2-798.0)
25-34	804	9%	284.6 (264.9-304.3)	1,808	17%	640.0 (610.5-669.5)
35-44	1,284	14%	424.7 (401.4-447.9)	1,719	16%	568.5 (541.6-595.4)
45-54	2,479	27%	895.7 (860.4-930.9)	2,349	22%	848.7 (814.4-883.0)
55-64	2,315	25%	1,017.7 (976.2-1,059.1)	1,858	17%	816.8 (779.6-853.9)
65-74	1,281	14%	805.4 (761.3-849.5)	752	7%	472.8 (439.0-506.6)
75-84	423	5%	576.7 (521.7-631.6)	282	3%	384.4 (339.6-429.3)
85+	80	1%	340.4 (265.8-415.0)	100	1%	425.5 (342.1-508.9)
Total	9,076		446.4 (437.2-455.5)	10,752		528.8 (518.8-538.8)

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 8e. Alcohol and Drug-Related Inpatient Admissions by Year, Southern Nevada, 2013.

2013						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	2,678	28%	259.4 (249.5-269.2)	5,281	45%	511.5 (497.7-525.3)
Male	6,886	72%	659.1 (643.5-674.6)	6,422	55%	614.6 (599.6-629.7)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	6,263	65%	617.5 (602.2-632.8)	7,189	61%	708.8 (692.4-725.1)
Black	1,223	13%	559.6 (528.2-590.9)	2,223	19%	1,017.1 (974.8-1,059.4)
Native American	168	2%	1,182.5 (1,003.7-1,361.3)	203	2%	1,428.9 (1,232.3-1,625.4)
Asian/Pacific	139	1%	66.6 (55.5-77.6)	214	2%	102.5 (88.8-116.2)
Hispanic	1,003	10%	161.4 (151.4-171.4)	911	8%	146.6 (137.1-156.1)
Other/Unknown	766	8%	-	957	8%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	16	0%	3.7 (1.9-5.6)	139	1%	32.5 (27.1-37.9)
15-17	104	1%	131.1 (105.9-156.3)	383	3%	482.7 (434.4-531.1)
18-19	70	1%	130.5 (99.9-161.0)	291	2%	542.3 (480.0-604.6)
20-24	261	3%	187.2 (164.5-209.9)	1,103	9%	791.0 (744.3-837.7)
25-34	913	10%	321.0 (300.1-341.8)	2,083	18%	732.2 (700.8-763.7)
35-44	1,257	13%	407.5 (384.9-430.0)	1,882	16%	610.1 (582.5-637.6)
45-54	2,542	27%	898.8 (863.9-933.8)	2,412	21%	852.9 (818.8-886.9)
55-64	2,452	26%	1,044.6 (1,003.2-1,085.9)	2,056	18%	875.9 (838.0-913.7)
65-74	1,423	15%	854.3 (809.9-898.7)	918	8%	551.1 (515.5-586.8)
75-84	435	5%	576.4 (522.2-630.6)	331	3%	438.6 (391.4-485.9)
85+	91	1%	373.3 (296.6-450.0)	105	1%	430.7 (348.4-513.1)
Total	9,562		460.3 (451.1-469.5)	11,697		563.1 (552.9-573.3)

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 8f. Alcohol and Drug-Related Inpatient Admissions by Year, Southern Nevada, 2014.

2014						
Sex	N	%	Alcohol		Drug Use	
			Crude Rate (CI)	N	%	Crude Rate (CI)
Female	3,052	29%	290.0 (279.7-300.2)	5,656	45%	537.4 (523.4-551.4)
Male	7,370	71%	693.1 (677.3-709.0)	6,897	55%	639.0 (623.9-654.1)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	6,800	65%	666.9 (651.0-682.7)	7,622	61%	747.5 (730.7-764.3)
Black	1,290	12%	575.1 (543.7-606.5)	2,459	20%	1,096.3 (1,053.0-1,139.6)
Native American	239	2%	1,664.8 (1,453.8-1,875.9)	293	2%	2,041.0 (1,807.3-2,274.7)
Asian/Pacific	206	2%	95.2 (82.2-108.2)	196	2%	90.5 (77.9-103.2)
Hispanic	1,130	11%	176.3 (166.0-186.6)	1,013	8%	158.0 (148.3-167.8)
Other/Unknown	757	7%	-	970	8%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	10	0%	2.3 (.9-3.7)	99	1%	22.9 (18.4-27.4)
15-17	77	1%	95.6 (74.3-117.0)	292	2%	362.6 (321.0-404.2)
18-19	64	1%	118.1 (89.1-147.0)	309	2%	570.0 (506.4-633.5)
20-24	265	3%	185.8 (163.4-208.1)	1,135	9%	795.7 (749.4-842.0)
25-34	971	9%	339.0 (317.7-360.3)	2,226	18%	777.1 (744.9-809.4)
35-44	1,542	15%	493.2 (468.5-517.8)	2,080	17%	665.2 (636.6-693.8)
45-54	2,612	25%	902.1 (867.6-936.7)	2,530	20%	873.8 (839.8-907.9)
55-64	2,691	26%	1,115.7 (1,073.6-1,157.9)	2,275	18%	943.3 (904.5-982.0)
65-74	1,576	15%	915.8 (870.6-961.0)	1,120	9%	650.8 (612.7-688.9)
75-84	509	5%	650.6 (594.1-707.2)	365	3%	466.6 (418.7-514.4)
85+	105	1%	415.4 (336.0-494.9)	122	1%	482.7 (397.0-568.4)
Total	10,422		492.6 (483.1-502.0)	12,553		593.3 (582.9-603.7)

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 8g. Alcohol and Drug-Related Inpatient Admissions by Year, Southern Nevada, 2015.

2015						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	3,771	29%	349.4 (338.2-360.5)	7,550	43%	699.5 (683.7-715.2)
Male	9,078	71%	835.9 (818.7-853.1)	10,113	57%	931.2 (913.1-949.4)
Unknown	0	0%	-	1	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	8,002	62%	782.4 (765.2-799.5)	10,083	57%	985.8 (966.6-1,005.1)
Black	1,819	14%	782.4 (746.4-818.3)	3,655	21%	1,572.1 (1,521.1-1,623.0)
Native American	428	3%	2,752.7 (2,491.9-3,013.5)	556	3%	3,575.9 (3,278.7-3,873.1)
Asian/Pacific	212	2%	92.0 (79.6-104.4)	306	2%	132.7 (117.9-147.6)
Hispanic	1,355	11%	204.1 (193.2-214.9)	1,505	9%	226.7 (215.2-238.1)
Other/Unknown	1,033	8%	-	1,559	9%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	20	0%	4.5 (2.5-6.4)	179	1%	40.0 (34.1-45.8)
15-17	65	1%	75.2 (56.9-93.4)	326	2%	377.0 (336.0-417.9)
18-19	64	0%	117.0 (88.3-145.6)	352	2%	643.4 (576.2-710.6)
20-24	405	3%	278.7 (251.5-305.8)	1,566	9%	1,077.5 (1,024.1-1,130.8)
25-34	1,451	11%	488.2 (463.0-513.3)	3,808	22%	1,281.1 (1,240.5-1,321.8)
35-44	1,933	15%	619.4 (591.8-647.0)	3,193	18%	1,023.2 (987.7-1,058.6)
45-54	3,262	25%	1,116.6 (1,078.3-1,154.9)	3,494	20%	1,196.0 (1,156.4-1,235.7)
55-64	3,230	25%	1,305.4 (1,260.4-1,350.4)	2,851	16%	1,152.2 (1,109.9-1,194.5)
65-74	1,793	14%	1,016.2 (969.2-1,063.3)	1,296	7%	734.5 (694.5-774.5)
75-84	527	4%	656.1 (600.1-712.1)	456	3%	567.7 (515.6-619.8)
85+	99	1%	387.4 (311.1-463.8)	143	1%	559.6 (467.9-651.4)
Total	12,849		593.4 (583.1-603.6)	17,664		815.8 (803.7-827.8)

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 8g. Alcohol and Drug-Related Inpatient Admissions by Year, Southern Nevada, 2016.

2016						
Sex	N	%	Alcohol		Drug Use	
			Crude Rate (CI)	N	%	Crude Rate (CI)
Female	4,011	30%	363.3 (352.1-374.5)	9,089	44%	823.2 (806.3-840.2)
Male	9,401	70%	847.8 (830.7-865.0)	11,640	56%	1,049.8 (1,030.7-1,068.8)
Unknown	1	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	8,322	62%	808.9 (791.5-826.2)	11,813	57%	1,148.2 (1,127.4-1,168.9)
Black	1,919	14%	800.0 (764.3-835.8)	4,254	21%	1,773.5 (1,720.2-1,826.8)
Native American	129	1%	820.9 (679.2-962.5)	128	1%	814.5 (673.4-955.6)
Asian/Pacific	228	2%	94.8 (82.5-107.1)	366	2%	152.2 (136.6-167.8)
Hispanic	1,520	11%	221.0 (209.8-232.1)	1,944	9%	282.6 (270.0-295.1)
Other/Unknown	1,295	10%	-	2,224	11%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	21	0%	4.6 (2.7-6.6)	172	1%	38.0 (32.3-43.7)
15-17	69	1%	76.7 (58.6-94.8)	406	2%	451.2 (407.3-495.0)
18-19	58	0%	103.7 (77.0-130.4)	378	2%	675.8 (607.6-743.9)
20-24	442	3%	298.0 (270.3-325.8)	1,839	9%	1,240.0 (1,183.4-1,296.7)
25-34	1,553	12%	510.5 (485.1-535.9)	4,446	21%	1,461.5 (1,418.6-1,504.5)
35-44	2,102	16%	663.1 (634.8-691.4)	3,704	18%	1,168.5 (1,130.8-1,206.1)
45-54	3,299	25%	1,102.8 (1,065.1-1,140.4)	4,055	20%	1,355.5 (1,313.8-1,397.2)
55-64	3,193	24%	1,256.4 (1,212.8-1,300.0)	3,262	16%	1,283.5 (1,239.5-1,327.6)
65-74	1,995	15%	1,104.1 (1,055.7-1,152.6)	1,673	8%	925.9 (881.5-970.3)
75-84	577	4%	683.9 (628.1-739.7)	600	3%	711.2 (654.3-768.1)
85+	104	1%	393.8 (318.1-469.5)	194	1%	734.6 (631.2-838.0)
Total	13,413		606.1 (595.9-616.4)	20,729		936.7 (924.0-949.5)

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 8i. Alcohol and Drug-Related Inpatient Admissions by Year, Southern Nevada, 2017.

2017						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	3,793	30%	339.5 (328.7-350.3)	9,660	43%	864.7 (847.4-881.9)
Male	9,025	70%	805.5 (788.9-822.1)	13,029	57%	1,162.8 (1,142.9-1,182.8)
Unknown	0	0%	-	2	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	7,805	61%	757.8 (741.0-774.6)	12,624	56%	1,225.7 (1,204.3-1,247.1)
Black	1,693	13%	693.9 (660.8-726.9)	4,806	21%	1,969.8 (1,914.1-2,025.5)
Native American	114	1%	720.5 (588.2-852.7)	125	1%	790.0 (651.5-928.5)
Asian/Pacific	218	2%	88.9 (77.1-100.8)	404	2%	164.8 (148.8-180.9)
Hispanic	1,460	11%	207.7 (197.1-218.4)	2,100	9%	298.8 (286.0-311.6)
Other/Unknown	1,528	12%	-	2,632	12%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	23	0%	5.1 (3.0-7.1)	186	1%	41.0 (35.1-46.9)
15-17	67	1%	73.7 (56.0-91.3)	412	2%	453.0 (409.2-496.7)
18-19	60	0%	102.8 (76.8-128.8)	388	2%	664.5 (598.4-730.6)
20-24	299	2%	203.5 (180.4-226.6)	1,760	8%	1,197.9 (1,141.9-1,253.9)
25-34	1,337	10%	432.4 (409.2-455.5)	4,988	22%	1,613.0 (1,568.2-1,657.8)
35-44	2,106	16%	661.3 (633.0-689.5)	4,166	18%	1,308.1 (1,268.3-1,347.8)
45-54	3,074	24%	1,021.4 (985.3-1,057.5)	4,364	19%	1,450.0 (1,407.0-1,493.1)
55-64	3,302	26%	1,277.4 (1,233.8-1,320.9)	3,716	16%	1,437.5 (1,391.3-1,483.8)
65-74	1,851	14%	1,002.6 (957.0-1,048.3)	1,859	8%	1,007.0 (961.2-1,052.7)
75-84	592	5%	669.5 (615.6-723.5)	676	3%	764.5 (706.9-822.2)
85+	107	1%	393.6 (319.0-468.2)	176	1%	647.4 (551.8-743.1)
Total	12,818		572.8 (562.9-582.7)	22,691		1,014.1 (1,000.9-1,027.2)

Source: Hospital Inpatient Billing.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Categories are not mutually exclusive.

Southern Nevada: Clark, Esmeralda, and Nye Counties.

Table 15. Prevalence Estimates of Health Risk Behaviors, by Sexual Orientation – Nevada Adults, 2016-2017.

2016	LGB (%)	Non-LGB (%)	Difference
Binge Drinking	32.7%	13.3%	Significantly higher
General Health fair or poor	22.9%	22.0%	Not significantly different
Ever told had depressive disorder	7.7%	9.3%	Not significantly different
Ten or more days of poor mental health	36.8%	17.1%	Significantly higher
Ten or more days of poor mental or physical health kept you from usual activities	22.3%	18.3%	Not significantly different
2017	LGB (%)	Non-LGB (%)	Difference
Binge Drinking	18.1%	17.4%	Not significantly different
General Health fair or poor	14.3%	22.3%	Not significantly different
Ever told had depressive disorder	14.9%	6.5%	Not significantly different
Ten or more days of poor mental health	37.1%	13.4%	Significantly higher
Ten or more days of poor mental or physical health kept you from usual activities	15.3%	17.6%	Not significantly different

Source: Behavioral Risk Factor Surveillance System (BRFSS).
Southern Nevada: Clark, Esmeralda, and Nye Counties.