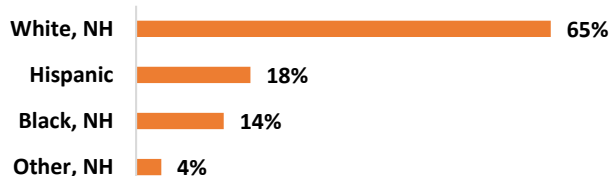
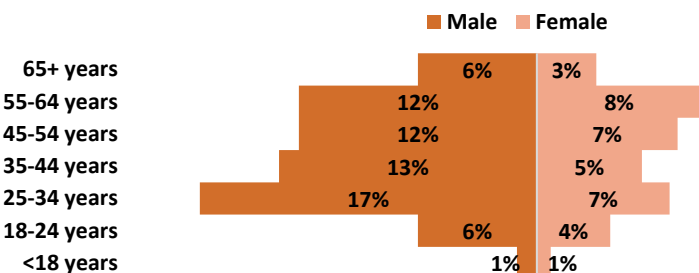
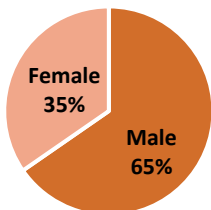


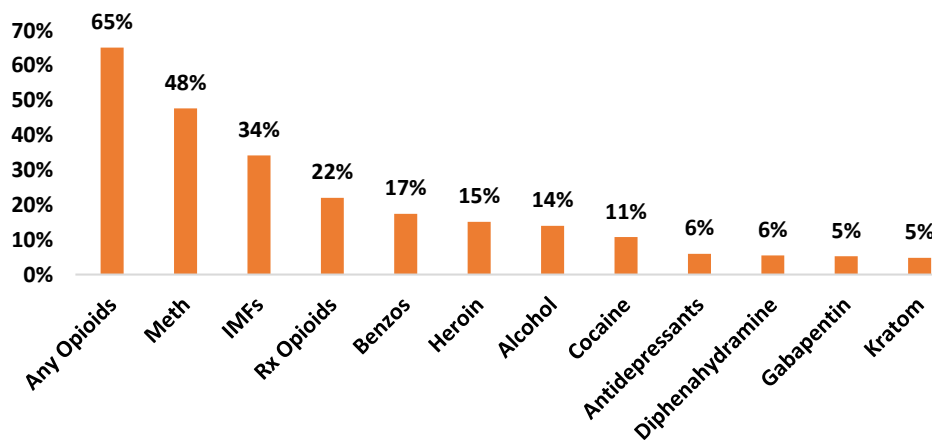
Drug Overdose Deaths of Unintentional/Undetermined Intent in Nevada – January to June, 2021: 436 deaths among Nevada residents - Statewide

Who died by drug overdose?



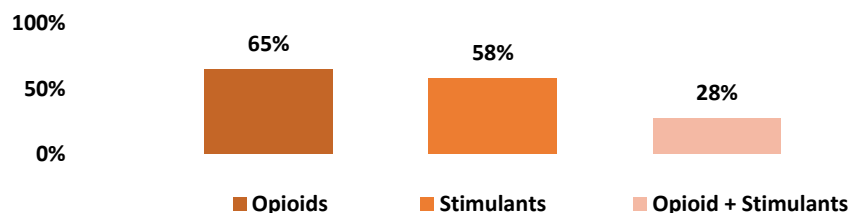
Nearly 1 in 4 who died by drug overdose were 25-34 years old, 65% were white, and 65% were male.

Top drugs listed as cause of death (COD)¹

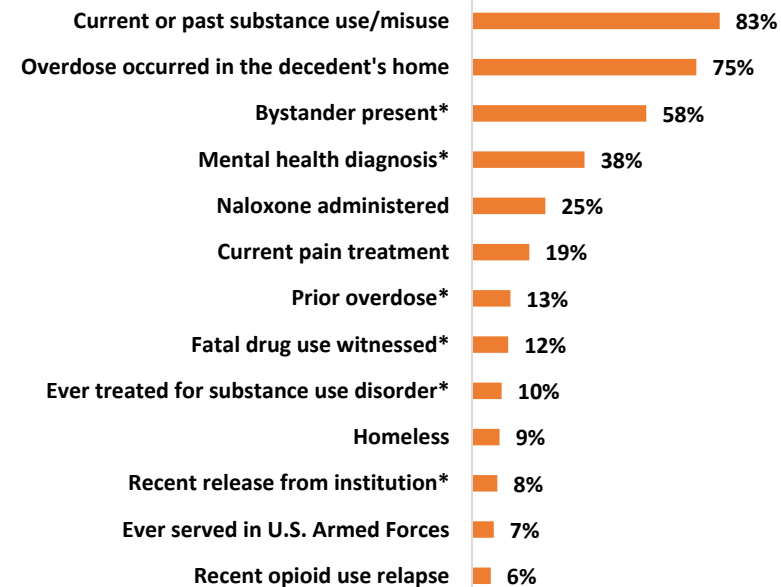


65% of deaths involved any opioids, 58% of deaths involved any stimulants, and 28% of deaths involved an opioid and stimulant.

Opioid and stimulant involvement in COD¹



What circumstances² were documented?



77% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action* at the time of overdose.

Data comes from the Nevada State Unintentional Drug Overdose Reporting System (SUDORS), which compiles information from death certificates, medical examiner/coroner reports, and toxicology results. Percentages are among decedents with known information. Abbreviations: NH: Non-Hispanic; COD (Cause of Death); Meth: Methamphetamine; Benzos: Benzodiazepines; IMFs: Illicitly manufactured fentanyl and fentanyl analogs. ¹Substances are not mutually exclusive.

²Circumstances represent evidence available in reports, and thus are likely underestimated. Percentages are among those with known circumstances. *Potential opportunity for life-saving action includes recent release from an institution within past month (prison/jail, treatment, hospital), previous nonfatal overdose, mental health diagnosis, ever treated for substance use disorder, bystander present when fatal overdose occurred, and fatal drug use witnessed. This publication was supported by the Nevada State Department of Health and Human Services through Grant Number NU17CE925001 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention. For questions, please contact NV OD2A epidemiologist Shawn Thomas at: shawnt@unr.edu

Nevada Overdose Data to Action

Fatality Data Presentation

SEOW August 25, 2022

Overdose Data to Action

- DPBH OPHIE/ School of Public Health
 - Surveillance & Prevention
 - PDMP
 - ImageTrend
 - Linkage to Care - OpenBeds
- Improving the quality and quantity of overdose surveillance data
- Morbidity and Mortality Surveillance
 - Monthly surveillance reports (nvopioidresponse.org/od2a)
 - Biannual fatality review

Fatality Data

- **State Unintentional Overdose Report System (SUDORS)**
 - Biannual, preceding year.
 - Demographic Characteristics of Cases
 - Breakdown of Top Substances Listed on the Cause of Death, and
 - Circumstances Preceding Death
- **Nevada Electronic Death Registry System**
 - Monthly and annually
 - Demographic information
 - Suspected only

Fatality Data Limitations

- Timely fatality data is not confirmatory
- Confirmatory data is not timely
- Limited insight into decedents interactions with systems or other life experience

Data Limitation, Example

Nevada Hispanic Overdoses Spike in 2020

Nevada's Hispanic community has been disproportionately hit by unintentional overdose fatalities.

2020: Increase of 120% in fatal overdoses, 227% increase in fentanyl overdoses

After releasing the data, the most common question received by the OD2A program about the sky rocketing numbers was “do we know why?” or “what do we think happened”

At the time, with limited qualitative data that could help to contextualize the demographic, toxicology, and circumstances data the OD2A had very little to go on, beyond the potential rapid discontinuation of legal control substance prescriptions that could have occurred during the COVID lockdowns.

Fatal and Non-Fatal Surveillance System Gaps

Data System/ Source

- Emergency Department
- Emergency Medical Services (EMS)
- Overdose Detection Mapping Application Program (ODMAP)
- Vital Records
- Fatal Overdose Data (SUDORS)

Strength/Limitations

- **Timely, Substance(s) Suspected**
- **Timely, Geo-Location, Substance(s) Suspected**
- **Timely, Geo-location, Substance(s) Suspected**
- **Substance Confirmed, cannot measure opioid use or misuse history (only death)**
- **Substance Confirmed, Significant Lag**

The Problem with a System that Relies on Postmortem Data-

- SUDRORS data provides confirmatory toxicology data.
- SUDORS data is reported with a 6 to 9 month lag.
- We can't wait for mortality data to tell us what is putting people at a higher risk of death.

If not Postmortem, than what?

- What does bio-surveillance of the drug supply look like?
 - Upstream testing touch points
 - Hospitals
 - Driving Under the Influence (DUI)
 - Syringe Service Programs (SSPs)
 - Wastewater Testing
 - Seized Drug Testing

Critical Issues Identified

- No statewide forensic crime lab
- Existing drug lab capacity is forensic
- Limited formal data/information sharing agreements with public health in place
- Majority of seized drugs in Nevada are not tested timely.