



2019-2021
Comprehensive Community
Substance Abuse Prevention Plan

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INTRODUCTION

The following report is designed to present current data and statistics regarding substance use and its impacts in Southern Nevada. In addition the information is used to inform a community prevention plan for the PACT Coalition by looking at existing rates of substance use and related injuries and outcomes, along with an assessment of capacity as expressed by community stakeholders. Finally, this plan lays out the target areas of emphasis for the PACT Coalition over the next three years in an effort to prevent substance use in Clark County, Nevada.

OVERVIEW OF PACT COALITION

The PACT Coalition was formed in August of 2010 to promote substance abuse recovery and prevent substance abuse in Southern Nevada. These types of prevention efforts had been focused primarily on the areas of Clark County north of Charleston Boulevard prior to 2013. Since 2013, substance abuse prevention efforts have expanded to include all of urban Clark County to ensure that all residents of Clark County can access substance abuse prevention services.

The PACT Coalition uses prevention funding received from the Nevada Substance Abuse Prevention and Treatment Agency (SAPTA) to create programs to support substance abuse prevention in Southern Nevada. PACT focuses upon primary prevention strategies to address risk and protective factors particularly among youth who are at risk for developing substance abuse issues.

MISSION

The PACT Coalition seeks to empower Southern Nevada with the resources to prevent substance abuse for all ages and promote recover through culturally competent advocacy, education, stigma reduction, support, and outreach. A diverse cross-section of community leadership is represented by the PACT Coalition that will work together to ensure a sustainable future and a healthier community.

VISION

The PACT Coalition envisions a community in which every layer of society is involved in the prevention of harm and the advocacy of education.

PACT PROGRAMMING

The PACT Coalition uses two methods of service delivery for substance abuse prevention: direct services offered by sub-grantees and trainings offered by the PACT Coalition. PACT awards funding for evidence based prevention programming to SAPTA certified sub-grantees that target populations ages 3 and up in urban Clark County.

The PACT Coalition provides educational programming which encourages environmental change through strategies such as: pill take backs, social media strategies, conferences and educational trainings, and media campaigns including educational billboards, social media messaging, pharmacy bags, and monthly newsletters. The PACT Coalition offers many of their materials in a variety of languages to serve the various cultural and ethnic groups in urban Clark County.

PACT offers substance abuse education to middle and high school students and community members. These evidence-based trainings include: Freedom from Smoking, Adult Mental Health First Aid, and

Youth Mental Health First Aid. PACT also offers conferences where expert speakers on medical marijuana, opioids, and other community needs speak to professional audiences including health care professionals. The PACT Coalition provides Pill Take Backs in partnership with the CARE Coalition and the Clark County School District Police Department as a means to reduce access to prescription drug medications and raise awareness of prescription drug abuse and misuse. Pill Take Backs provide education on proper disposal methods and safe alternatives for storing prescription drugs.

This Comprehensive Community Substance Abuse Plan is aimed at residents of urban Clark County. The most recent census estimates Clark County's population at 2,204,079 (Census Bureau, 2017). In Clark County, 23.5 percent of the population is currently under the age of 18 – just slightly higher than the national average of 22.6 percent (Census Bureau, 2017). The demographic profile of Clark County is unique in terms of the degree of diversity. Clark County is home to a larger than average Hispanic and Asian populations. In order to serve this population in a culturally competent manner, the PACT Coalition provides educational resources in a variety of languages and subcontracts with other nonprofits who offer specialized programming to minority communities across Clark County.

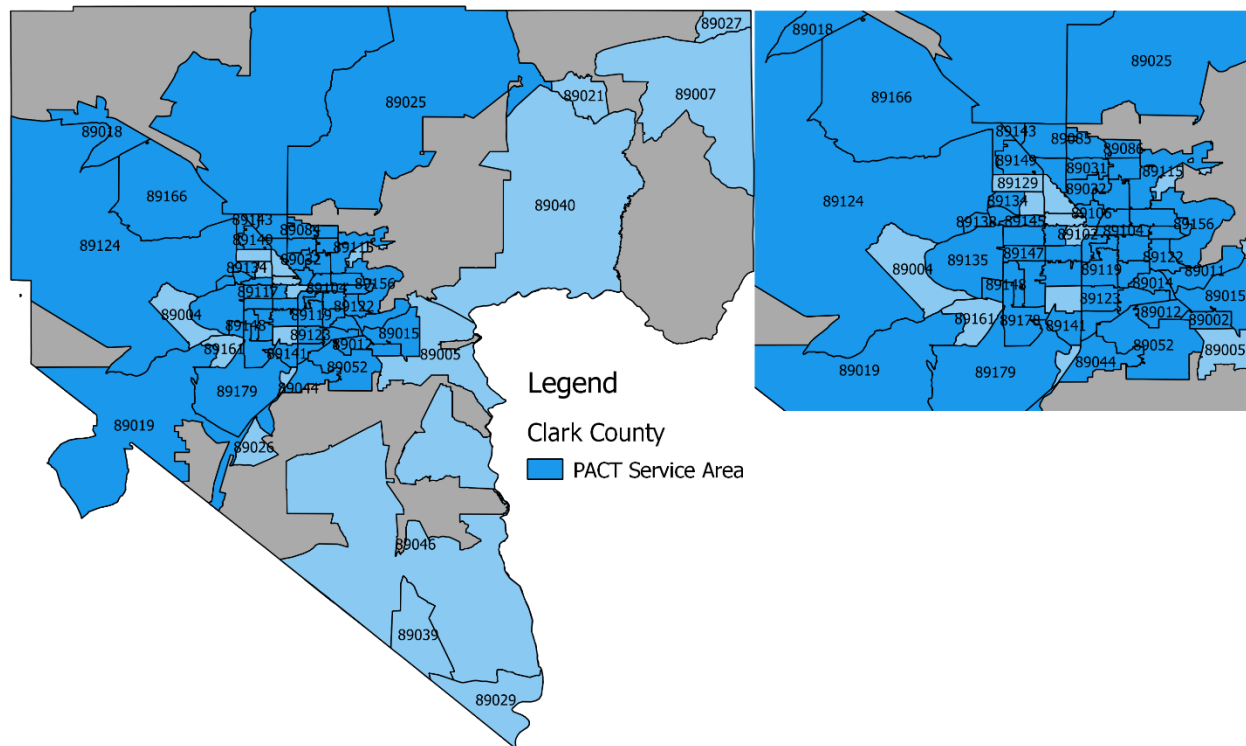
NEEDS ASSESSMENT

This needs assessment involves determining the gaps between PACT's current substance abuse prevention planning activities and the current needs of urban Clark County. This needs assessment is used to identify PACT Coalition's priorities for substance abuse prevention and develop a plan of action to address those needs in the coming years. This will begin with an assessment of existing data concerning the demographic characteristics of PACT's service area, an examination of the impacts of substance abuse in Clark County, and the trends in drug abuse.

TARGET SERVICE AREA MAP

The PACT Coalition serves urban Clark County, and includes the following 54 zip codes: 89009, 89011, 89012, 89014, 89015, 89018, 89019, 89025, 89030, 89031, 89032, 89044, 89052, 89074, 89081, 89084, 89085, 89086, 89101, 89103, 89104, 89106, 89109, 89110, 89113, 89115, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89130, 89131, 89134, 89135, 89138, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89166, 89169, 89178, 89179, and 89183.

PACT Service Areas



DEMOGRAPHIC PROFILE AND CHARACTERISTICS OF SERVICE AREA RESIDENTS

Nevada is one of the most diverse states in the country, ranking 4th in the country in ethnic diversity, and 9th in overall diversity (Wallethub.com, 2018). Clark County is home to larger than average Hispanic and Asian populations (Kaiser Foundation, 2016). Owing to the presence of several military bases in the area, Clark County is home to an estimated 148,394 military veterans (Census Bureau, 2017). A table which details the demographic profile of PACT's service area as compared to Clark County as a whole, and which compares Clark County to each zip code in PACT's service area is included as Appendix A. The demographic profile of PACT's service area is similar to the demographic profile of Clark County as a whole, because PACT's service area comprises 84 percent of Clark County.

THE IMPACTS OF SUBSTANCE ABUSE IN NEVADA AND CLARK COUNTY

The U.S. Surgeon General estimates that the annual costs of substance abuse to be over \$400 billion in lost productivity, health care expenses, criminal justice costs, and motor vehicle crashes (United States Department of Health and Human Services, 2016). Loss of life due to accidental and intentional overdose of drugs and alcohol in the United States reached 63,632 lives in 2016 (CDC, 2017a). Opioids accounted for 42,249 of those deaths, including 13,032 deaths from opioid pain relievers, 9,688 deaths from heroin, and 19,413 deaths from synthetic opioids like fentanyl (CDC, 2017a). In Clark County, Nevada 481 deaths were attributable to overdose in 2016 (CDC Wonder, 2017).

Nevada's ranking in drug overdose mortality in the United States has steadily fallen from 4th in 2013 (Trust for America's Health, 2013) to 22nd in 2016 (CDC, 2016a). Despite this, the rate of overdose

deaths per 100,000 people has steadily increased, from 18.4 in 2014 to 21.7 in 2015, and the number of accidental overdose deaths has increased from 545 to 665 in the same length of time (CDC, 2014, 2017b). Opioids are a major source of drug overdoses in Nevada, with 408 opioid-related overdose deaths in 2016. Nevada has an overall opioid prescribing rate of 80.7 prescriptions per 100 persons, above the national rate of 66.5 prescriptions per 100 people, and the 13th highest rate in the nation (CDC, 2017c; NIDA, 2018a). Nevada also has the 9th highest rate of long acting/extended release opioid prescriptions in the country, at 8.7 prescriptions per 100 people, above the 6.3 national rate (CDC, 2017c). Inpatient hospital admissions for opioid related emergencies in Nevada has increased 15.7 percent from 2016 to 2017, from 7,485 to 8,661 (NV DHHS, 2018; NV DPBH, 2018).

Drug use amongst older adults is expected to rise to 3.2 percent by 2020 (Mattson, Lipari, Hays, & VanHorn, 2017). In 2012, there were over 14,000 admissions to treatment facilities by adults aged 65 years old or older (Mattson et al., 2017). Opioid related deaths in Nevada have decreased for many age groups since 2010, but have increased for individuals in the 55+ age groups (NV DHHS, 2018). The administration of Naloxone (a medication which rapidly reverses opioid overdose, brand names are Narcan and Evzio) also increased between 2010 and 2015 for individuals aged 55+ (NV DPBH, 2018). Of the 3,867 times Naloxone was administered between 2010 and 2015, it was administered to individuals aged 55 and older 685 times (NV DPBH, 2018).

In *The Behavioral Health Barometer for Nevada*, SAMHSA (2017a) reports on the several areas of concern for Nevada, including the number of individuals seeking treatment for substance abuse. In 2015, 6,930 people were enrolled in substance abuse treatment in Nevada, a 20.3 percent decrease from 2013 (SAMHSA, 2014, 2017a). Of those individuals seeking treatment for substance abuse, 47.5% were receiving treatment for drug problems only, 18.3% for alcohol problems only, and 34.2% were receiving treatment for both drug and alcohol problems (SAMHSA, 2017a).

Nationally, 17.2 percent of high schoolers seriously considered suicide, 13.6 percent made a plan about how they would attempt suicide and 7.4 percent attempted suicide (YRBS, 2018). In Nevada, 16.7 percent of all high schoolers and 20.2 percent of all middle schoolers seriously considered attempting suicide, 14.3 percent of high schoolers and 14.7 percent of middle schoolers made a plan about how they would attempt suicide, and 7.4 percent of high schoolers and 8.1 percent of middle schoolers attempted suicide (NV YRBS, 2018a, 2018b). In Clark County, 15.9 percent of high schoolers and 21.4 percent of middle schoolers seriously considered suicide, 13.8 percent of high schoolers and 15.5 percent of middle schoolers made a plan to kill themselves, and 8.2 percent of both high schoolers and middle schoolers had attempted suicide (NV YRBS, 2018c, 2018d).

In 2015 and 2016, Nevada youth (aged 12 – 17) reported use of any illicit drug in the past month at a rate of 10.3 percent, which is higher than the national rate of 7.9 percent for 2016 (SAMHSA, 2016). Youth surveys in Nevada now report on individual drug use rather than overall drug use, so comparisons are made for each drug (Table 1). High schoolers in Clark County use each substance at rates lower than the state average. The percentage of high school students in Clark County who were ever offered, sold, or given an illegal drug on school property is 29 percent, which is nearly equal with the Nevada state rate of 28.4 percent, but higher than the national rate of 19.8 percent.

Table 1: Ever Use of Illicit Substances by High School Students

Substance	Clark County ^a	Statewide ^b	National ^c
Marijuana	35.5	39.4	35.6
Prescription Pain Medicine Misuse	14.5	14.8	14.0
Synthetic Marijuana (K2/Spice)	7.0	7.7	6.9
Inhalants	6.9	7.5	6.2
Ecstasy	5.7	6.3	4.0
Cocaine	4.3	5.1	4.8
Methamphetamines	2.8	3.3	2.5
Prescription Steroid Misuse	2.8	3.2	2.9
Hallucinogens*	-	-	6.6
Heroin	2.1	2.6	1.7

* Hallucinogen use is not reported for Clark County or Nevada. ^a 2017 Nevada High School YRBS: Clark County Special Report. ^b 2017 Nevada High School YRBS. ^c 2017 National YRBS.

SUBSTANCE ABUSE TRENDS AND PATTERNS

National survey data (SAMHSA, 2017b) indicates that drug use and abuse by adolescents and young adults has decreased over time since 2002. Alcohol and cigarette use has declined for both young adults and teenagers (SAMHSA, 2017b). Young adults report alcohol use at 57.1 percent and cigarettes at 23.5 percent, while teenagers report alcohol use at 9.2 percent and cigarette use at 3.4 percent. Marijuana use by teenagers has also seen a national decrease to 6.5 percent, though adult use is rising, at 20.8 percent in 2016 and 22.1 percent in 2017 (SAMHSA, 2017b). In 2016, illicit drug use among all young adults and adolescents was 10.6 percent nationally, and 7.9 percent for all teenagers. Although national trends show declining substance use and abuse amongst teenagers and young adults, Nevada's data varies substantially from the national trends. For this reason, our plan examines Nevada and Clark County's data in comparison to the national trends.

TRENDS IN ILLICIT DRUG USE

Data from Las Vegas are not collected as part of the National Drug Warning System (NDEWS, 2017), however, data are collected for Los Angeles, the largest metropolitan area tracked by the NDEWS. Since many new Las Vegas residents are moving from southern California and the greatest number of visitors to southern Nevada come from Los Angeles and southern California, many of the trends observed in Los Angeles are likely to be similar to trends observed in Las Vegas. The most commonly reported substances used in Los Angeles are alcohol, marijuana, and prescription drugs (NDEWS, 2017). Nearly 90 percent of all admissions for substance abuse treatment in Los Angeles were for methamphetamine, heroin, alcohol, and marijuana. Cocaine/crack and prescription opioids accounted for approximately 4 percent each. The prevalence of synthetic drugs remains low, and is decreasing for synthetic cathinones (Bath Salts) and cannabinoids (K2/Spice); 2016 reports of synthetic cathinones were similar to 2015, and lower than the prevalence reported in 2014 (NDEWS, 2017).

TRENDS IN THE USE OF TOBACCO PRODUCTS

A growing area of concern in tobacco product use includes the rising use of e-cigarettes, particularly by youth. E-cigarette use by youth has slowly increased since the products were introduced, and are now the most commonly used tobacco product for middle and high school students (CDC, 2018a). After tripling from 2013 to 2014, the prevalence of any use of e-cigarettes by high-school students reached 42.2 percent in 2017, a non-significant decrease from 2015 (YRBS, 2016; YRBS, 2018). Findings from the

2017 National Youth Risk Behavior Survey indicated that current use of e-cigarette products by high school students has decreased significantly since 2015, from 24.1 percent to 13.2 percent (YRBS, 2018).

E-cigarette use has surpassed cigarette use, smokeless tobacco use, or cigar use among high school students (YRBS, 2018). Ever e-cigarette use was highest among Hispanic students, followed by non-Hispanic whites, and then non-Hispanic black students. Current e-cigarette use is highest for all tobacco products surveyed, among all races (YRBS, 2018). Current e-cigarette usage is highest amongst non-Hispanic whites. E-cigarette usage among non-Hispanic blacks has surpassed cigar usage for the first time (YRBS, 2018).

The rise of e-cigarette usage has offset declines in the use of more traditional tobacco products such as cigarettes. Overall rates of any tobacco products used declined from 24.6 percent for high school students in 2014 to 19.5 percent in 2017 (YRBS, 2018). The highest rates of tobacco product use were for non-Hispanic whites, followed by Hispanics, then non-Hispanic blacks. The most commonly used tobacco products by high school students were e-cigarettes (13.2 percent), cigarettes (8.8 percent), cigars (8.0 percent), and smokeless tobacco (5.5 percent).

TRENDS IN CLARK COUNTY

The numbers of deaths due to unintentional drug overdose have been on the rise in the United States since 1999. Unintentional overdose deaths have risen 5 fold, from 11,155 in 1999 to 54,793 in 2016 (CDC Wonder, 2017). Opioid deaths in 2016 reached a high of 42,249 in 2016 including 17,087 deaths from prescription opioids (NIDA, 2018b). Nearly 50 percent (19,413) of those opioid overdose deaths occurred from synthetic opioids, like illegal synthetic fentanyl (NIDA, 2018b). Admission rates for treatment for opiates decreased in Nevada between 2005 and 2015 (SAMHSA, 2017b). Despite this, more than 1,170 people were admitted to treatment for opioid abuse in Nevada in 2015 (SAMHSA, 2017b). The most common opiate people were seeking treatment for was heroin, which accounted for 76.9 percent of opiate admissions. The highest treatment admission rates in Nevada are for methamphetamines and amphetamines.

As opioid addiction grows, heroin is becoming an increasingly serious problem. Of the 1,171 people admitted for treatment for opioid abuse in Nevada in 2015, 76.9 percent of them were seeking treatment for heroin addiction (SAMHSA, 2017). Heroin related deaths in Nevada have more than doubled between 2011 and 2016, while prescription opioid deaths have decreased during the same period (NIDA, 2018a). People with addictions to prescription opioid pain relievers often turn to heroin when they can no longer get access to or afford the prescription pain relievers.

Nationally, the growth in opioid use and abuse has resulted in increased rates of opioid use and abuse in pregnant women. Between 1999 and 2014, rates of opioid use disorder among pregnant women delivering babies increased from 1.5 to 6.5 per 1,000 deliveries (Haight, Ko, Tong, Bohm, & Callaghan, 2018). Nevada's rate increased from 0.6 to 4.5 between 2002 and 2014 (Haight et al., 2018). The use of opioids during pregnancy can also result in neonatal abstinence syndrome (NAS) – withdrawal symptoms in newborns – that can cause lengthy hospital stays for babies born with the syndrome. In 2013, there were 4.8 cases of NAS for every 1,000 births (NIDA, 2018c).

In 2017, Nevada reported a total of 8,411 adult and 774 juvenile substance abuse arrests related to the prohibition on the distribution, production, and use of certain substances (Nevada Department of Public Safety, 2018). This is a decrease of more than 6,500 adult arrests and a decrease of nearly 900 juvenile arrests from 2016 (Nevada Department of Public Safety, 2017, 2018). Of those substance related arrests

in the state, 413 (53.5%) of juvenile arrests and 7,045 (83.8%) were in Clark County (Nevada Department of Public Safety, 2018). The 43.6 percent decrease in adult substance abuse arrests between 2016 and 2017 may be due to the decrease in arrests for marijuana use and possession since its legalization for recreational use in the state in 2017.

Drug abuse also impacts other crimes in the state. According to state arrest data, 19,474 (62.8%) of the 30,303 domestic violence incidents reported in Nevada involved suspected drug or alcohol abuse (Nevada Department of Public Safety, 2018). Similarly in Clark County, 17,504 (70.6%) of the 24,777 domestic violence incidents reported involved suspected drug abuse.

DEATH RATE DUE TO DRUG POISONING

According to the Centers for Disease Control and Prevention, in 2017 there were 676 drug overdose related deaths in Nevada resulting in a rate of 21.6 deaths per 100,000 population. These overdose related deaths could involve a number of different drugs, however in 2017 opioids, specifically synthetic opioids- are a main driver in these deaths, accounting for just over 67% of these deaths nationwide (Centers for Disease Control, December 2018). In 2016 there were 12.8 opioid related deaths per 100,000 population in Nevada, and 12.3 per 100,000 in Clark County and 33.2 opioid related deaths per 100,000 in Nye County (Southern Nevada Health District Opioid Dashboard, 2018).

ALCOHOL-IMPAIRED DRIVING DEATHS

In 2016, 34,439 people were killed in traffic accidents in the US (NHTSA, 2017a). Twenty-eight percent (10,497 people) of all traffic-related fatalities, were from alcohol-impaired driving crashes (NHTSA, 2017a). Alcohol-related incidents kill 29 people per day, or approximately 1 person every 50 minutes (NHTSA, 2017b). Among drivers involved in fatal-crashes where alcohol was involved, 27% of drivers with a blood alcohol concentration (BAC) at or above the legal limit of .08% were between 25 – 34 years of age (NHTSA, 2017b).

In Clark County, 32 percent of all motor vehicle fatalities were alcohol-related between 2012 and 2016, resulting in 304 alcohol-related deaths (County Health Rankings, 2018). This is slightly higher than the national rate of 28 percent of motor vehicle fatalities, but has improved year over year since the 2008 – 2012 rates (County Health Rankings, 2014). During the 2017 Legislative Session Nevada legislators passed Senate Bill 259, which requires all persons convicted of an offense involving driving under the influence to install an ignition interlock device to prevent further impaired driving. Other effective measures to reduce alcohol-related crashes employed in Clark County include sobriety checkpoints, and community-based approaches to alcohol control and prevention of impaired-driving like programs that provide a safe means of transportation home after alcohol consumption.

MARIJUANA USE

While the use of most illegal drugs have stabilized or declined over the past ten years, the use of marijuana has increased in the United States. Attitudes and state laws regarding the use of marijuana medically and recreationally are changing, with most Americans now supporting the legalization of marijuana. Marijuana is legal for medical use in 30 states, the District of Columbia, and Guam and has been legalized for recreational use by adults aged 21 or older in 9 states, including Nevada. Research has suggested that legalization of marijuana for medical or recreation use leads to greater marijuana use by adults and individuals under the legal age of 21 (Pacula, Powell, Heaton, & Sevigny, 2015).

Nationally, about 20.8 percent of young adults and 7.2 percent of older adults were current users of marijuana in 2016 (NSDUH, 2017).

In Nevada, recreational use of marijuana was legalized by voters on Election Day in 2016. For individuals aged 21 or older, possession of marijuana became legal on January 1st, 2017 and purchase of marijuana for recreational use became possible on July 1st, 2017. Because of this, use rates of marijuana for 2017 may not be comparable to prior years.

Despite this, marijuana use among high school students nationally and in Nevada has decreased between 2015 and 2017 (Table 2). Current marijuana use in Nevada was highest among American Indian/Alaska Native (34.3%), African American (27%) and Other/Multiracial (22.3%) high school students (NV YRBS, 2018b). In Clark County, current marijuana use was highest among African American (27.3%), Other/Multiracial (21.3%) and Hispanic/Latino (19%) high school students (NV YRBS, 2018a).

Table 2: Rates of Marijuana Use by High School Students

	2015			2017		
	Clark County ^a	Statewide ^b	National ^c	Clark County ^d	Statewide ^e	National ^f
Ever Use of Marijuana	38.2	39.4	38.6	35.5	37.0	35.6
Current Marijuana Use	18.6	19.6	21.7	18.4	19.5	19.8

^a 2015 Nevada YRBS: Clark County Special Report. ^b 2015 Nevada YRBS. ^c 2015 National YRBS. ^d 2017 Nevada YRBS: Clark County Special Report. ^e 2017 Nevada YRBS. ^f 2017 National YRBS.

PRESCRIPTION DRUG ABUSE

Prescription drug misuse affects an estimated 25,274,000 people in the United States in 2017 (CDC, 2017b). Nationally, 14 percent of high school students reported misusing a prescription pain medication by taking it without a doctor’s prescription, or differently than prescribed (YRBS, 2017). Overall, Nevada rates are similar to national rates. In Nevada, 14.8 percent of high school students reported having ever used prescription pain medication differently than prescribed, or without a prescription (NV YRBS, 2018).

Between 1999 and 2015, prescriptions for opioid pain relievers nearly trebled, despite decreasing in half of US counties since 2010 (CDC, 2017c). Overdose deaths also tripled in the United States between 1999 and 2016 (Hedegaard, Warner, & Meniño, 2017). Nationally, there were 63,632 drug overdose deaths in 2016, including 42,249 where opioids were involved (CDC, 2017c; HHS, 2018). High school students report misusing several different kinds of prescription drugs, including 1.8 percent who report using OxyContin and 1.3 percent who report using Vicodin (Miech, et al., 2017). High school seniors also report misusing prescription drugs like sedatives (5.2 percent), tranquilizers (7.6 percent), and amphetamines (10 percent) (Miech et al., 2017).

Nationally, 21 percent of high school seniors reported having used any illicit drug other than marijuana (Miech et al., 2017). That rate jumps to 48 percent of high school seniors when including marijuana. Misuse of prescription drugs, such as amphetamines, tranquilizers, narcotics, and sedatives decreased in 2016 to the lowest levels recorded by the Monitoring the Future Survey, down to 18 percent. Misuse of prescription narcotics Vicodin and OxyContin have decreased year over year since 2009 for both drugs (Miech et al., 2017). In Clark County, 6.6 percent of high school students reported using a prescription pain medicine (like Vicodin and OxyContin) without a prescription or differently than prescribed (NV

YRBS, 2018). Because questions have changed since the 2015 Youth Risk Behavior Survey (YRBS), the data are not comparable to previous years in Nevada and Clark County. However, in 2015, 16.5 percent of Clark County high schoolers reported taking *any* prescription drug without a prescription (NV YRBS, 2016).

According to the Monitoring the Future 2016 Survey, there has also been a decrease in teenagers misusing other medications. For example, the prescription stimulant Adderall, down 10.3 percent from a peak of 4.5 percent in 2010 to 3.9 percent in 2016 (Miech et al., 2017). Teenagers also report missing over the counter (OTC) cough and cold medicines 40.6 percent less often than they did in 2006, where use peaked at 5.4 percent. Current rates of misuse of OTC cough and cold medicine are 3.2 percent, a slight increase from 2015 (3.1 percent).

Most of the teenagers surveyed report getting the prescription drugs they misused from friends or family members, and also from prescriptions they already had (Miech et al., 2017). For that reason, it is important that drug abuse education extend to include families and community members.

RISK FACTORS AND PROTECTIVE FACTORS FOR SUBSTANCE ABUSE

Risk and protective factors affect children at different stages of their development. At each developmental stage, risks occur that can be changed through prevention intervention. Risks such as lack of parental supervision can be offset through family, academic, and community interventions that are designed to help children develop appropriate and positive behaviors. Negative behaviors can lead to additional risks like academic failures and social difficulties if not properly addressed, which puts children at greater risk for drug abuse later in life. This section of the plan focuses on the data related to these risk and protective factors for youth in Clark County in comparison to state and national averages.

The data on risk factors for substance abuse pertaining to youth is based on the National and Nevada Youth Risk Behavior Surveillance Surveys (YRBS, 2017). Data specific to Clark County were taken from the Youth Risk Behavior Surveillance Survey: Clark County Special Report (2017). The YRBS is a school based survey conducted by the Centers for Disease Control (CDC), which monitors several categories of risk behaviors in youth and young adults, including smoking, injury and violence, alcohol and other drug use, and sexual behaviors. Adult data comes from the most recent Behavioral Risk Factor Surveillance Survey (BRFSS) which monitors risk factors for the non-institutionalized adult population. The BRFSS collects data about tobacco use, healthy status, and alcohol consumption.

This report examines the factors which are most closely related to substance abuse including: alcohol and drug abuse among adults and adolescents, tobacco use among adults and adolescents, poverty, veteran status, academic success, and familial status, and mental health issues.

ALCOHOL AND DRUG ABUSE

An important risk factor for the development of substance abuse is the exposure to drug-using behaviors such as the use of alcohol and other substances by family, friends, and peers (NIDA, 2002). For this reason, we begin our examination of risk factors with data concerning abuse of substances in Nevada as a whole and Clark County in particular. When available, we will examine disaggregated data for PACT's service area to identify particular geographic areas where additional services are needed.

YOUTH ALCOHOL USE

In Clark County, 59.9 percent of high school students report having ever tried alcohol (NV YRBS, 2018b). Hispanic/Latino and Other/Multiracial students reported the highest rates of having ever tried alcohol at 64.8 percent and 67.01 percent, respectively. Of Clark County high school students who have tried alcohol, 25.1 percent report currently using alcohol. Current use rates are highest among Hispanic/Latino (28.1%) and Other/Multiracial (29.0%) students.

In Clark County, 17.9 percent report having their first alcohol beverage before the age of 13. The highest rates of students reporting their first alcoholic beverage before 13 are Hispanic/Latino students (21.3%) and Other/Multiracial students (21.0%). Individuals who report alcohol dependence later in life are five times more likely to have started drinking before the age of 15.

ADULTS WHO DRINK EXCESSIVELY

According to the CDC, excessive alcohol consumption, either through binge drinking (drinking 4 or more drinks on one occasion for females, or five or more drinks on one occasion for males) or heavy drinking (drinking one or more drinks per day for women, or two or more drinks per day for men) can lead to increased risk of health problems such as liver and kidney diseases, unintentional injuries, and death. Excessive alcohol use is also associated with a variety of other negative outcomes, including family and social problems, financial loss, legal problems, employment difficulties, and other interpersonal issues. In Clark County, 17 percent of adults drank excessively in 2016, compared to 23.4 percent of adults, nationally and 18 percent of adults in Nevada (County Health Rankings, 2018; YRBS, 2017).

ADULT BINGE DRINKING PREVALENCE

Binge drinking is the consumption of large quantities of alcohol at one time – usually four or more drinks at one time for women, and five or more drinks at one time for men. In 2015 in Nevada, 14.2 percent of adults report binge drinking at least once in the last 30 days (NV BRFSS, 2016). Young adults between the ages of 18 – 24 and older adults over age 55 were the most likely to report binge drinking in Nevada. Rates of binge drinking in Clark County were just slightly lower than statewide rates, at 13.9 percent. In 2015 males (6.4%) were more likely than females (6.0%) to engage in binge drinking in the state, and whites (7.2%) and African Americans (6.8%) were more likely than Hispanic/Latino or other racial groups to engage in binge drinking (NV BRFSS, 2016).

Binge drinking is the most deadly pattern of excessive drinking in the United States. In 2010, binge drinking cost the United States \$191 billion dollars in health care expenditures, lost productivity, criminal justice costs, and other expenses (CDC, 2018a). Binge drinking is twice as common among men as among women, and is most common among people with annual household incomes of \$75,000 or higher. Some risks associated with binge drinking include unintentional injuries and death from car accidents and alcohol poisoning, interpersonal violence such as homicide and intimate partner violence, sexual assault, alcohol dependence, memory and learning problems, and health risks such as cancer, high blood pressure, and liver disease.

HIGH SCHOOL AGE STUDENTS WHO BINGE DRINK

Nationally, 13.4 percent of youth and young adults aged 12 to 20 reported binge drinking in the past 30 days during 2016 (US DHHS, 2017). In Nevada, binge drinking is slightly lower than the national average (Table 3). Females (11.5%) report binge drinking at slightly higher rates than males, and binge drinking is most common among white students. Clark County rates are lower than both the national and state

rates, males and females report binge drinking at the same rate, and binge drinking is most common amongst white and Hispanic/Latino students.

Table 3. Rates of Binge Drinking among High School Students

	National ^a	Nevada ^b	Clark County ^c
Total	13.5%	11.1%	9.8%
<i>Female</i>	14.1%	11.5%	9.8%
<i>Male</i>	12.8%	10.8%	9.8%
Age			
<i>14 or younger</i>	-	6.9%	6.2%
<i>15</i>	-	7.6%	6.0%
<i>16</i>	-	11.3%	9.2%
<i>17</i>	-	13.7%	12.8%
<i>18 or older</i>	-	18%	17.2%
Grade			
<i>9th</i>	7.3%	7.3%	6.4%
<i>10th</i>	11.4%	7.7%	5.3%
<i>11th</i>	15.4%	13.1%	12.1%
<i>12th</i>	20.9%	17.1%	15.9%
Race/Ethnicity			
<i>American Indian/Alaska Native</i>	-	16%*	0%
<i>Asian</i>	-	4.1%	4.1%
<i>Black</i>	5.6%	4.5%	4.0%
<i>Native Hawaiian/Pacific Islander</i>	-	16.4%*	16.6%*
<i>White</i>	15.7%	13.3%	11.2%
<i>Hispanic/Latino</i>	14%	11.5%	11.2%
<i>Other/Multiple</i>	-	13.4%*	12.4%*

* Indicates results with broad 95% confidence intervals. ^a 2017 National YRBS.

^b 2017 Nevada YRBS. ^c 2017 Nevada YRBS: Clark County Special Report.

MILITARY SERVICE AND POST TRAUMATIC STRESS DISORDER

Clark County is home to a substantial veteran population. Veterans are at significant risk for developing substance abuse issues. Veterans who suffer from Post-Traumatic Stress Disorder (PTSD) may try to deal with the symptoms of PTSD through negative coping techniques, including using and abusing drugs and alcohol (U. S. Veteran’s Administration, 2018a). Approximately 46.4 percent of veterans with PTSD have a co-occurring substance use disorder (U. S. Veteran’s Administration, 2018b). Men with PTSD experienced a co-occurring substance use disorder (51.9%) nearly twice as frequently as women (27.9%) (U. S. Veteran’s Administration, 2018b). Among Vietnam Veterans, 74 percent of those with PTSD also had a substance use disorder (Veteran’s Administration, 2018b). Among veterans of the Operations Enduring Freedom/Iraqi Freedom/New Dawn, 63 percent of veterans with any substance use disorder (alcohol or other substance) also had a PTSD diagnosis.

The large number of veterans and current service members in Clark County and the link between military service, PTSD, and substance use disorder has caused PACT to target development of collaboration and partnerships with the military; active service, veterans, reservists, National Guard, and their families.

ADOLESCENT ADMISSIONS TO DRUG TREATMENT

One of the biggest risk factors for substance use and abuse among youth is the exposure to peers and family members who use drugs and alcohol. In 2016, there were 5,903 people in substance use treatment in Nevada (SAMHSA, 2018). Of those individuals seeking treatment for substance use disorder, just 3.4 percent (n = 202) of them were under age 18, a 63.1 percent decrease from 2015 (NV DPBH, 2017). However, SAMHSA estimates that nationally only 1 in 10 people seeking treatment in a year are able to access services. Therefore, based on the estimated 202 youth in treatment in 2016 we can estimate that roughly 2,000 youth in our state may have been seeking treatment, but were unable to access services. Further, Nevada is ranked 49th in the nation in access to mental health and substance use treatment professionals. To further illustrate the lack of treatment services, for a population of 2.2 million residents, Clark County currently has 16 residential beds for youth, 8 of which are for foster youth, and 8 are reserved for those with private insurance, making it necessary for the majority youth seeking treatment in Clark County to go outside Nevada to access inpatient treatment services.

TOBACCO USE

Smoking is the leading cause of preventable death in the United States. Cigarette smoking causes more than 480,000 (or nearly 20%) of deaths in the United States each year (CDC, 2017). Smoking causes more deaths annually than alcohol use, motor vehicle accidents, fire-arm related deaths, illegal drug use, and HIV combined. Tobacco use also increases the risks for heart disease, stroke, lung cancer, and a number of other health issues. Other effects of smoking include difficulties becoming pregnant, and can cause health issues with fetuses and infants.

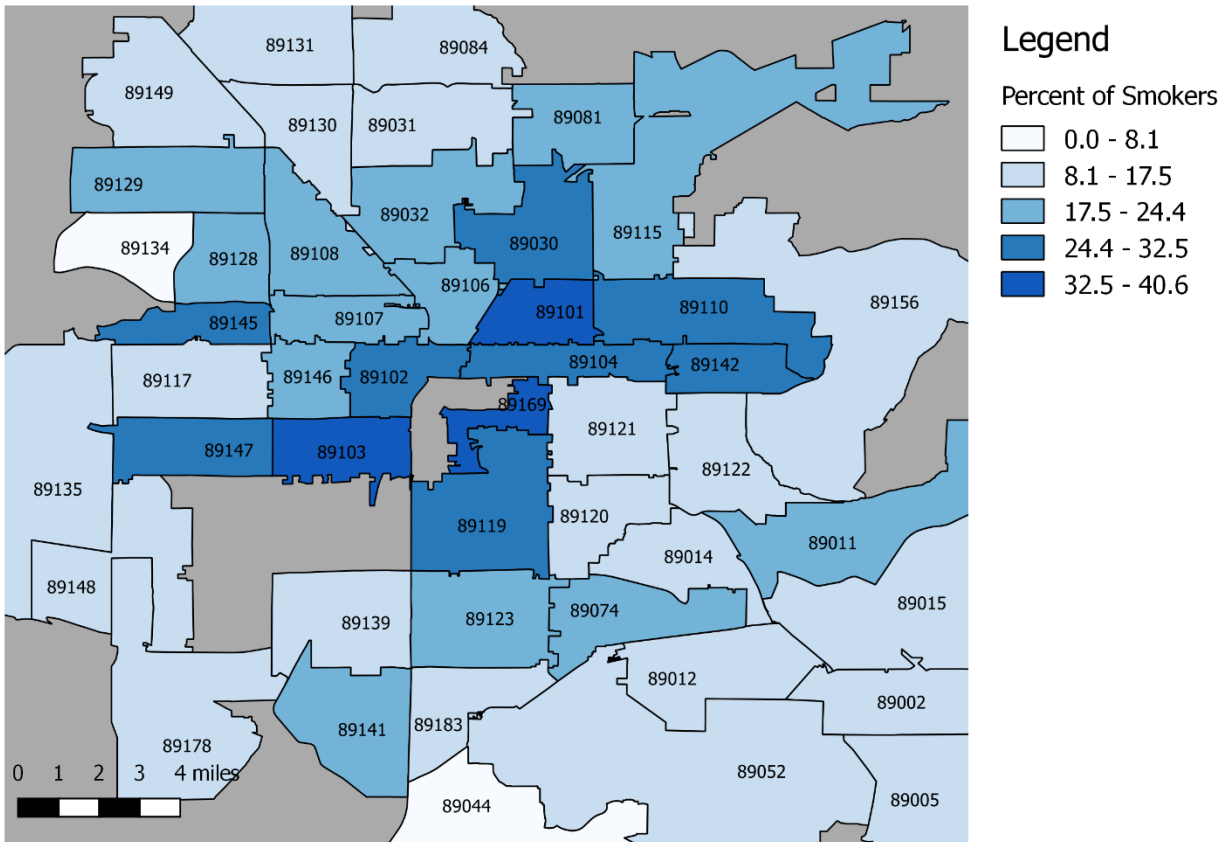
Areas like Clark County, with a high smoking prevalence, have high second hand smoke exposure rates for non-smokers. Secondhand smoke causes serious health effects in both adults and children. Children experience health effects like ear infections, asthma attacks, respiratory infections, and a greater risk for sudden infant death syndrome (SIDS) (CDC, 2017). Adults exposed to secondhand smoke can experience a greater risk for heart disease, lung cancer, and stroke.

ADULT SMOKING

More than 15 of every 100 adults in the United States aged 18 years or older (15.5%) currently smoke cigarettes (CDC, 2018b). An estimated 37.8 million adults are current cigarette smokers, a decrease of nearly 4.3 million since 2013 (CDC, 2018b). In Nevada, 17.5 percent of adults report being current smokers, and smoking is more common among males (20.5%) than females (14.6%), and more common among African Americans (27.4%) than white (17.5%) and Hispanic (14.3%) of adults (NV BRFSS, 2015). In Clark County, the rate of adult smoking decreased from 17.4 percent in 2012, and 20.5 percent in 2013 to 16.9 percent in 2015 (NV BRFSS, 2015).

The map below disaggregates reports of adults who smoke by zip code in Clark County. The examination of zip code level data highlights several zip codes in Clark County in need of additional program to combat high smoking rates. The zip codes served by PACT which have smoking rates above the Clark County average rate, in order of severity, include: 89169, 89101, 89103, 89119, 89147, 89145, 89030, 89104, 89110, 89142, 89081, 89146, 89106, 89115, 89032, 89011, 89074, 89123, and 89141.

Adults who Smoke



YOUTH SMOKING AND TOBACCO USE

Much like adult smoking rates, youth smoking rates have been on the decline nationally. In 2017, 21.8 percent of Clark County high school students report having ever tried smoking cigarettes, but only 5.4 percent report smoking cigarettes during the past 30 days, and 4 percent were daily smokers (NV YRBS, 2018c). Only 10.5 percent of students surveyed used any type of tobacco product in the past 30 days. However, declines in the use of traditional tobacco products are being offset by increasing usage of vapor products like e-cigarettes. In Clark County, 40.6 percent of high school students reported having ever used a vapor product and 12.9 percent reported using one in the past 30 days (NV YRBS, 2018c).

COMMUNITY AND FAMILY SUPPORT

The presence of strong family bonds is a primary protective factors for preventing substance abuse in youth (NIDA, 2002). This includes parental monitoring of children’s activities and their friends and the establishment of clear rules that are consistently enforced. Other familial protective factors includes consistent parental involvement in the lives of their children. Success in school and strong bonds with institutions such as schools also provide protection against the development of substance abuse problems (NIDA, 2002).

OWNER OCCUPIED HOUSING RATES

Risk factors for substance abuse include disconnection from community and the lack of a strong neighborhood. Homeownership is an indicator of community connection, organization, and stability

(Rohe, Van Zandt & McCarthy, 2001). For this reason, we examined the level of homeownership in Clark County as a possible indicator for risk of substance abuse. In Clark County, 54.2 percent of housing is owner occupied, which is just slightly lower than the national average of 56.3 percent (Census Bureau, 2018).

POVERTY

In Nevada, 18.2 percent of children under the age of 18 live in poverty (Census Bureau, 2018). In Clark County, the overall poverty rate is 12.8 percent and the childhood poverty rate is 20.3 percent (Census Bureau, 2018). Poverty rates vary widely across the county, with some zip codes having well below average rates of poverty rates and others having poverty rates well above average. Poverty decreases the resources available for adults and families to respond to issues when they arise. Adults and adolescents living in poverty are at increased risk of substance abuse and tobacco use compared to individuals not living in poverty.

The following zip codes in Clark County have higher overall rates of poverty (highest rates listed first): 89030, 89106, 89101, 89169, 89115, 89104, 89119, 89156, 89110, 89121, 89103, and 89146. These areas are identified as being at higher risk for substance abuse, and will need additional programming for substance abuse prevention.

ACADEMIC SUCCESS

In Nevada, 85.4 percent of individuals over the age of 25 have completed high school, making Nevada the 10th lowest performing state nationally in terms of high school completion (Census Bureau, 2018). In Clark County, 85 percent of individuals over the age of 25 have completed high school, just slightly lower than the rate for Nevada (Census Bureau, 2018).

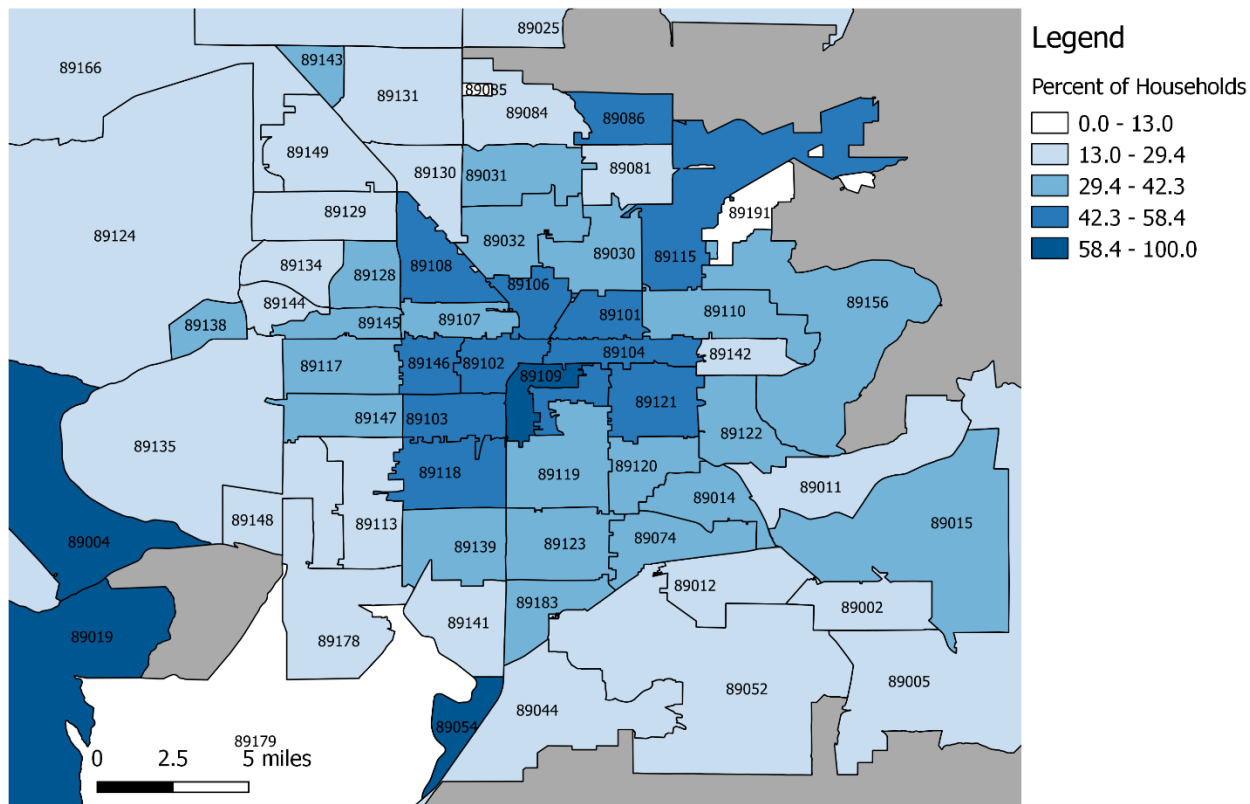
Nationally, 6.7 percent of students indicated that they had not attended school on at least one day during the 30 days prior to the survey because they felt unsafe at school or on their way to school (NV YRBS, 2018a). . In Nevada, 8.7 percent of students indicated that they had not attended school on at least one day in the past month because they felt unsafe (NV YRBS, 2018a). The rate for Clark County was just lower than Nevada, at 7.9 percent of students (NV YRBS, 2018c).

SINGLE PARENT HOUSEHOLDS

In 2016 in the United States, 31 percent of households were led by single parents (US Census Bureau, 2018). In Clark County that rate is just above the national average, with 38.2 percent of households being led by a single parent between 2012 and 2016 (Census Bureau, 2018). Children in single-parent households, or households in which an adult family member leaves for long periods of time, are more at risk to develop adverse health effects like emotional and behavioral problems compared to their peers in two parent households (Amato & Anthony, 2014). Children and parents in these households are more likely to have depression, smoke, and deal with issues of substance abuse.

In the following map, the disaggregated data shows rates of single led parent households in Clark County. A large number of zip codes in the county and in PACT's service area are single parent households. The following zip codes in PACT's service area are at higher risk (those with the highest rates are listed first): 89109, 89019, 89106, 89169, 89018, 89101, 89115, 89119, 89086, 89108, 89121, 89103, 89030, 89104, 89156, 89118, 89142, 89081, and 89146. These zip codes will need additional programming targeting substance abuse prevention.

Single Parent Led Households



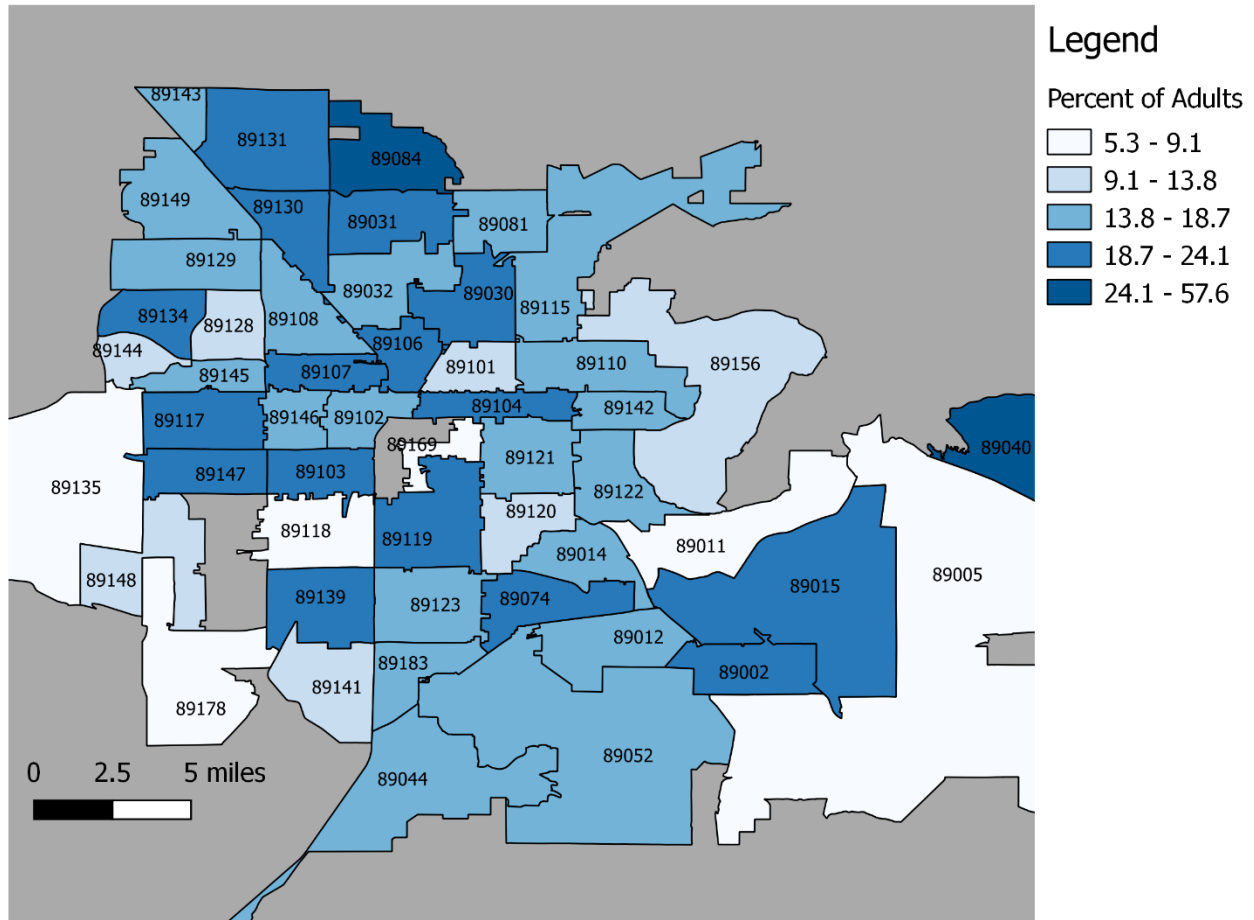
PREVALENCE OF ADULT DEPRESSION

Depression is a common mental disorder for adults in the United States. It often co-occurs with other illnesses such as cancer, substance abuse, anxiety, and other serious illnesses (NIMH, 2018). Depression often co-occurs with other illnesses such as anxiety disorders, substance abuse, and cancer. People with depression may have difficulty seeking care, including seeking care for substance abuse.

Depression affects nearly 16.2 million American adults, or about 8.1 percent of the U.S. adult population (CDC, 2018c). In Clark County, 16.6 percent of adults have been told by a doctor, nurse, or other health professional that they had a depressive disorder including depression, major depression, dysthymia or minor depression (NV BRFSS, 2016). This is nearly double the rate of depression reported nationally.

The map below presents the disaggregated data shows rates of adult depression in Clark County. Nearly all the zip codes in Clark County are above the national average. Only three zip codes fall near or below the national prevalence of adult depression: 89011, 89135, and 89169. The following zip codes have substantially higher rates of depression in the PACT service area: 89084, 89103, 89117, 89119, 89031, 89134, 89131, 89002, 89106, and 89074. These zip codes, and others in the PACT service area will need additional programming around substance abuse prevention.

Adults with Depression



YOUTH DEPRESSION AND SUICIDE ATTEMPTS

Depressive symptoms has been linked to the initiation of drug use in adolescents. In 2017, 31.5 percent of youth nationally reported feeling sad or hopeless every day for 2 or more weeks, slightly higher than the rate in 2013 (YRBS, 2014, 2018). Just over 17 percent (17.2%) seriously considered suicide, an increase from 2013 and 13.6 percent made a plan about how they would attempt suicide – unchanged from 2013 (YRBS, 2018). Nationally, 7.4 percent of youth attempted suicide, with 2.4 percent of those suffering an injury, poisoning, or overdose related to a suicide attempt (YRBS, 2017).

In Nevada, 34.6 percent of youth reported feeling sad or hopeless every day for 2 or more weeks, a slight rise from 2013 (NV YRBS, 2018). Just over 16 percent (16.6%) of youth considered suicide and 14.4 percent made a plan about how they would attempt suicide, a slight decrease from 2013 (NV YRBS, 2018). In Nevada, 8.5 percent of youth actually attempted suicide, and 2.6 percent of those attempting suicide suffered an injury, poisoning, or overdose related to a suicide attempt (NV YRBS, 2018).

The rates indicating depression and suicide attempts for youth in Clark County are lower than those at the state level. In Clark County, 34.4 percent of youth indicated that they felt sad or hopeless every day for at least the past two weeks (NV YRBS, 2018b). Nearly 16 percent (15.9%) of youth seriously considered suicide, and 13.8 percent made a plan about how they would attempt suicide. The rate for actual suicide attempts is slightly lower than the rate for Nevada, at 8.2 percent, with 2.4 percent of those attempting suicide in Clark County suffering an injury, poisoning, or overdose related to a suicide attempt (NV YRBS, 2018b).

These high rates of adult depression and suicide attempts in Clark County have led the PACT Coalition to target reduction in suicide attempts/completions as one of their priorities.

ADVERSE CHILDHOOD EXPERIENCES

Childhood experiences, both positive and negative, impact health outcomes later in life. Negative, or adverse, childhood experiences (ACEs) such as abuse and neglect and exposure to negative household environments like substance abuse and domestic violence can result in adverse health outcomes in the future (CDC, 2016b). Overall, ACEs are common – in the original study which investigated the role of ACEs in negative health outcomes, nearly two-thirds of study participants reported at least one ACE, and more than 20 percent reported three or more ACEs (Felitti et al., 1998). However, ACEs impact on future health outcomes are a graded dose response (Felitti et al., 1998); meaning that increased exposure to ACEs are directly related to increased risk for alcoholism, illicit drug use and abuse, depression, attempted suicide, and other negative health outcomes (Dube et al., 2003; Felitti et al., 1998).

In Nevada, the 2015 YRBS asked high school students about their experiences with ACEs. Female students, students receiving free or reduced lunch, LGB students, and students with a family member in the military were significantly more likely to report two or more ACEs in their life. Students who reported 3 or more ACEs were significantly more likely to report substance use than students who reported two or fewer ACEs (Table 4) (NV YRBS, 2015). This information is critical in developing prevention strategies that address the adverse experiences people experience in childhood as they have a direct link to substance use/abuse in teens and adults.

Table 4. Rates of Adverse Childhood Experiences among High School Students in Nevada*

	0 ACEs	1 ACE	2 ACEs	3+ ACEs	p-value
Currently drinks alcohol	20.6%	34.3%	36.2%	40.8%	<.001
Recently participated in binge drinking	9.0%	14.4%	18.8%	28.5%	<.001
Ever used marijuana	26.5%	41.3%	46.7%	64.8%	<.001
Currently uses marijuana	10.9%	20.1%	24.9%	37.2%	<.001
Ever used cocaine	1.7%	4.9%	7.4%	15.4%	<.001
Ever used inhalants	2.3%	5.9%	7.3%	16.2%	<.001
Ever used heroin	0.3%	0.9%	2.5%	4.7%	<.001
Ever used methamphetamines	0.8%	1.5%	3.9%	8.0%	<.001
Ever used ecstasy	2.8%	4.6%	9.1%	16.4%	<.001
Ever used synthetic marijuana	4.3%	12.0%	12.2%	22.7%	<.001
Currently uses synthetic marijuana	1.3%	2.5%	4.6%	6.5%	<.001
Ever used steroids without a doctor’s prescription	0.7%	2.1%	3.6%	9.0%	<.001
Ever used Rx drugs without a prescription	7.8%	17.6%	20.8%	37.6%	<.001
Currently uses Rx drugs without a prescription	2.9%	6.6%	11.8%	22.4%	<.001
Ever injected an illegal drug	0.8%	1.6%	2.6%	6.9%	<.001

* Data from 2015 Nevada HS YRBS.

ASSESSMENT OF CAPACITY

The following section reviews the existing capacity of substance abuse prevention through the community partners and sub-grantees that the PACT Coalition works with to provide programming, support, and resources. The data reported in this section was collected through interviews with community stakeholders and key informants.

In the past year, the PACT Coalition has worked with approximately 450 people at 125 community partner organizations and with 16 sub-grantees. PACT sub-grantees provided services to 5,103 individuals during the prior year. Conferences and summits reached 450 participants, presentations to senior centers, other coalitions and organizations, WIC offices, community centers, schools, churches, and others reached over 4,500 participants. Pill take back events collected more than 3,500 pounds of pills, and other outreach events reached more than 10,000 participants.

ORGANIZATIONAL CAPACITY

To learn more about the role that PACT plays in the community, interviews were organized with 14 stakeholders that work with the PACT Coalition. Stakeholders were identified by the PACT Coalition and NICRP contact each of the stakeholders to complete a brief interview. Interviews consisted of 18 questions, and interviews lasted between 30 and 45 minutes. Participants have been working with the Coalition for as long as since the Coalition's founding to as little as one year. Participants included community partners, grantees, and a former board member.

Stakeholders were asked what they felt the biggest accomplishments their organizations were able to achieve through their collaboration with PACT over the past two years. Many felt that the establishment of and participation in the Southern Nevada Opioid Advisory Council was one of the most important accomplishments in the prevention community of the past few years. One participant said about the Southern Nevada Opioid Advisory Council, "I think another accomplishment has been, the two years that we've had our opioid advisory council, together, really being able to work collaboratively and to lean into the strengths of each organization." Stakeholders also stressed that the training events they were able to participate in or offer were an important part of the support they receive from the Coalition. One stakeholder said "the most significant to me... they've actually provided training funding for me to train not just my staff, but also community partners in parent education programs." She noted that she has been able to offer evidence based training that can be very cost prohibitive, and therefore the financial support of the Coalition was critical in being able to bring this training to Southern Nevada.

Key informants were also asked about the benefits of working with the PACT Coalition. Participants viewed being able to make connections with other community partners as one of the biggest benefits of working with the PACT Coalition. About connecting with other community partners, one stakeholder said "collaborating with all organizations with all non-profits, all for profits, when it comes to suicide prevention... because we can't do suicide prevention alone." Other benefits that stakeholders identified included being able to attend coalition meetings and learn about events, activities and services as well as develop important professional relationships with other members of the Coalition that help them to better serve their own clients.

Key informants were also asked if there were additional ways that PACT could serve their community partners. Many wanted PACT to continue offering trainings and to add new trainings. Others felt that

PACT could do more in prevention education, saying “I know they do community outreach, but I don’t know if there’s a way to use them to do prevention education in the schools.”

CULTURAL RESPONSIVENESS

All of the key informants indicated that the materials and programming provided by the PACT Coalition are culturally sensitive. They particularly cited the materials provided in multiple languages, the SAMHSA paperwork, and the materials provided for first responders and law enforcement as examples of culturally competent resources provided by PACT.

Participants also indicated programs that could be added or further improved to increase and sustain culturally competent programming and materials in the Coalition’s service area. Several people indicated that the addition of programs specifically targeting the homeless populations would be especially helpful. Others indicated that programs designed specifically to bridge the gap with the Hispanic community, particularly Hispanic women, would be welcome. One participant indicated about suicide prevention in the Hispanic community “I’m seeing our Hispanic culture being very affected by it, and I’m assuming because they’re being affected by the suicide side, our Hispanic community may be very well on the addiction side also. I think that’s a missed opportunity, because their culture typically does not reach out for help, we have to reach to them and let the families know that we’re available, because it’s very difficult for [those in] the Hispanic culture to say ‘I need help.’” Suggestions for engaging with the Hispanic community included the addition of more materials in Spanish and additional bilingual staff to help serve the Spanish-speaking community.

POTENTIAL OBSTACLES AND OPPORTUNITIES

Participants were asked to identify any significant state-level barriers the PACT Coalition was likely to face over the next year. Various difficulties with funding were the most commonly cited concerns. Some informants feared that available funding was too specific, while others cited concerns about a lack of funding altogether. Other funding concerns included the length of time between funding applications and the dispersal of funds without a change in the spend end date, which potentially limited the scope of some projects. Others noted that funding restrictions can create a lack of funding available for certain populations including middle-income individuals and individuals who were not part of priority populations identified by state and federal agencies. Additional state-level barriers that informants identified included the need for the legalization of harm reduction efforts like syringe exchange points and safe injection facilities.

Other challenges for the PACT Coalition that informants identified included the difficulty of accessing data about substance use and abuse, the difficulty accessing rural communities in Clark County, and issues associated with the size of Clark County both in terms of population and geography. Other barriers for care and prevention include the lack of treatment and detox facilities, and lack of available treatment to those facilities.

Suggestions for addressing those barriers included allowing Coalition meetings to occur via video conference to allow more rural community partners to be involved with the Coalition. Other suggestions included getting the law enforcement community and the Coalition members together for a round table to discuss prevention efforts, and the use of focus groups to better identify target goals for the next several years.

EDUCATION

One area frequently cited by informants as having the ability to improve substance abuse prevention and treatment in the community was education at the community level and trainings for substance abuse prevention and treatment workers like doctors, paramedics, pharmacists, and community partners. One informant noted that “I think one need that our community has is more training in this area, especially as it relates to best practices for prevention [and] as it relates to the public health approach for substance abuse prevention.” Informants overall felt that their ability to access trainings through the PACT Coalition’s support has increased their substance abuse prevention efforts and their ability to provide harm reduction and recovery services.

Another area of education that some informants thought was very important was education for the law enforcement officers, doctors, paramedics, and pharmacists on the front lines of the opioid epidemic. One informant said “there’s a lot of different people involved, law enforcement, faith leaders, and having a common language and a common knowledge base would be really good. I think people need to have a basic level of knowledge before working in [substance abuse prevention].” Another informant talked about the need for education within the medical community saying, “I think there’s a misnomer that because people are healthcare professionals, they know and understand substance use disorders and addiction, and I would say that’s not at all the case.”

COMPASSION FATIGUE

Another area of particular concern for several informants was the idea of compassion fatigue for community partners and first responders. Informants brought up the idea of outreach, trainings, and meetings to check in with individuals who may be at higher risk for compassion fatigue. One informant brought up the idea that a lot of work in secondary and tertiary prevention is thankless, high stress, and involves a lot of trauma to the workers involved. That informant stated, “I went to a seminar in July and we did a compassion fatigue workshop, so I brought that to the school, and did it with all the staff. So we just check in on each other, like how was your drive to work this morning ... and then we debrief every day.”

First responders are also at high risk for compassion fatigue and at higher risk for suicide and substance abuse. One respondent indicated that resources have not always been available for first responders, especially those who are retired or are near retirement. She noted “a long time ago ... there wasn’t the awareness ... and there was no intervention. So, it’s good to not just hit our younger community, but we need to think about our retired community as well. Think about it, these officers and captains and fire chiefs have seen things that none of us should see, and they’ve seen them over and over and over again in a career of 25 years. So how are they doing right now?” This respondent suggested that training and outreach have a specific focus on these populations as they may be at greater risk for substance abuse and suicide due to the stressful nature of their profession.

SUMMARY OF RECOMMENDATIONS

The following list summarized the recommendations noted in from the interviews with community stakeholders. They are in no particular order and are provided to serve as a summary of potential areas of focus for 2019-2021 based on information collected from key informant interviews.

Coalition Meetings

Continue to hold large community stakeholder meetings to allow for networking among stakeholders in the substance use prevention and treatment communities and increase membership to include those agencies working to address social determinants of health as well as those that work to prevent adverse childhood experiences to ensure that all members of the community understand their role in the prevention of substance abuse.

Community Training

Continue to serve as a leader in providing community level training directly as well as supporting community stakeholders to obtain specialized training. Stakeholders found great value in the ability to use PACT Coalition as a resource for training as well as identification of support to attend national or regional training to build local capacity as well.

Materials and Messaging

Stakeholders reported that materials provided by PACT Coalition were culturally sensitive and relevant. Participants in the interviews suggested adding additional materials and messaging in other languages, specifically Spanish. In addition, one participant suggested that mechanisms for outreach and messaging could be targeted for specific populations in need, such as homeless populations as their barriers to access may be different than those in the general population.

Focus on Providers and Responders

Some stakeholders noted that those that work in substance abuse prevention and intervention are at higher risk for what they called “compassion fatigue” and therefore suggested that the Coalition serve as a resource for those working in the field to ensure that they have the tools for both self-care and that those professionals who work in substance abuse prevention and intervention as well as first responders are included in target populations for outreach and education as they may be at higher risk.

Overall Messaging for the Coalition

Throughout the stakeholder interviews, respondents noted that they may not be aware of all that the PACT Coalition does because their organization may only work with them in one capacity. It seems that based on this information the Coalition would benefit from some concerted efforts to build community name recognition in their core service and focus areas to ensure that more members of the community know what the Coalition does and how they can be a partner organization in a wide variety of sectors. Perhaps adopting a public health approach to prevention and messaging would allow for additional sectors of the community see their own intersection with substance abuse prevention.

COALITION ACTIVITIES AND ACCOMPLISHMENTS (2016-2018)

Over the past three years, the PACT Coalition has been involved in a number of different substance abuse prevention activities in Southern Nevada. These activities have taken Nevada from one of the worst states in the nation for substance use policies and laws to one of the best. PACT's strengths lie in providing support to community organizations and facilitating project and programs in the community. Community partnerships form the cornerstone of PACT's substance abuse prevention mission. The activities of the Coalition over the past three years have supported those strengths.

The largest accomplishment in the realm of substance abuse prevention that has been facilitated by PACT is the establishment of the Southern Nevada Opioid Advisory Council (SNOAC). Organized in 2016, SNOAC has brought community organizations dedicated to substance abuse prevention and harm reduction together around opioid abuse prevention efforts. The Southern Nevada Opioid Advisory Council has allowed high level collaborations and partnerships between public and private organizations, including large health care entities in southern Nevada and the Las Vegas Metropolitan Police Department (LVMPD). The Southern Nevada Opioid Advisory Council has buy-in from the state legislature, and is a source for information about opioids at the county, state, and national level. The key informants who were interviewed for this report indicated that the establishment of SNOAC was one of the most important recent accomplishments in the substance abuse prevention community.

PACT has excelled at facilitating community partnerships and programs during the previous three years by being a neutral convening table for groups to come together. They have encouraged and convinced large private partners such as Dignity Health, Silver Summit, and United Health to buy into the community models. They have also assisted the development of the LEAD (Law Enforcement Assisted Diversion) program with the LVMPD as a means to direct individuals with substance abuse issues into treatment and recovery and away from the criminal justice system. They are also facilitating partnerships with the Southern Nevada Health District (SNHD), which allows them to bring together unique public and private partnerships. The partnership with SNHD lends weight to collaborations because of the health district's influence with community members.

Finally, PACT has been able to lend financial support for substance abuse prevention efforts through the Coalition's 16 sub-grantees. Financial support has been able to contribute to larger conferences and events in the community, like semi-annual Drug Takeback Days. Drug Takeback Days allow community members to surrender unused prescriptions for destruction rather than risk their potential misuse. By partnering with the Drug Enforcement Agency (DEA), PACT is able to track the number of scheduled drugs that are surrendered for destruction at each event. It is also an important day for partner doctors, pharmacists, and students to engage with the communities that they serve outside of a standard office visit. Informant feedback cites Drug Takeback Days as another extremely influential and important community event that PACT facilitates.

Other funding that PACT distributes is used to provide substance abuse prevention programming. To have a more effective impact, funds are distributed to sub-grantees who are already working with populations at elevated risk for substance abuse issues and are familiar with their community's particular needs. Funds are also provided to weave substance abuse prevention programming into their current program. This method is particularly effective because it is able to reach a broad audience that may not be obviously at risk for substance abuse; programming ranges from preschool and early childhood development programs to senior populations.

SUBSTANCE ABUSE PREVENTION PRIORITIES

The following priorities were defined by key informant interviews and data throughout Clark County. Note that due to funding restrictions, not all priority areas may be prioritized in each grant.

- Engage cross-systems expertise, such as educational institutions, first responders, law enforcement, etc., to increase or leverage training and educational opportunities and promote community level change
- Develop and strengthen linkages to available resources
- Support earlier access to prevention by targeting students in high-risk environments needing access to after-school activities/programming for youth empowerment
- Create or implement strategies to reduce binge-drinking and drug use in youth under the age of 18 and young adults up to age 24
- Target substance abuse prevention on Native American communities among youth and adults
- Target substance abuse prevention on people that are lesbian, gay, bisexual, transgender and questioning (LGBTQ)
- Develop and/or increase collaboration and partnership with the military; active service, veterans, reservists, National Guard, and their families
- Develop targeted prevention efforts aimed at older adults at risk of developing a dependence on opioids and alcohol
- Target substance abuse prevention on people speaking a language other than English
- Focus prevention activities on prescription drugs used for non-medical purposes, or without a prescription
- Focus prevention activities around use of e-cigarettes, including the dangers of use and changes in social norms
- Focus prevention activities around marijuana, including medical marijuana dispensaries, recreational issues and changes in social norms

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APPENDIX 1

Demographic Profile of Clark County PACT Coalition Service Area				
	Clark County, Nevada		PACT Service Area	
	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		1,739,659	
Age				
19 years and under	541,004	26.1%	454,300	26.1%
20 to 24 years	137,592	6.6%	115,399	6.6%
25 to 34 years	306,174	14.8%	258,971	14.9%
35 to 44 years	292,017	14.1%	248,882	14.3%
45 to 54 years	279,840	13.5%	235,572	13.5%
55 to 59 years	126,190	6.1%	105,480	6.1%
60 to 64 years	112,674	5.4%	94,736	5.4%
65 years and over	275,061	13.3%	226,287	13.0%
Race/ethnicity				
White	1,298,818	62.7%	1,087,258	62.5%
African American	228,502	11.0%	194,379	11.2%
Native American	13,297	0.6%	10,666	0.6%
Asian	193,617	9.3%	167,232	9.6%
Pacific Islander	14,869	0.7%	12,308	0.7%
Some other race	220,266	10.6%	180,535	10.4%
Two or more races	204,112	9.9%	174,562	10.0%
Hispanic or Latino	628,456	30.3%	526,263	30.3%
Economic Data				
Poverty	307,146	14.8%	254,005	14.6%
Education				
High School or Less	714,009	34.5%	596,551	34.3%
Some College	1,179,798	57.0%	999,437	57.5%

APPENDIX 2

ZIPCODES 89002 - 89014

	Clark County, Nevada		<u>89002</u>		<u>89011</u>		<u>89012</u>		<u>89014</u>	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		34343		21506		31614		38916	
Age										
19 years and under	541004	26.1%	10269	29.9%	4903	22.8%	7271	23.0%	9106	23.4%
20 to 24 years	137592	6.6%	1648	4.8%	1075	5.0%	1296	4.1%	3502	9.0%
25 to 34 years	306174	14.8%	4121	12.0%	3226	15.0%	3604	11.4%	6382	16.4%
35 to 44 years	292017	14.1%	5151	15.0%	3355	15.6%	4679	14.8%	5020	12.9%
45 to 54 years	279840	13.5%	4911	14.3%	3204	14.9%	4173	13.2%	5604	14.4%
55 to 59 years	126190	6.1%	2095	6.1%	1462	6.8%	1928	6.1%	2685	6.9%
60 to 64 years	112674	5.4%	1820	5.3%	1204	5.6%	2308	7.3%	1946	5.0%
65 years and over	275061	13.3%	4293	12.5%	3054	14.2%	6354	20.1%	4631	11.9%
Race/ethnicity										
White	1298818	62.7%	29499	85.9%	15532	72.2%	24892	78.7%	27889	71.7%
African American	228502	11.0%	1027	3.0%	2121	9.9%	1544	4.9%	2757	7.1%
Native American	13297	0.6%	120	0.3%	104	0.5%	39	0.1%	519	1.3%
Asian	193617	9.3%	1403	4.1%	1624	7.6%	2515	8.0%	2286	5.9%
Pacific Islander	14869	0.7%	49	0.1%	13	0.1%	129	0.4%	349	0.9%
Some other race	220266	10.6%	885	2.6%	1088	5.1%	961	3.0%	3172	8.2%
Two or more races	204112	9.9%	2720	7.9%	2048	9.5%	3068	9.7%	3888	10.0%
Hispanic or Latino	628456	30.3%	4857	14.1%	4176	19.4%	4303	13.6%	8557	22.0%
Economic Data										
Poverty	307146	14.8%	2374	6.9%	1654	7.7%	2466	7.8%	4934	12.7%
Education										
High School or Less	714009	34.5%	9327	27.2%	6271	29.2%	7671	24.3%	11868	30.5%
Some College	1179798	57.0%	21167	61.6%	14718	68.4%	25201	79.7%	25987	66.8%

ZIPCODES 89015 - 89025

	Clark County, Nevada		89015		89018		89019		89025	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		41738		4797		1762		1589	
Age										
19 years and under	541004	26.1%	9892	23.7%	326	6.8%	270	15.3%	540	34.0%
20 to 24 years	137592	6.6%	2588	6.2%	753	15.7%	46	2.6%	114	7.2%
25 to 34 years	306174	14.8%	5342	12.8%	1319	27.5%	203	11.5%	283	17.8%
35 to 44 years	292017	14.1%	5509	13.2%	1166	24.3%	44	2.5%	180	11.3%
45 to 54 years	279840	13.5%	5676	13.6%	720	15.0%	326	18.5%	162	10.2%
55 to 59 years	126190	6.1%	2922	7.0%	206	4.3%	58	3.3%	78	4.9%
60 to 64 years	112674	5.4%	3089	7.4%	139	2.9%	143	8.1%	106	6.7%
65 years and over	275061	13.3%	6720	16.1%	168	3.5%	675	38.3%	124	7.8%
Race/ethnicity										
White	1298818	62.7%	33616	80.5%	2167	45.2%	1550	88.0%	1048	66.0%
African American	228502	11.0%	3397	8.1%	1397	29.1%	42	2.4%	2	0.1%
Native American	13297	0.6%	297	0.7%	69	1.4%	3	0.2%	245	15.4%
Asian	193617	9.3%	1075	2.6%	53	1.1%	93	5.3%	8	0.5%
Pacific Islander	14869	0.7%	261	0.6%	49	1.0%	0	0.0%	4	0.3%
Some other race	220266	10.6%	1620	3.9%	804	16.8%	55	3.1%	270	17.0%
Two or more races	204112	9.9%	2944	7.1%	516	10.8%	38	2.2%	24	1.5%
Hispanic or Latino	628456	30.3%	7196	17.2%	1207	25.2%	203	11.5%	520	32.7%
Economic Data										
Poverty	307146	14.8%	6221	14.9%	109	2.3%	172	9.8%	190	12.0%
Education										
High School or Less	714009	34.5%	16655	39.9%	3217	67.1%	1125	63.8%	598	37.6%
Some College	1179798	57.0%	20851	50.0%	1568	32.7%	407	23.1%	610	38.4%

ZIPCODES 89030 – 89044

	Clark County, Nevada		<u>89030</u>		<u>89031</u>		<u>89032</u>		<u>89044</u>	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		47895		66586		43967		18587	
Age										
19 years and under	541004	26.1%	17290	36.1%	20642	31.0%	14201	32.3%	2974	16.0%
20 to 24 years	137592	6.6%	3401	7.1%	4661	7.0%	3298	7.5%	892	4.8%
25 to 34 years	306174	14.8%	6657	13.9%	9855	14.8%	6199	14.1%	1264	6.8%
35 to 44 years	292017	14.1%	6897	14.4%	10254	15.4%	6463	14.7%	2416	13.0%
45 to 54 years	279840	13.5%	5891	12.3%	8590	12.9%	5364	12.2%	2045	11.0%
55 to 59 years	126190	6.1%	2443	5.1%	3196	4.8%	1979	4.5%	1227	6.6%
60 to 64 years	112674	5.4%	1628	3.4%	2930	4.4%	2242	5.1%	1803	9.7%
65 years and over	275061	13.3%	3688	7.7%	6392	9.6%	4177	9.5%	5985	32.2%
Race/ethnicity										
White	1298818	62.7%	23722	49.5%	39502	59.3%	18796	42.8%	14994	80.7%
African American	228502	11.0%	7410	15.5%	11115	16.7%	11944	27.2%	856	4.6%
Native American	13297	0.6%	191	0.4%	596	0.9%	160	0.4%	35	0.2%
Asian	193617	9.3%	686	1.4%	4277	6.4%	2774	6.3%	2099	11.3%
Pacific Islander	14869	0.7%	158	0.3%	376	0.6%	751	1.7%	8	0.0%
Some other race	220266	10.6%	14729	30.8%	6713	10.1%	7185	16.3%	219	1.2%
Two or more races	204112	9.9%	1998	4.2%	8014	12.0%	4714	10.7%	752	4.0%
Hispanic or Latino	628456	30.3%	34352	71.7%	22909	34.4%	17385	39.5%	1210	6.5%
Economic Data										
Poverty	307146	14.8%	16661	34.8%	5979	9.0%	5922	13.5%	747	4.0%
Education										
High School or Less	714009	34.5%	24981	52.2%	22433	33.7%	16998	38.7%	3504	18.9%
Some College	1179798	57.0%	8143	17.0%	32128	48.3%	17805	40.5%	18523	99.7%

ZIPCODES 89052 – 89084

	Clark County, Nevada		<u>89052</u>		<u>89074</u>		<u>89081</u>		<u>89084</u>	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		51208		49133		34495		24583	
Age										
19 years and under	541004	26.1%	12188	23.8%	10908	22.2%	12246	35.5%	6465	26.3%
20 to 24 years	137592	6.6%	1792	3.5%	2751	5.6%	3139	9.1%	1426	5.8%
25 to 34 years	306174	14.8%	5428	10.6%	7223	14.7%	5795	16.8%	4032	16.4%
35 to 44 years	292017	14.1%	7067	13.8%	6436	13.1%	5140	14.9%	3392	13.8%
45 to 54 years	279840	13.5%	7220	14.1%	7124	14.5%	3691	10.7%	2852	11.6%
55 to 59 years	126190	6.1%	2816	5.5%	3783	7.7%	931	2.7%	1426	5.8%
60 to 64 years	112674	5.4%	3277	6.4%	3292	6.7%	1345	3.9%	1500	6.1%
65 years and over	275061	13.3%	11419	22.3%	7616	15.5%	2242	6.5%	3466	14.1%
Race/ethnicity										
White	1298818	62.7%	38790	75.7%	37485	76.3%	17040	49.4%	15160	61.7%
African American	228502	11.0%	2163	4.2%	2427	4.9%	9385	27.2%	3782	15.4%
Native American	13297	0.6%	85	0.2%	274	0.6%	57	0.2%	243	1.0%
Asian	193617	9.3%	6596	12.9%	3900	7.9%	2323	6.7%	2720	11.1%
Pacific Islander	14869	0.7%	100	0.2%	223	0.5%	445	1.3%	220	0.9%
Some other race	220266	10.6%	1234	2.4%	2179	4.4%	2663	7.7%	1331	5.4%
Two or more races	204112	9.9%	4480	8.7%	5290	10.8%	5164	15.0%	2254	9.2%
Hispanic or Latino	628456	30.3%	7241	14.1%	8452	17.2%	10052	29.1%	4518	18.4%
Economic Data										
Poverty	307146	14.8%	3697	7.2%	3516	7.2%	4899	14.2%	1789	7.3%
Education										
High School or Less	714009	34.5%	10591	20.7%	12874	26.2%	10860	31.5%	5169	21.0%
Some College	1179798	57.0%	44449	86.8%	38347	78.0%	16094	46.7%	18723	76.2%

ZIPCODES 89085 - 89103

	Clark County, Nevada		89085		89086		89101		89103	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		4369		5787		40673		50979	
Age										
19 years and under	541004	26.1%	1582	36.2%	2089	36.1%	10412	25.6%	10349	20.3%
20 to 24 years	137592	6.6%	188	4.3%	521	9.0%	3254	8.0%	3925	7.7%
25 to 34 years	306174	14.8%	389	8.9%	1105	19.1%	6955	17.1%	8412	16.5%
35 to 44 years	292017	14.1%	826	18.9%	747	12.9%	6020	14.8%	7545	14.8%
45 to 54 years	279840	13.5%	730	16.7%	527	9.1%	5450	13.4%	7086	13.9%
55 to 59 years	126190	6.1%	144	3.3%	399	6.9%	3050	7.5%	3518	6.9%
60 to 64 years	112674	5.4%	149	3.4%	93	1.6%	2237	5.5%	2804	5.5%
65 years and over	275061	13.3%	358	8.2%	307	5.3%	3295	8.1%	7290	14.3%
Race/ethnicity										
White	1298818	62.7%	3089	70.7%	3076	53.2%	18270	44.9%	27411	53.8%
African American	228502	11.0%	249	5.7%	1704	29.4%	6358	15.6%	6993	13.7%
Native American	13297	0.6%	0	0.0%	0	0.0%	217	0.5%	249	0.5%
Asian	193617	9.3%	701	16.0%	161	2.8%	1352	3.3%	7344	14.4%
Pacific Islander	14869	0.7%	46	1.1%	18	0.3%	212	0.5%	231	0.5%
Some other race	220266	10.6%	158	3.6%	453	7.8%	12516	30.8%	6763	13.3%
Two or more races	204112	9.9%	252	5.8%	750	13.0%	3496	8.6%	3976	7.8%
Hispanic or Latino	628456	30.3%	887	20.3%	1817	31.4%	23266	57.2%	17218	33.8%
Economic Data										
Poverty	307146	14.8%	139	3.2%	697	12.0%	12384	30.4%	9310	18.3%
Education										
High School or Less	714009	34.5%	1029	23.6%	1534	26.5%	22022	54.1%	22106	43.4%
Some College	1179798	57.0%	2609	59.7%	2999	51.8%	11192	27.5%	25137	49.3%

ZIPCODES 89104 - 89110

	Clark County, Nevada		89104		89106		89109		89110	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		39694		26300		7491		73896	
Age										
19 years and under	541004	26.1%	9884	24.9%	8074	30.7%	846	11.3%	24386	33.0%
20 to 24 years	137592	6.6%	2302	5.8%	1631	6.2%	382	5.1%	6503	8.8%
25 to 34 years	306174	14.8%	5478	13.8%	3866	14.7%	1311	17.5%	10272	13.9%
35 to 44 years	292017	14.1%	5398	13.6%	3551	13.5%	1056	14.1%	9459	12.8%
45 to 54 years	279840	13.5%	6113	15.4%	3419	13.0%	1363	18.2%	9237	12.5%
55 to 59 years	126190	6.1%	2540	6.4%	1473	5.6%	667	8.9%	3695	5.0%
60 to 64 years	112674	5.4%	2501	6.3%	1473	5.6%	629	8.4%	3178	4.3%
65 years and over	275061	13.3%	5438	13.7%	2840	10.8%	1229	16.4%	7316	9.9%
Race/ethnicity										
White	1298818	62.7%	22743	57.3%	9541	36.3%	4845	64.7%	44003	59.5%
African American	228502	11.0%	3019	7.6%	10070	38.3%	1024	13.7%	6267	8.5%
Native American	13297	0.6%	619	1.6%	235	0.9%	175	2.3%	395	0.5%
Asian	193617	9.3%	1964	4.9%	1261	4.8%	732	9.8%	4295	5.8%
Pacific Islander	14869	0.7%	139	0.4%	307	1.2%	13	0.2%	478	0.6%
Some other race	220266	10.6%	9701	24.4%	3803	14.5%	513	6.8%	15903	21.5%
Two or more races	204112	9.9%	3018	7.6%	2166	8.2%	378	5.0%	5110	6.9%
Hispanic or Latino	628456	30.3%	23077	58.1%	10125	38.5%	1762	23.5%	44946	60.8%
Economic Data										
Poverty	307146	14.8%	10842	27.3%	9207	35.0%	1068	14.3%	16532	22.4%
Education										
High School or Less	714009	34.5%	19739	49.7%	11992	45.6%	2305	30.8%	33272	45.0%
Some College	1179798	57.0%	14643	36.9%	8431	32.1%	7110	94.9%	22836	30.9%

ZIPCODES 89113 - 89118

	Clark County, Nevada		<u>89113</u>		<u>89115</u>		<u>89118</u>		<u>89118</u>	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		26927		59220		53462		20682	
Age										
19 years and under	541004	26.1%	5655	21.0%	21023	35.5%	10211	19.1%	4074	19.7%
20 to 24 years	137592	6.6%	2127	7.9%	5448	9.2%	3689	6.9%	1303	6.3%
25 to 34 years	306174	14.8%	4793	17.8%	10186	17.2%	8073	15.1%	3847	18.6%
35 to 44 years	292017	14.1%	4416	16.4%	7166	12.1%	7485	14.0%	2916	14.1%
45 to 54 years	279840	13.5%	3931	14.6%	7225	12.2%	7004	13.1%	3226	15.6%
55 to 59 years	126190	6.1%	1481	5.5%	2546	4.3%	4651	8.7%	1489	7.2%
60 to 64 years	112674	5.4%	1346	5.0%	2310	3.9%	3635	6.8%	972	4.7%
65 years and over	275061	13.3%	3177	11.8%	3316	5.6%	8714	16.3%	2895	14.0%
Race/ethnicity										
White	1298818	62.7%	15328	56.9%	33954	57.3%	34972	65.4%	11194	54.1%
African American	228502	11.0%	2447	9.1%	11272	19.0%	4014	7.5%	2798	13.5%
Native American	13297	0.6%	96	0.4%	492	0.8%	240	0.4%	192	0.9%
Asian	193617	9.3%	5709	21.2%	1855	3.1%	7704	14.4%	3655	17.7%
Pacific Islander	14869	0.7%	314	1.2%	377	0.6%	555	1.0%	126	0.6%
Some other race	220266	10.6%	939	3.5%	8193	13.8%	2565	4.8%	1197	5.8%
Two or more races	204112	9.9%	4188	15.6%	6154	10.4%	6824	12.8%	3040	14.7%
Hispanic or Latino	628456	30.3%	4425	16.4%	32274	54.5%	8650	16.2%	4283	20.7%
Economic Data										
Poverty	307146	14.8%	3370	12.5%	17590	29.7%	7001	13.1%	2629	12.7%
Education										
High School or Less	714009	34.5%	8086	30.0%	26347	44.5%	15230	28.5%	7518	36.4%
Some College	1179798	57.0%	18934	70.3%	15814	26.7%	40912	76.5%	12518	60.5%

ZIPCODES 89119 - 89122

	Clark County, Nevada		89119		89120		89121		89122	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		50333		24830		63884		49800	
Age										
19 years and under	541004	26.1%	12332	24.5%	5239	21.1%	14693	23.0%	12749	25.6%
20 to 24 years	137592	6.6%	5033	10.0%	1813	7.3%	4600	7.2%	3187	6.4%
25 to 34 years	306174	14.8%	8607	17.1%	3923	15.8%	8624	13.5%	7619	15.3%
35 to 44 years	292017	14.1%	7651	15.2%	3228	13.0%	7411	11.6%	6574	13.2%
45 to 54 years	279840	13.5%	6040	12.0%	3427	13.8%	9199	14.4%	6125	12.3%
55 to 59 years	126190	6.1%	2617	5.2%	1639	6.6%	4919	7.7%	3337	6.7%
60 to 64 years	112674	5.4%	2718	5.4%	1589	6.4%	4025	6.3%	2888	5.8%
65 years and over	275061	13.3%	5335	10.6%	3973	16.0%	10349	16.2%	7221	14.5%
Race/ethnicity										
White	1298818	62.7%	29994	59.6%	16345	65.8%	36834	57.7%	26006	52.2%
African American	228502	11.0%	6596	13.1%	2268	9.1%	6276	9.8%	5291	10.6%
Native American	13297	0.6%	475	0.9%	103	0.4%	319	0.5%	496	1.0%
Asian	193617	9.3%	4319	8.6%	1928	7.8%	2986	4.7%	5547	11.1%
Pacific Islander	14869	0.7%	409	0.8%	251	1.0%	437	0.7%	475	1.0%
Some other race	220266	10.6%	6473	12.9%	2954	11.9%	15076	23.6%	8956	18.0%
Two or more races	204112	9.9%	4134	8.2%	1962	7.9%	3912	6.1%	6058	12.2%
Hispanic or Latino	628456	30.3%	22040	43.8%	7527	30.3%	27241	42.6%	19497	39.2%
Economic Data										
Poverty	307146	14.8%	12949	25.7%	2968	12.0%	12710	19.9%	8074	16.2%
Education										
High School or Less	714009	34.5%	20680	41.1%	9340	37.6%	28576	44.7%	20340	40.8%
Some College	1179798	57.0%	24561	48.8%	14824	59.7%	28940	45.3%	23064	46.3%

ZIPCODES 89123 – 89131

	Clark County, Nevada		<u>89123</u>		<u>89124</u>		<u>89130</u>		<u>89131</u>	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		57322		783		35480		46129	
Age										
19 years and under	541004	26.1%	11980	20.9%	114	14.5%	8302	23.4%	13331	28.9%
20 to 24 years	137592	6.6%	3955	6.9%	27	3.4%	2448	6.9%	2214	4.8%
25 to 34 years	306174	14.8%	9401	16.4%	120	15.3%	3619	10.2%	5628	12.2%
35 to 44 years	292017	14.1%	8140	14.2%	36	4.6%	4719	13.3%	6873	14.9%
45 to 54 years	279840	13.5%	8770	15.3%	155	19.8%	5677	16.0%	6458	14.0%
55 to 59 years	126190	6.1%	3898	6.8%	88	11.2%	2413	6.8%	2952	6.4%
60 to 64 years	112674	5.4%	3267	5.7%	114	14.6%	2200	6.2%	2814	6.1%
65 years and over	275061	13.3%	7910	13.8%	128	16.4%	6103	17.2%	5720	12.4%
Race/ethnicity										
White	1298818	62.7%	41063	71.6%	672	85.8%	25507	71.9%	35538	77.0%
African American	228502	11.0%	3266	5.7%	1	0.1%	5041	14.2%	3701	8.0%
Native American	13297	0.6%	370	0.6%	28	3.6%	89	0.3%	239	0.5%
Asian	193617	9.3%	7089	12.4%	28	3.6%	1713	4.8%	2709	5.9%
Pacific Islander	14869	0.7%	1101	1.9%	4	0.5%	101	0.3%	208	0.5%
Some other race	220266	10.6%	1983	3.5%	4	0.5%	1441	4.1%	999	2.2%
Two or more races	204112	9.9%	4900	8.5%	92	11.7%	3176	9.0%	5470	11.9%
Hispanic or Latino	628456	30.3%	11622	20.3%	71	9.1%	7593	21.4%	7416	16.1%
Economic Data										
Poverty	307146	14.8%	5092	8.9%	47	6.0%	3181	9.0%	2838	6.2%
Education										
High School or Less	714009	34.5%	16633	29.0%	196	25.0%	11751	33.1%	11219	24.3%
Some College	1179798	57.0%	41221	71.9%	783	100.0%	21453	60.5%	31603	68.5%

ZIPCODES 89134 - 89141

	Clark County, Nevada		89134		89135		89138		89141	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		25053		25919		14753		29182	
Age										
19 years and under	541004	26.1%	2956	11.8%	5599	21.6%	4795	32.5%	8609	29.5%
20 to 24 years	137592	6.6%	626	2.5%	726	2.8%	561	3.8%	1080	3.7%
25 to 34 years	306174	14.8%	1177	4.7%	2566	9.9%	1697	11.5%	4552	15.6%
35 to 44 years	292017	14.1%	2054	8.2%	3914	15.1%	2921	19.8%	5574	19.1%
45 to 54 years	279840	13.5%	2555	10.2%	3888	15.0%	2390	16.2%	3881	13.3%
55 to 59 years	126190	6.1%	1829	7.3%	2177	8.4%	649	4.4%	1547	5.3%
60 to 64 years	112674	5.4%	2004	8.0%	1892	7.3%	428	2.9%	1196	4.1%
65 years and over	275061	13.3%	11850	47.3%	5210	20.1%	1328	9.0%	2772	9.5%
Race/ethnicity										
White	1298818	62.7%	20649	82.4%	19500	75.2%	10681	72.4%	18007	61.7%
African American	228502	11.0%	1313	5.2%	1266	4.9%	731	5.0%	2374	8.1%
Native American	13297	0.6%	32	0.1%	132	0.5%	0	0.0%	219	0.8%
Asian	193617	9.3%	1736	6.9%	3355	12.9%	2387	16.2%	5652	19.4%
Pacific Islander	14869	0.7%	58	0.2%	9	0.0%	191	1.3%	94	0.3%
Some other race	220266	10.6%	572	2.3%	519	2.0%	201	1.4%	982	3.4%
Two or more races	204112	9.9%	1386	5.5%	2276	8.8%	1124	7.6%	3708	12.7%
Hispanic or Latino	628456	30.3%	2224	8.9%	2650	10.2%	2016	13.7%	5040	17.3%
Economic Data										
Poverty	307146	14.8%	864	3.4%	1715	6.6%	576	3.9%	1729	5.9%
Education										
High School or Less	714009	34.5%	6404	25.6%	4500	17.4%	2070	14.0%	6090	20.9%
Some College	1179798	57.0%	24455	97.6%	25478	98.3%	13334	90.4%	21496	73.7%

ZIPCODES 89142 - 89145

	Clark County, Nevada		<u>89142</u>		<u>89143</u>		<u>89144</u>		<u>89145</u>	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		34834		12778		18858		25193	
Age										
19 years and under	541004	26.1%	10729	30.8%	4319	33.8%	4941	26.2%	5568	22.1%
20 to 24 years	137592	6.6%	2473	7.1%	511	4.0%	773	4.1%	1411	5.6%
25 to 34 years	306174	14.8%	4877	14.0%	1942	15.2%	1546	8.2%	3048	12.1%
35 to 44 years	292017	14.1%	5434	15.6%	2172	17.0%	3225	17.1%	3401	13.5%
45 to 54 years	279840	13.5%	4946	14.2%	1840	14.4%	3055	16.2%	4031	16.0%
55 to 59 years	126190	6.1%	1986	5.7%	498	3.9%	1113	5.9%	1889	7.5%
60 to 64 years	112674	5.4%	1672	4.8%	409	3.2%	1188	6.3%	1638	6.5%
65 years and over	275061	13.3%	2752	7.9%	1099	8.6%	3036	16.1%	4232	16.8%
Race/ethnicity										
White	1298818	62.7%	14812	42.5%	9596	75.1%	13442	71.3%	19020	75.5%
African American	228502	11.0%	3266	9.4%	960	7.5%	1487	7.9%	1655	6.6%
Native American	13297	0.6%	207	0.6%	54	0.4%	13	0.1%	55	0.2%
Asian	193617	9.3%	4392	12.6%	827	6.5%	2501	13.3%	1658	6.6%
Pacific Islander	14869	0.7%	474	1.4%	32	0.3%	70	0.4%	72	0.3%
Some other race	220266	10.6%	10022	28.8%	447	3.5%	679	3.6%	1641	6.5%
Two or more races	204112	9.9%	3322	9.5%	1724	13.5%	1332	7.1%	2184	8.7%
Hispanic or Latino	628456	30.3%	17770	51.0%	2225	17.4%	2323	12.3%	7168	28.5%
Economic Data										
Poverty	307146	14.8%	5720	16.4%	708	5.5%	1083	5.7%	3151	12.5%
Education										
High School or Less	714009	34.5%	14571	41.8%	2702	21.1%	3569	18.9%	7930	31.5%
Some College	1179798	57.0%	13908	39.9%	8271	64.7%	16233	86.1%	16611	65.9%

ZIPCODES 89146 – 89149

	Clark County, Nevada		<u>89146</u>		<u>89147</u>		<u>89148</u>		<u>89149</u>	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		17896		52646		47938		35120	
Age										
19 years and under	541004	26.1%	3919	21.9%	12056	22.9%	13471	28.1%	8815	25.1%
20 to 24 years	137592	6.6%	1503	8.4%	3369	6.4%	2397	5.0%	2248	6.4%
25 to 34 years	306174	14.8%	2470	13.8%	7686	14.6%	9300	19.4%	5303	15.1%
35 to 44 years	292017	14.1%	2201	12.3%	7213	13.7%	8437	17.6%	4882	13.9%
45 to 54 years	279840	13.5%	2684	15.0%	7897	15.0%	5848	12.2%	4776	13.6%
55 to 59 years	126190	6.1%	1145	6.4%	3896	7.4%	2397	5.0%	2669	7.6%
60 to 64 years	112674	5.4%	1181	6.6%	3001	5.7%	2157	4.5%	2213	6.3%
65 years and over	275061	13.3%	2810	15.7%	7476	14.2%	4027	8.4%	4214	12.0%
Race/ethnicity										
White	1298818	62.7%	10089	56.4%	28483	54.1%	26252	54.8%	25689	73.1%
African American	228502	11.0%	1784	10.0%	6622	12.6%	4021	8.4%	3629	10.3%
Native American	13297	0.6%	51	0.3%	512	1.0%	167	0.3%	295	0.8%
Asian	193617	9.3%	2462	13.8%	10030	19.1%	11576	24.1%	2323	6.6%
Pacific Islander	14869	0.7%	30	0.2%	275	0.5%	580	1.2%	220	0.6%
Some other race	220266	10.6%	2823	15.8%	3442	6.5%	1418	3.0%	578	1.6%
Two or more races	204112	9.9%	1314	7.3%	6564	12.5%	7848	16.4%	4772	13.6%
Hispanic or Latino	628456	30.3%	5653	31.6%	11211	21.3%	8312	17.3%	4706	13.4%
Economic Data										
Poverty	307146	14.8%	3021	16.9%	6561	12.5%	4348	9.1%	2704	7.7%
Education										
High School or Less	714009	34.5%	6780	37.9%	18233	34.6%	12611	26.3%	9793	27.9%
Some College	1179798	57.0%	10273	57.4%	31990	60.8%	32559	67.9%	24438	69.6%

ZIPCODES 89156 - 89178

	Clark County, Nevada		89156		89166		89169		89178	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		29132		17783		22421		35241	
Age										
19 years and under	541004	26.1%	9147	31.4%	5068	28.5%	5403	24.1%	9938	28.2%
20 to 24 years	137592	6.6%	2447	8.4%	1298	7.3%	1995	8.9%	1727	4.9%
25 to 34 years	306174	14.8%	4020	13.8%	4375	24.6%	4395	19.6%	7683	21.8%
35 to 44 years	292017	14.1%	3496	12.0%	3219	18.1%	3027	13.5%	6766	19.2%
45 to 54 years	279840	13.5%	4195	14.4%	1849	10.4%	3027	13.5%	3982	11.3%
55 to 59 years	126190	6.1%	1719	5.9%	836	4.7%	1188	5.3%	1445	4.1%
60 to 64 years	112674	5.4%	1398	4.8%	427	2.4%	1076	4.8%	1410	4.0%
65 years and over	275061	13.3%	2680	9.2%	729	4.1%	2332	10.4%	2361	6.7%
Race/ethnicity										
White	1298818	62.7%	17626	60.5%	11873	66.8%	13666	61.0%	19189	54.5%
African American	228502	11.0%	3729	12.8%	2179	12.3%	2971	13.3%	2365	6.7%
Native American	13297	0.6%	389	1.3%	160	0.9%	49	0.2%	156	0.4%
Asian	193617	9.3%	1426	4.9%	1418	8.0%	1848	8.2%	8724	24.8%
Pacific Islander	14869	0.7%	172	0.6%	28	0.2%	91	0.4%	400	1.1%
Some other race	220266	10.6%	4279	14.7%	906	5.1%	2906	13.0%	1370	3.9%
Two or more races	204112	9.9%	3022	10.4%	2438	13.7%	1780	7.9%	6074	17.2%
Hispanic or Latino	628456	30.3%	13936	47.8%	3101	17.4%	10574	47.2%	5467	15.5%
Economic Data										
Poverty	307146	14.8%	6770	23.2%	1755	9.9%	7070	31.5%	2205	6.3%
Education										
High School or Less	714009	34.5%	12615	43.3%	4429	24.9%	10207	45.5%	8294	23.5%
Some College	1179798	57.0%	10123	34.7%	11542	64.9%	9563	42.7%	25326	71.9%

ZIPCODES 89179 - 89183

	Clark County, Nevada		<u>89179</u>		<u>89183</u>	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Population	2,071,425		5178		38974	
Age						
19 years and under	541004	26.1%	1590	30.7%	10562	27.1%
20 to 24 years	137592	6.6%	124	2.4%	3196	8.2%
25 to 34 years	306174	14.8%	1496	28.9%	7678	19.7%
35 to 44 years	292017	14.1%	834	16.1%	5729	14.7%
45 to 54 years	279840	13.5%	399	7.7%	5612	14.4%
55 to 59 years	126190	6.1%	186	3.6%	1559	4.0%
60 to 64 years	112674	5.4%	212	4.1%	1520	3.9%
65 years and over	275061	13.3%	342	6.6%	3118	8.0%
Race/ethnicity						
White	1298818	62.7%	3068	59.3%	23549	60.4%
African American	228502	11.0%	258	5.0%	3745	9.6%
Native American	13297	0.6%	8	0.2%	101	0.3%
Asian	193617	9.3%	1399	27.0%	6034	15.5%
Pacific Islander	14869	0.7%	8	0.2%	567	1.5%
Some other race	220266	10.6%	100	1.9%	1952	5.0%
Two or more races	204112	9.9%	674	13.0%	6052	15.5%
Hispanic or Latino	628456	30.3%	922	17.8%	8090	20.8%
Economic Data						
Poverty	307146	14.8%	440	8.5%	3627	9.3%
Education						
High School or Less	714009	34.5%	1001	19.3%	10695	27.4%
Some College	1179798	57.0%	3907	75.5%	25625	65.7%