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Purpose

This document is for the Advisory Committee for a Resilient Nevada (ACRN) and the Nevada Substance Use Response Working Group (SURG) members to reference for making decisions on the ranking of recommendations.

There are approximately 50 secondary data indicators included in this report, some tables include multiple indicators. Secondary data include the state and national level statistics and numbers from healthcare billing data, standardized and repeated surveys, as well as birth and death records. The data representing direct input from Nevada residents are referred to as primary data. Primary data include the online Statewide Community Survey, results from the focus groups and key informants. This document contains preliminary secondary data only; the primary data highlights are provided in the ACRN and SURG

presentation slides. **These data are subject to change as updates are made available, additional context will be provided in the final 2027-2031 Nevada Opioid Assessment and Plan document.**

Each secondary indicator is denoted in bold text followed by a number or "N/A" in parenthesis. This number corresponds to the Nevada Opioid Settlement Goal or goals the indicator aligns with. If an indicator is not specifically related to opioids it may be denoted as "N/A" for not applicable.

It should be noted these goals represent a spectrum, and substance use is often best addressed by incorporating elements across these goals. While indicator scores will contribute to the respective goals they have been categorized into, projects and proposals across all 7 goal areas will be accepted for funding.

Discussion related to which goal(s) an indicator should belong under is welcome. Email Heather Kerwin h.kerwin@health.nv.gov with questions or feedback.

Nevada Opioid Settlement Goals

The following seven goals outline the priority areas Nevada will be addressing through statewide opioid litigation settlement dollars. These goals are broad in nature and will remain in place, as they align with the allowable uses of the funding and are flexible enough to permit for flexibility in local implementation given the vast differences across the state.

Goal 1 Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

> This goal aims to increase workforce development and capacity for programs that equip both the future and current workforce with the skills, knowledge, and expertise across the continuum of care. This includes strategic thinking, visioning, action planning, and implementation to create proactive systems with a positive impact on Nevada's communities.

Goal 2 Prevent the Misuse of Opioids

> This goal includes prevention across all levels from general public to prevention of negative outcomes among those using opioids. Activities implemented include differential impacts and accessibility limitations which may be experienced by subgroups, resulting in health disparities. There should be cultural, linguistic, and environmental considerations included. Detailed data collection, selection of appropriate interventions, and involvement of impacted community members in planning and implementation are essential for ensuring health equity across prevention efforts.

Goal 3 Reduce Harm Related to Opioid Use

This includes approaches that engage directly with individuals who use drugs to prevent overdose and transmission of infectious disease. Harm reduction involves improving the physical, mental, and social well-being of those served, reducing stigma, and offering low-threshold options for accessing substance use treatment. Purchase of items that are considered paraphernalia pursuant to NRS 453 are unallowable.

Goal 4 Provide Behavioral Health Treatment

Behavioral health includes mental health, substance use, and/or co-occurring disorders such as life stressors, crises, and stress-related physical symptoms. Behavioral health care and behavioral health integration is the prevention, diagnosis, and treatment of these conditions by promoting whole-person care, closing treatment gaps, enhancing access to long-term monitoring services, reducing risk of self-harm, increasing positive health outcomes, improving patient satisfaction, and promoting long-term cost effectiveness. Behavioral health treatment is integral to aiding communities in prevention of and recovering from opioid use disorders among those with mental health diagnoses. This includes prenatal though geriatric populations.

Goal 5 Implement Recovery Communities across Nevada

Recovery communities provide connections to treatment and services for individuals in recovery to integrate into the community to increase chances of maintaining recovery. Recovery communities incorporate the social determinants of health (SDOH) as an integral part of recovery and living successfully in the community. SDOH includes financial resources, social and community factors, education access and quality, health care access and quality, the neighborhood and environment in which a person lives.

Goal 6 Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

This goal aims to improve the access to quality care for justice-involved individuals and support individuals with opioids use history leaving levels of confinement. This includes access to medications for opioid use disorder (MOUD) and other treatment interventions within the carceral setting and other criminal justice settings through transitional periods, so people can recover from OUD and maintain recovery in the community. This should incorporate connections to care, assessment and diagnosis, wraparound services, and facilitating release into treatment with

prescriptions, developing relationships with pharmacies, treatment providers, parole and probation as well as court systems.

Goal 7 Provide High Quality and Robust Data and Accessible, Timely Reporting

This goal aims to improve data collection and reporting to better understand the impact of opioids on Nevadans. This includes survey data, monitoring trends, criminal justice data, overdoses, healthcare utilization, and co-occurring health conditions, with a focus on health disparities to identify solutions.

Secondary Data Sources

National Survey on Drug Use and Health (NSDUH)

This nationally administered survey began in 1971 and is conducted annually in all 50 states and the District of Columbia. The survey askes questions related to tobacco, alcohol and drugs use as well as other health-related issues.[1]

Nevada Instant Atlas

The Nevada Instant Atlas is a data warehouse produced by the University of Nevada, Reno School of Medicine Office of Statewide Initiatives. This interactive map provides regional, county and census track level comparisons for Nevada demographics, and indicators including workforce and population health.

Nevada Office of Analytics

The Nevada Office of Analytics operates under the Nevada Health Authority and is responsible for the analysis of data and statistics related to the following areas included in this assessment:

- Hospitalization utilization data
- Medicaid billing data
- Vital Records (birth and death data)
- Prescription Drug Monitoring Program (PDMP) data
  The Prescription Drug Monitoring Program (PDMP) is a secure database for prescribers and dispensers to view a patient's controlled substance prescription medication history to prevent overprescribing, fraud, abuse, and criminal diversion.

[1] Substance Abuse and Mental Health Services Administration. NSDUH. Accessed https://nsduhweb.rti.org/respweb/homepage.cfm

The PDMP is also utilized by regulatory and law enforcement agencies for prevention and detection for similar purposes.[2]

- Behavioral Risk Factor Surveillance Survey (BRFSS) data
  The Behavioral Risk Factor Surveillance Survey (BRFSS) is a health survey administered via telephone annually in all 50 states, the District of Colombia, and three U.S. territories. The BRFSS is the largest ongoing health survey in the world and asks adults questions regarding risk behaviors, chronic health conditions, and use of preventive screening and immunization services. There is a fixed core module, rotating modules which are asked in either even or odd years, emerging modules, and states may elect to include state-specific questions within the BRFSS.[3]

  Nevada's BRFSS modules include state-specific questions regarding prescription drug use and heroin use, as well as adverse childhood experiences (ACEs), which are indicators included in this assessment.

Nevada Youth Risk Behavioral Survey

The Youth Risk Behavioral Survey (YRBS) is administered to middle and high school students on odd years in every state across the nation. The University of Nevada, Reno School of Public Health administers the Nevada YRBS on behalf of the Nevada Department of Education and Nevada Division of Public and Behavioral Health. The YRBS provides an estimated prevalence of risk behaviors and protective factors among adolescents. The survey is voluntary and results include self-reported responses to questions related to the following areas included in this assessment:

- Substance use and perceptions of risk
- Adverse childhood experiences (ACEs)

[2] Nevada State Board of Pharmacy. Prescription Monitoring Program. Accessed https://bop.nv.gov/links/pmp/
[3] The Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Accessed https://www.cdc.gov/brfss/index.html

Secondary Data Indicators

Access to Healthcare & Behavioral Health Specialists

Additional Jobs Needed in Nevada to Meet the National Average – Ambulatory Care, Hospital Settings, & Social Assistance- Related to Behavioral Health (1)

Table 1: Additional Jobs Needed in Nevada to Meet the National Average, Ambulatory Care, Hospital Settings, & Social Assistance Related to Behavioral Health, Nevada, 2024			
Type of Facility or Occupation	**2024 Nevada Employment**	**Location Quotient**	**Number Needed to be Avg.**
Offices of Physicians, Mental Health Specialists	581	0.2315	446
Outpatient Mental Health and Substance Abuse Centers	818	0.2574	594
Psychiatric and Substance Abuse Hospitals*	1,770	1.3423	N/A
Residential Mental Health and Substance Abuse Facilities	2,050	0.7833	444
Individual and Family Services	5,600	0.7552	1,371
Community Food and Housing, Emergency and Other Services	1,440	0.6317	530
Child, Family, and School Social Workers	3,730	0.98	76
Clinical, Counseling, and School Psychologists	510	0.72	198
Community and Social Service Specialists	310	0.28	797
Community Health Workers	550	0.92	48
Healthcare Social Workers	1,070	0.58	775
Mental Health and Substance Abuse Social Workers	1,140	0.92	99
Substance Abuse, Behavioral Disorder, & Mental Health Counselors	2,240	0.51	2,152

Note: *Denotes industry subsectors with a Location Quotient greater than 1.0 indicating greater specialization in that subsector compared to the national average.
Source: Nevada Health Workforce Research Center. Health Workforce in Nevada – 2025. University of Nevada, Reno School of Medicine, Office of Statewide Initiatives https://med.unr.edu/med/pdfs/statewide-initiatives/25-HWIN-FINAL-accessible.pdf

- In 2024, the largest deficit in behavioral health occupations in Nevada was among outpatient Mental Health Specialists (LQ = 0.2315), while the occupation with the largest number of persons needing to be employed in that sector to be average is Substance Abuse, Behavioral Disorder, & Mental Health Counselors (n = 2,152).
- In 2024, the only sector in Nevada that had more than the national average for behavioral health was the number employed in Psychiatric and Substance Abuse Hospitals (LQ = 1.3423).

Rate of Licensed Mental and Behavioral Health Professionals (1)

Table 2: Rate of Licensed Mental and Behavioral Health Professionals by County/Region, Nevada, 2024					
Type of Healthcare Professional	**Carson City**	**Clark**	**Washoe**	**Rural & Frontier**	**Nevada**
Alcohol, Drug and Gambling Counselors	59	20	38	29	25
Clinical Professional Counselors	34	30	29	17	29
Licensed Clinical Social Workers	94	45	75	34	49
Marriage and Family Therapists	52	41	74	22	45
Psychiatrists (MDs & DOs)	10	11	20	2	9
Psychologists	34	13	33	4	15

Note: Rate per 100,000 population

Source: Nevada Health Workforce Research Center. Health workforce in Nevada – 2025. University of Nevada, Reno School of Medicine, Office of Statewide Initiatives https://med.unr.edu/med/pdfs/statewide-initiatives/25-HWIN-FINAL-accessible.pdf

- In 2024, Clark Country had the fewest number of Alcohol, Drug and Gambling Counselors per 100,000 population compared to other counties and regions.
- In 2024, rural and frontier counties had the fewest number of Clinical Professional Counselors, Licensed Clinical Social Workers, Marriage and Family Therapists, Psychiatrists, and Psychologists per 100,000 population compared to other counties and regions.

Mental Health Professional Shortage Areas (1)

Table 3: Percent of Population Residing in a Mental Health Professional Shortage Area by County, Nevada, 2016, 2018, 2021, 2023, 2025					
County	**2016**	**2018**	**2021**	**2023**	**2025**
Carson City	100%	100%	100%	100%	100%
Churchill	100%	100%	100%	100%	100%
Clark	35.4%	100%	100%	84.0%	91.0%
Douglas	100%	100%	100%	100%	100%
Elko	100%	100%	100%	100%	100%
Esmeralda	100%	100%	100%	100%	100%
Eureka	100%	100%	100%	100%	100%
Humboldt	100%	100%	100%	100%	100%
Lander	100%	100%	100%	100%	100%
Lincoln	100%	100%	100%	100%	100%
Lyon	100%	100%	100%	100%	100%
Mineral	100%	100%	100%	100%	100%

Table 3: Percent of Population Residing in a Mental Health Professional Shortage Area by County, Nevada, 2016, 2018, 2021, 2023, 2025					
County	**2016**	**2018**	**2021**	**2023**	**2025**
Nye	100%	100%	100%	100%	100%
Pershing	100%	100%	100%	100%	100%
Storey	100%	100%	100%	100%	100%
Washoe	100%	62.9%	62.8%	90.2%	86.4%
White Pine	100%	100%	100%	100%	100%
Nevada	**53.1%**	**94.3%**	**94.5%**	**86.8%**	**91.3%**

Source: Health Resources and Services Administration, Mental Health Professional Shortage Areas
https://med.unr.edu/office-statewide-initiatives/nevada-instant-atlas

- As of 2025, 91.3% of Nevada's population lived in a HRSA-designated mental health professional shortage area.
- In measured years, 100% of the county population in 15 of 17 Nevada counties were denoted as living in a HRSA-designated mental health professional shortage area.

Access to Prescription Opioids

Opioid Prescriptions (2)

Table 4: Rate of Opioid Prescriptions by County, Nevada, 2020-2025						
County	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Carson City	77.4	70.4	67.6	64.9	61.2	55.2
Churchill	61.6	59.4	57.8	57.8	55.4	53.2
Clark	54.2	51.5	48.8	47.3	46.4	44.6
Douglas	74.4	71.1	65.5	62.8	60.3	57.4
Elko	43.9	43.9	40.9	36.5	35.0	33.4
Esmeralda	29.1	37.1	33.1	32.1	34.3	29.8
Eureka	58.5	52.1	49.3	51.5	53.3	48.9
Humboldt	39.8	39.3	38.3	41.0	40.8	40.3
Lander	50.9	42.6	48.7	47.5	52.7	53.9
Lincoln	71.4	73.4	76.8	82.8	84.8	81.5
Lyon	85.5	78.1	72.1	67.5	66.6	62.5
Mineral	91.8	86.6	79.6	79.7	82.9	84.0
Nye	111.0	101.0	94.1	89.6	88.7	86.1
Pershing	46.1	47.6	45.3	43.5	41.9	39.4
Storey	78.3	69.9	71.9	68.0	68.0	65.0
Washoe	54.3	50.5	47.8	46.1	45.1	43.6
White Pine	61.5	61.8	62.3	62.0	56.5	52.4
Nevada	**56.3**	**53.2**	**50.5**	**48.8**	**47.8**	**45.9**

Note: Rate per 100 population

Source: Monitoring the Prescription Drug Monitoring Program (PDMP) in Nevada Dashboard, Nevada Office of Analytics, 2026

- From 2020 through 2025 the rate of opioid prescriptions per 100 population decreased in 13 of 17 Nevada counties, while rates stayed similar or increased in Esmeralda, Humboldt, and Lincoln counties during the same time period.

Individuals ≥18 years of age who received prescriptions for opioids from ≥4 prescribers AND ≥4 pharmacies within ≤180 days (2)

- Each year from 2020 through 2024, less than 0.5% of those 18 years and older who received prescriptions for opioids had four or more prescribers and filled using four or more pharmacies within six months or less.[4]

Beneficiaries aged 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more (2)

Table 5: Percent of beneficiaries who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more, Nevada, 2020-2025

Age Group	2020	2021	2022	2023	2024	2025
< 10 years	12.4%	11.7%	11.5%	11.4%	11.1%	10.9%
10-19 years	13.6%	13.6%	13.5%	13.3%	13.1%	13.0%
20-29 years	14.0%	13.8%	13.8%	14.0%	14.0%	14.1%
30-39 years	13.5%	13.7%	13.9%	13.9%	14.1%	14.2%
40-49 years	13.1%	13.2%	13.1%	13.1%	13.1%	13.0%
50-59 years	12.7%	12.8%	12.7%	12.5%	12.5%	12.5%
60-69 years	11.0%	11.1%	11.2%	11.2%	11.4%	11.4%
70+ years	9.8%	10.1%	10.3%	10.5%	10.7%	11.0%

Note: Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.

Source: Monitoring the Prescription Drug Monitoring Program (PDMP) in Nevada Dashboard, Nevada Office of Analytics, 2026

- In 2025, those aged 20-29 years (14.1%) and 30-39 years (14.2%) had the highest proportion among all age groups to receive opioid prescriptions of at least 90 MME daily over a period of at least 90 days.
- From 2020 through 2025, there was a slight increase in the percentage of those aged 20-39 years and 70 years or older who received prescriptions, whereas all other age groups experienced a slight decrease during this time period.

[4] Nevada Health Authority, Office of Analytics, data provided upon request

Risk Factors

Adverse Childhood Experiences

Middle School Students

Middle school ACEs (2)

Table 6: Percent of Middle School Students Reporting Household/Community ACEs, Nevada, 2021 and 2023		
Adverse Childhood Experiences (ACEs)	**2021**	**2023**
Ever been hit, beaten, kicked, or physically hurt in any way by an adult (not including spanking for bad behavior)	10.9%	13.8%
Ever been physically forced to have sexual intercourse when they did not want to	3.9%	5.3%
Ever been sworn at, insulted by, or put down by an adult in their home	60.5%	63.2%
Have seen or heard adults in their home slap, hit, kick, punch, or beat each other up	14.2%	17.0%
Have ever lived with someone who was depressed, mentally ill, or suicidal	26.3%	28.1%
Have ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs	19.8%	20.3%
Ever been separated from a parent or guardian because they went to jail, prison, or a detention center	15.6%	15.3%

Source: University of Nevada, Reno, Nevada Middle School Youth Risk Behavior Survey (YRBS) Comparison Report, 2021-2023

- From 2021 to 2023, most household/community ACEs increased in middle school students in Nevada, except:
    - Ever been separated from a parent or guardian because they went to jail, prison, or a detention center (2021: 15.6%, 2023: 15.3%).
- The most prevalent ACEs in both years for middle school students were:
    - Ever been sworn at, insulted by, or put down by an adult in their home (2023: 63.2%).
    - Have ever lived with someone who was depressed, mentally ill, or suicidal (2023: 28.1%).

Table 7: Percent of Middle School Students Reporting School/Peer ACEs, Nevada, 2025	
Were bullied on school property during the 12 months before the survey	37.1%
Were electronically bullied during the 12 months before the survey	26.7%
Did not go to school because they felt unsafe at school or on their way to or from school during the 30 days before the survey	8.0%

Source: University of Nevada, Reno, Nevada Middle School Youth Risk Behavior Survey (YRBS) State Report, 2025

- In 2025, the most prevalent school/peer ACE reported among middle school students in Nevada was bullying on school property in the last 12 months (37.1%).
- In 2015, electronic bullying in the past 12-months was reported by 26.7% of middle school students in Nevada.
- In 2025, 8.0% of middle school students in Nevada did not go to school because they felt unsafe at school or on their way to school in the past 30 days.

High School Students

High school ACEs (2)

Table 8: Percent of High School Students Reporting Household/Community ACEs, Nevada, 2021, 2023, and 2025			
Adverse Childhood Experiences (ACEs)	**2021**	**2023**	**2025**
Have ever been hit, beaten, kicked, or physically hurt in any way by a parent or other adult in their home	38.9%	35.2%	35.8%
Reported that an adult or person at least 5 years older than them made them do sexual things (including kissing, touching, or being made to have sexual intercourse) they did not want to do	11.3%	11.0%	11.1%
Have ever been insulted by or put down by a parent or other adult in their home	68.5%	60.5%	59.0%
Have ever had parents or other adults in their home slap, hit, kick, punch, or beat each other up	22.0%	21.7%	21.1%
Have ever been separated from a parent or guardian because their parent/guardian went to jail, prison, or a detention center	20.2%	16.8%	19.0%
Have ever seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood	26.2%	27.0%	31.3%

Source: University of Nevada, Reno, Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2021-2023; University of Nevada, Reno, Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2023-2025.

- The measured household/community ACEs in high school students in Nevada remained similar from 2021 to 2025, except witnessing physical violence (seen someone physically attacked, beaten, stabbed, or shot in their neighborhood), which increased from 2021(26.2%) to 2025 (31.3%).
- The most prevalent household/community ACEs each year for high school students in Nevada were:
    - Have ever been insulted or put down by a parent or other adult in their home (2025: 59.0%).
    - Have ever been hit, beaten, kicked, pr physically hurt in any way by a parent or other adult in their home (2025: 35.8%).
    - Have ever seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood (2025: 31.3%)

Table 9: Percent of High School Students Reporting School/Peer ACEs, Nevada, 2023 and 2025		
Adverse Childhood Experiences (ACEs)	**2023**	**2025**
Threatened or injured by someone with a weapon on school property during the 12 months before the survey	6.8%	7.9%
In a physical fight on school property during the 12 months before the survey	7.8%	8.4%
Were bullied on school property during the 12 months before the survey	14.1%	15.8%
Were electronically bullied during the 12 months before the survey*	14.3%	14.2%
Did not go to school because they felt unsafe at school or on their way to or from school during the 30 days before the survey	9.6%	11.0%
Experienced physical dating violence during the 12 months before the survey**	8.6%	9.0%
Experienced sexual dating violence during the 12 months before the survey†	15.2%	13.7%

*including bullied through texting, Instagram, Facebook, or other social media

**including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with; among students who dated or went out with someone during the 12 months before the survey

†including kissing, touching, or physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with; among students who dated or went out with someone during the 12 months before the survey

Source: University of Nevada, Reno, Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2023-2025.

- All reported school and peer ACEs increased from 2023 to 2025; however, none were statistically significant increases.[5]
- In 2025, the most commonly reported ACEs among high school students were having been bullied on school property in the past 12 months (15.8%), being electronically bullied during the past 12 months (14.2%), and experiencing sexual dating violence during the past 12 months (13.7%).

[5] Howard, L., Silva, I., Powers, MG., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. (2025). University of Nevada, Reno School of Public Health and State of Nevada, Division of Public and Behavioral Health. Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2023-2025.

Table 10: ACE Scores Among High School Students by County or Region, Nevada, 2023					
County/Region	**0 ACEs**	**1 ACE**	**2 ACEs**	**3ACEs**	**4+ ACEs**
Carson	14.0%	20.1%	21.8%	12.5%	31.6%
Churchill, Humboldt, Lander, and Pershing	20.9%	22.8%	18.3%	13.1%	24.9%
Clark	22.9%	21.7%	19.8%	15.8%	19.7%
Douglas	22.1%	18.3%	15.5%	17.5%	26.6%
Elko, Eureka, and White Pine	24.0%	20.7%	16.8%	15.0%	23.5%
Lincoln and Nye	19.8%	22.3%	19.7%	13.0%	25.2%
Lyon, Mineral, and Storey	19.8%	17.5%	16.9%	14.3%	31.5%
Washoe	23.0%	20.3%	20.5%	12.3%	23.9%
Nevada	**22.6%**	**21.3%**	**19.7%**	**15.1%**	**21.2%**

Source: University of Nevada, Reno, Essential for Childhood Interactive Dashboard - YRBS, 2023

- Having four or more ACEs was most prevalent among high school students in Carson City (31.6%) and the combined region of Lyon, Mineral, and Storey counties (31.5%).
    - Having four or more ACEs was least prevalent among high school students in Clark (19.7%) and the combined region of Elko, Eureka, and White Pine counties (23.5%).
- Having 0 ACEs was most prevalent in Elko, Eureka, and White Pine counties (24.0%) and Washoe County (23.0%) among high school students in Nevada.
    - Fewer proportions of high school students reported 0 ACEs in Carson City (14.0%), Lincoln and Nye (19.8%), and Lyon, Mineral, and Storey counties (19.8%).

Adult ACEs (2)

Table 11: ACE Scores Among Adults, Nevada, 2023				
Sociodemographic Characteristics	**0 ACEs**	**1 ACEs**	**2-3 ACEs**	**4+ ACEs**
Age Group				
18-24 years	17.1%	22.1%	23.7%	37.1%
25-34 years	16.4%	20.0%	31.0%	32.6%
35-44 years	18.7%	16.8%	41.0%	23.6%
45-54 years	23.7%	12.8%	24.3%	39.3%
55-64 years	21.7%	23.9%	33.6%	20.8%
65+ years	35.3%	26.7%	25.3%	12.8%
Sex				
Female	23.7%	17.1%	29.3%	29.9%
Male	23.5%	25.0%	29.7%	21.8%
Race/Ethnicity				

Table 11: ACE Scores Among Adults, Nevada, 2023				
Sociodemographic Characteristics	**0 ACEs**	**1 ACEs**	**2-3 ACEs**	**4+ ACEs**
American Indian/Alaskan Native	28.7%	26.1%	14.0%	31.1%
Asian/Pacific Islander	24.0%	22.2%	25.7%	28.1%
Black	11.5%	17.2%	27.4%	43.9%
Hispanic	21.7%	21.4%	32.6%	24.3%
Multiracial/Other	30.0%	13.7%	32.5%	23.8%
White	25.4%	21.7%	29.1%	23.9%
Education				
Less than high school	21.0%	21.7%	41.4%	15.9%
Graduated high school	19.9%	24.9%	26.5%	28.8%
Some college	20.1%	19.8%	31.2%	28.9%
Graduated college	33.5%	17.7%	24.5%	24.3%
Income				
>$15,000	7.1%	7.1%	16.1%	55.2%
$15,000-$24,999	24.9%	24.9%	24.1%	31.1%
$25,000-$34,999	21.3%	21.3%	37.5%	27.8%
$35,000-$49,999	21.8%	21.8%	27.8%	31.7%
$50,000+	20.7%	20.7%	28.5%	27.8%
Geography				
Clark	23.9%	19.7%	31.0%	25.4%
Washoe	22.5%	24.0%	27.4%	26.1%
Balance of State	23.6%	23.2%	24.3%	29.0%
Nevada	**23.6%**	**20.9%**	**29.5%**	**26.0%**

Source: Monitoring the Behavioral Risk Factor Surveillance System (BRFSS) in Nevada Dashboard, Nevada Office of Analytics, 2026.

- In 2023, a higher proportion of those aged 18 – 24 years (37.1%) and 45-54 years (39.3%) reported experiencing four or more ACEs, compared to other age groups.
- A higher proportion of those who are Black (43.9%) and American Indian/Alaskan Native (31.1%) reported experiencing four or more ACEs, compared to other races.
- Over half (55.2%) of those who reported less than $15,000 annual income reported four or more ACEs.
- A higher proportion of those living in rural or frontier counties “balance of state” (29.0%) reported four or more ACEs, compared to Clark and Washoe County.

Table 11: ACEs by Type, Nevada, 2020-2024					
Experienced ACEs	**2020**	**2021**	**2022**	**2023**	**2024**
Emotional abuse	38.4%	42.2%	43.6%	44.0%	44.5%
Physical abuse	27.3%	33.5%	36.3%	36.5%	36.1%
Sexual abuse	14.7%	18.0%	18.1%	18.4%	18.1%

Witnessed intimate partner violence	20.8%	25.6%	23.2%	22.0%	24.5%
Parental separation or divorce	36.2%	37.7%	38.2%	35.8%	34.7%
Household member					
With substance use	33.0%	36.0%	32.7%	37.6%	35.7%
With mental Illness	17.5%	22.4%	21.0%	24.7%	22.2%
Had been incarcerated	9.8%	12.1%	12.3%	11.8%	14.3%

Source: Monitoring the Behavioral Risk Factor Surveillance System (BRFSS) in Nevada Dashboard, Nevada Office of Analytics, 2026.

- From 2020 to 2024, emotional abuse was the most commonly reported ACE among adults (2024: 44.5%)
- In 2024, 36.1% of adults in Nevada reported they had experienced physical abuse, and 35.7% reported they had a household member with substance use.

Perceived Risks

Perceived risk of using opioids – heroin (2)

Table 12: Perceived Great Risk from Trying Heroin Once or Twice, Among Various Age Groups 12 years and older, Nevada and the United States, 2023-2024 (combined)		
Age Group	**Nevada**	**United States**
12+ years	82.0%	81.2%
12-17 years	53.6%	55.5%
18+ years	84.7%	83.7%
18-25 years	74.6%	75.5%
26+ years	86.0%	84.9%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2023-2024.

- A higher proportion of individuals aged 12-25 years in the United States (12-17 years: 55.5%; 18-25 years: 75.5%) perceive there is great risk of trying heroin once or twice as a great risk compared to the same age groups in Nevada (12-17 years: 53.6%; 18-25 years: 74.6%).
- In Nevada just over half (53.6%) of those aged 12 – 17 years perceive there a great risk of tying heroin once or twice.

Perceived risk of using prescription drugs - self, parental, peer (2)

Table 13: High School Student Perceptions of Risk to Self and Parental and Peer Disapproval of Prescription Drug Misuse (%), Nevada, 2023-2025			
Perception	**Question**	**2023**	**2025**
Self	Reported that they think people are at **no/slight risk** of harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them	25.7%	25.7%
Parent	Reported that their parents feel it would be **not at all/a little bit wrong** for them to use prescription drugs not prescribed to them	11.8%	12.1%
Peer	Reported that their friends feel it would be **not at all/a little bit wrong** for them to use prescription drugs not prescribed to them	19.1%	18.5%

Source: University of Nevada, Reno, Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2023-2025.

- There were no significant changes in perception of risk and disapproval of opioid use among high school students between 2023-2025.[6]
- In 2025:
    - 25.7% of high school students thought there was no/slight risk of harming themselves if they misuse prescription drugs.
    - 12.1% of high school students thought their parents would feel it's not/a little bit wrong for them to misuse prescription drugs.
    - 18.5% of high school students through their friends/peers would feel it is not/a little bit wrong for them to misuse prescription drugs.

Opioid Use & Misuse

High School Students

Prescription pain medication misuse - lifetime (2)

Table 14: Percent of High School Students who ever Took Prescription Pain Medicine without a Doctor's Prescription or Differently than Prescribed, Nevada, 2017, 2019, 2021, 2021, and 2025					
Demographics	**2017**	**2019**	**2021**	**2023**	**2025**
Sex					
Female	15.1%	20.9%	20.6%	15.5%	19.1%
Male	14.3%	16.5%	11.9%	12.2%	13.0%

[6] Howard, L., Silva, I., Powers, MG., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. (2025). University of Nevada, Reno School of Public Health and State of Nevada, Division of Public and Behavioral Health. Nevada High School Youth Risk Behavior Survey (YRBS) Comparison Report, 2023-2025.

Table 14: Percent of High School Students who ever Took Prescription Pain Medicine without a Doctor's Prescription or Differently than Prescribed, Nevada, 2017, 2019, 2021, 2021, and 2025					
Demographics	**2017**	**2019**	**2021**	**2023**	**2025**
Race/Ethnicity					
American Indian/Alaska Native	28.0%	21.4%	18.4%	15.1%	27.5%
Asian	5.2%	15.1%	14.7%	13.2%	16.1%
Black	15.9%	17.4%	15.0%	13.8%	16.7%
Native Hawaiian/Pacific Islander	20.9%	21.5%	27.2%	14.0%	18.1%
White	14.7%	18.1%	17.0%	11.5%	14.3%
Hispanic/Latino	14.7%	20.6%	16.1%	16.2%	17.1%
Other/Multiple	20.4%	15.3%	17.7%	10.2%	17.6%
Region					
Carson City	15.5%	21.7%	17.3%	14.3%	14.7%
Douglas	21.3%	18.2%	16.1%	16.9%	18.2%
Elko, White Pine, Eureka	14.2%	16.8%	13.5%	12.1%	11.4%
Churchill, Humboldt, Pershing, Lander	18.1%	15.6%	20.9%	12.9%	13.1%
Lyon, Mineral, Storey	18.7%	17.1%	18.4%	17.2%	19.4%
Nye, Lincoln	12.3%	17.3%	11.5%	15.0%	11.8%
Washoe	14.8%	17.6%	14.5%	10.9%	12.7%
Clark	14.5%	19.2%	16.9%	14.5%	17.3%
Nevada	14.8%	18.8%	16.4%	14.0%	16.3%

Notes: Took prescription pain medicine (e.g., codeine, 'Vicodin', 'OxyContin', 'Hydrocodone', and 'Percocet') one or more times during their life

Source: University of Nevada, Reno, 2017-2025 Nevada High School Youth Risk Behavior Survey (YRBS) State Reports

- The self-reported lifetime use of prescription pain medication (without a doctor's prescription or differently than prescribed) was higher among female high school students compared to males, each year 2017 to 2025.
- The self-reported lifetime use of prescription pain medication (without a doctor's prescription or differently than prescribed) was high among American Indian/Alaska Native high school students each year 2017 to 2025.
- The self-reported lifetime use of prescription pain medication (without a doctor's prescription or differently than prescribed) was high among high school students from Douglas County, and the combined region of Lyon, Mineral, and Storey counties each year 2017 to 2025.

High school prescription pain medication misuse - current (2,3)

Table 15: Percent of High School Students who took Prescription Pain Medicine without a Doctor's Prescription or Differently than Prescribed during the 30 days before the Survey, Nevada, 2017, 2019, 2021, 2021, and 2025					
Demographics	**2017**	**2019**	**2021**	**2023**	**2025**
Sex					
Female	6.3%	9.1%	9.7%	6.5%	8.7%
Male	7.6%	7.4%	5.6%	5.4%	5.9%
Race/Ethnicity					
American Indian/Alaska Native	7.7%	13.4%	10.1%	7.8%	13.9%
Asian	2.3%	6.8%	5.8%	6.2%	9.1%
Black	10.4%	9.6%	9.8%	8.3%	8.6%
Native Hawaiian/Pacific Islander	8.2%	14.6%	12.8%	0.9%	11.0%
White	6.7%	6.9%	7.2%	4.0%	6.0%
Hispanic/Latino	6.7%	9.4%	7.7%	6.9%	8.0%
Other/Multiple	9.1%	4.5%	10.0%	6.2%	6.0%
Region					
Carson City	6.4%	5.9%	10.3%	6.0%	7.2%
Douglas	14.9%	6.3%	5.9%	7.7%	7.5%
Elko, White Pine, Eureka	6.9%	9.7%	7.1%	5.4%	7.1%
Churchill, Humboldt, Pershing, Lander	11.1%	8.6%	10.2%	5.6%	3.6%
Lyon, Mineral, Storey	8.3%	7.5%	5.9%	6.5%	9.9%
Nye, Lincoln	6.7%	7.8%	6.8%	7.4%	4.8%
Washoe	7.4%	6.2%	5.7%	5.4%	4.8%
Clark	6.6%	8.8%	8.3%	6.1%	8.2%
Nevada	7.0%	8.3%	7.9%	6.0%	7.5%

Notes: Took prescription pain medicine (e.g., codeine, 'Vicodin', 'OxyContin', 'Hydrocodone', and 'Percocet') one or more times during the 30 days before the survey

Source: University of Nevada, Reno, 2017-2025 Nevada High School Youth Risk Behavior Survey (YRBS) State Reports

- The self-reported current (past 30 days) use of prescription pain medication (without a doctor's prescription or differently than prescribed) was higher among female high school students compared to males, from 2019 to 2025.
- The self-reported current (past 30 days) use of prescription pain medication (without a doctor's prescription or differently than prescribed) was high among American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Black high school students from 2017 to 2025.
- The self-reported current (past 30 days) use of prescription pain medication (without a doctor's prescription or differently than prescribed) was high among high

school students from Douglas County, and the combined region of Lyon, Mineral, and Storey counties each year 2017 to 2025.

Population Age 12 years & older

Prescription pain reliever misuse past (2)
Illicit drug use disorder past year (3)
Prescription pain reliever use disorder past year (2)
Heroin use past year (2, 3)

Table 16: Model-based Prevalence Estimates of Substance use by Age Group, Nevada and the United States, 2023-2024 (combined)

Substance Type	Region	Age Group				
		12+	12-17	18+	18-25	26+
Illicit drug use-past month	NV	21.5%	8.3%	22.7%	33.2%	21.4%
	US	16.8%	7.4%	17.7%	25.8%	16.5%
Use, Misuse, or Disorder in Past Year						
Cocaine use	NV	1.8%	0.3%	1.9%	2.7%	1.8%
	US	1.6%	0.3%	1.8%	2.7%	1.6%
Methamphetamine use	NV	1.4%	0.2%	1.5%	0.5%	1.6%
	US	0.9%	0.2%	0.9%	0.4%	1.0%
Heroin use	NV	~	~	0.2%	0.1%	0.2%
	US	~	~	0.2%	0.1%	0.3%
Prescription pain reliever misuse	NV	3.5%	1.6%	3.7%	2.7%	3.8%
	US	2.8%	1.8%	2.9%	2.5%	2.9%
Illicit drug use disorder	NV	12.7%	8.2%	13.2%	25.9%	11.5%
	US	9.7%	6.7%	10.0%	17.9%	8.8%
Prescription pain reliever use disorder	NV	2.1%	0.9%	2.2%	1.1%	2.3%
	US	1.6%	1.0%	1.7%	1.0%	1.8%

~data not available

Note: Note: Illicit drug use includes the misuse of prescription psychotherapeutics or the use of marijuana (including vaping), cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2023-2024.

- From 2023-2024 (combined data), the past month illicit drug use was highest in Nevada (33.2%) and the United States (25.8%) among adults aged 18-25 years.
- Those aged 18-25 years have the highest prevalence of substance use among all categories, except for past year prescription pain reliever misuse which is highest among ages 26 years and older.
- Past year illicit drug use, including cocaine, methamphetamine, and heroin, was higher in Nevada compared to the United States for those aged 12 years and older.

- Prevalence of illicit drug use disorder and prescription pain reliever use disorder was also higher in Nevada compared to the United States those aged 12 years and older.

Preferred primary substance used – heroin, other opioids (2, 3, 4)

Table 17: Percent of People Ages 12 and Older in Treatment by Report of Primary Substance used – Heroin and Other Opioids, Nevada, 2023		
	Heroin % (n)	**Other Opioids % (n)**
Nevada (overall)	**5.7% (571)**	**6.8% (673)**
Demographics Among those Who Report Respective Substance as Primary Substance Used	**Heroin % (n = 571)**	**Other Opioids % (n = 673)**
Sex		
Male	67.5%	64.0%
Female	32.5%	36.0%
Age Group		
12-17 years	0.0%	0.3%
18-20 years	1.1%	2.7%
21-25 years	4.7%	11.6%
26-30 years	22.6%	22.9%
31-35 years	27.8%	26.7%
36-40 years	16.5%	13.4%
41-45 years	11.0%	8.9%
46-50 years	5.3%	4.6%
51-55 years	4.6%	3.1%
56-60 years	3.3%	3.1%
61-65 years	2.8%	1.9%
66+ years	0.4%	0.7%
Race		
White	18.9%	15.2%
Black or African American	1.4%	1.9%
American Indian or Alaska Native	0.9%	0.7%
Asian or Native Hawaiian or Other Pacific Islander	0.7%	0.9%
Other	1.4%	2.1%
Unknown	76.7%	79.1%
Ethnicity		
Hispanic or Latino	20.3%	16.9%
Not Hispanic or Latino	75.3%	76.8%
Unknown	4.4%	6.2%

Source: SAMHSA, Treatment Episode Data Set: Admissions (TEDS-A) Nevada, 2023

- Among individuals aged 12 and older who entered substance use treatment in Nevada in 2023, 5.7% primarily used heroin and 6.8% primarily used other opioids.
- Among individuals who primarily used opioids, the majority were male.

  - Heroin: 67.5% male
  - Other opioids: 64.0% male
- Ages 26-35 accounted for half of individuals who used heroin and other opioids as their primary substance.
  - 26-30 years: 22.6% heroin, 22.9% other opioids
  - 31-35 years: 27.8% heroin, 26.7% other opioids
- Among all races and ethnicities, individuals who primarily used heroin and other opioids were most common among white and non-Hispanic.
  - Heroin: 18.9% white, 75.3% non-Hispanic
  - Other opioids: 15.2% white, 76.8% non-Hispanic

Note: Race data were missing in 76.7% of individuals who use heroin as their primary substance and 79.1% who use other opioids, so use caution when interpreting results.

Adults

Adults who have ever taken a prescription drug without a doctor's prescription (2)
Adults who used prescription drugs without a doctor's order just to feel good or to get high in the past 30 days (2, 3)

Table 18: Percent of Adults who Reported Substance Use by Type, Lifetime and Current Use, Nevada, 2020-2024					
Substance Type and Use	**2020**	**2021**	**2022**	**2023**	**2024**
Ever taken a prescription drug without a doctor's prescription	18.6%	11.6%	13.9%	13.9%	10.8%
Ever used a prescription stimulant in any way a doctor did not direct you to use it	~	5.3%	4.4%	5.4%	4.1%
Ever used methamphetamine	~	8.8%	11.6%	13.3%	~
Used heroin - past 12 months	~	0.5%	0.8%	0.2%	~
Used illegal drug - past 30 days	2.9%	2.3%	2.2%	2.3%	~
Used prescription drugs without doctor’s order to feel good or get high - past 30 days	0.8%	1.7%	0.7%	0.9%	~

~ question not asked

Note: prescription drugs such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin or Xanax

Source: Nevada Health Authority, Office of Analytics, Monitoring the Behavioral Risk Factor Surveillance System (BRFSS) in Nevada dashboard

- In 2024, 10.8% of adults reported they have taken a prescription drug without a doctor’s prescription, this has declined from 2020 (18.6%).
- In 2024, 4.1% of adults reported they had ever used a stimulant in any way a doctor did not direct them to use it, this has remained relatively stable since 2021.
- In 2023, 13.3% of adults reported having ever used methamphetamine.

- In 2023, 2.3% of adults reported having used an illegal drug in the past 30 days.

Exposed Infants

Infants born to mothers using substances (2, 4, 5)
Infants born to mothers using opioids (2,4,5)

Table 19: Infants Born to Mother Using Substances and Opioids, Nevada, 2017-2024				
Year	**Total Number Born to Mother Using Substances**	**Opioids % (n)**	**Rate of Infants Born to Mother Using Substances**	**Rate of Infants Born to Mother Using Opioids**
2017	1,885	17.8% (336)	52.9	9.4
2018	2,310	16.9% (390)	65.0	11.0
2019	2,285	18.5% (423)	65.3	12.1
2020	2,492	15.3% (381)	74.2	11.3
2021	2,666	15.9% (423)	79.6	12.6
2022	2,370	16.8% (399)	72.3	12.2
2023	2,422	17.8% (432)	76.9	13.7
2024	2,324	19.0% (442)	72.4	13.8

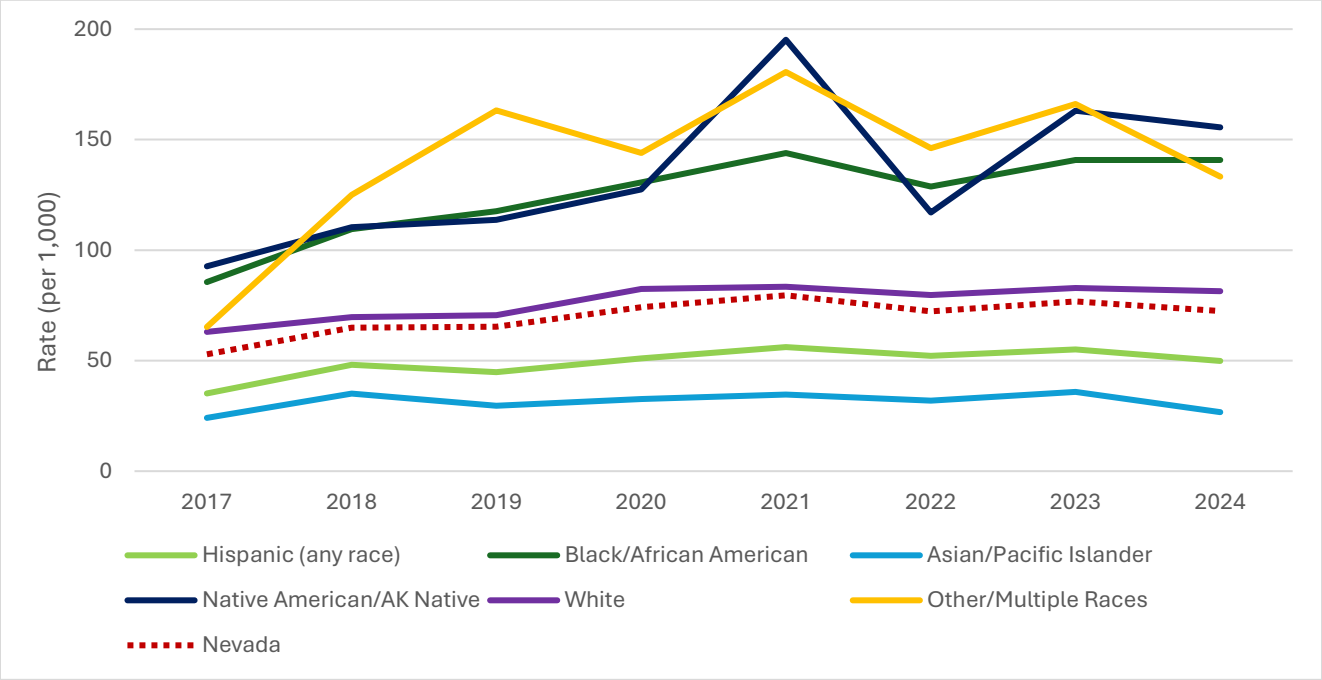
Rate per 1,000 births

Note: Excluding alcohol, tobacco, or both

Source: Nevada Health Authority, Office of Analytics, Nevada residents Medicaid claims and hospital billing records, data provided upon request

- From 2017 to 2024, the rate of infants born to mothers using substances and opioids in Nevada increased.
- The rate of infants born to mothers using any substance peaked in 2021 (79.6 per 1,000 births).
- The rate of infants born to mothers using opioids peaked in 2024 (13.8 per 1,000 births).

Figure 1: Rate (per 1,000) of infants born to a mother using substances in Nevada, 2017-2024.

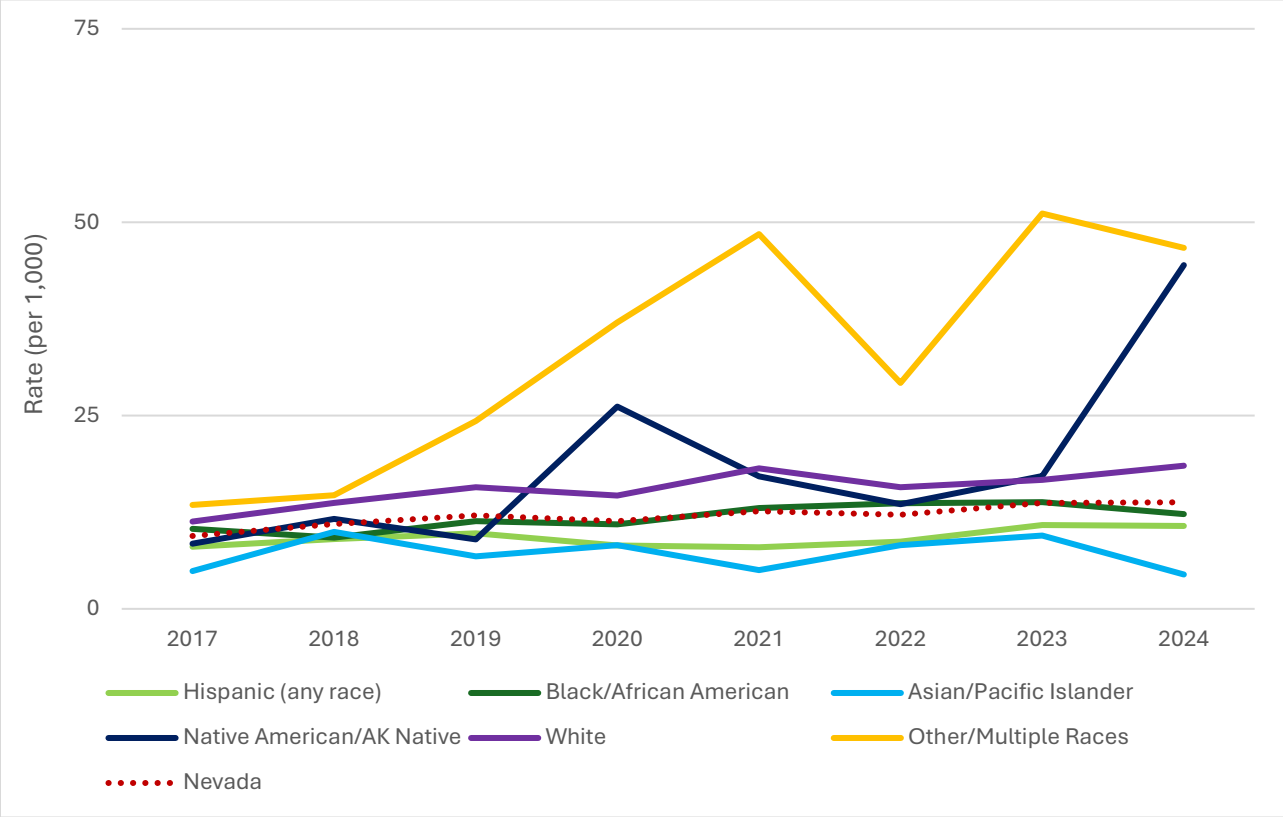


Note: excluding alcohol, tobacco, or both

Source: Nevada Health Authority, Office of Analytics, Nevada residents Medicaid claims and hospital billing records, data provided upon request

- The rate (per 1,000) of infants born to mothers using substances gradually increased from 2017-2024.
- The rates (per 1,000) for White, Black/African American, Native American/Alaska Native, and Other/Multiple race groups were higher than the statewide rate from 2017-2024.
- The rates (per 1,000) were noticeably higher for Native American/Alaska Native, Black/African American, and Other/Multiple race groups than others from 2017-2024.
    - The rates (per 1,000) for these race groups peaked in 2021 and have fluctuated through 2024
        - Native American/Alaska Native: 195.2
        - Black/African American: 143.9
        - Other/Multiple: 180.6

Figure 2: Rate (per 1,000) of infants born to a mother using opioids in Nevada, 2017-2024

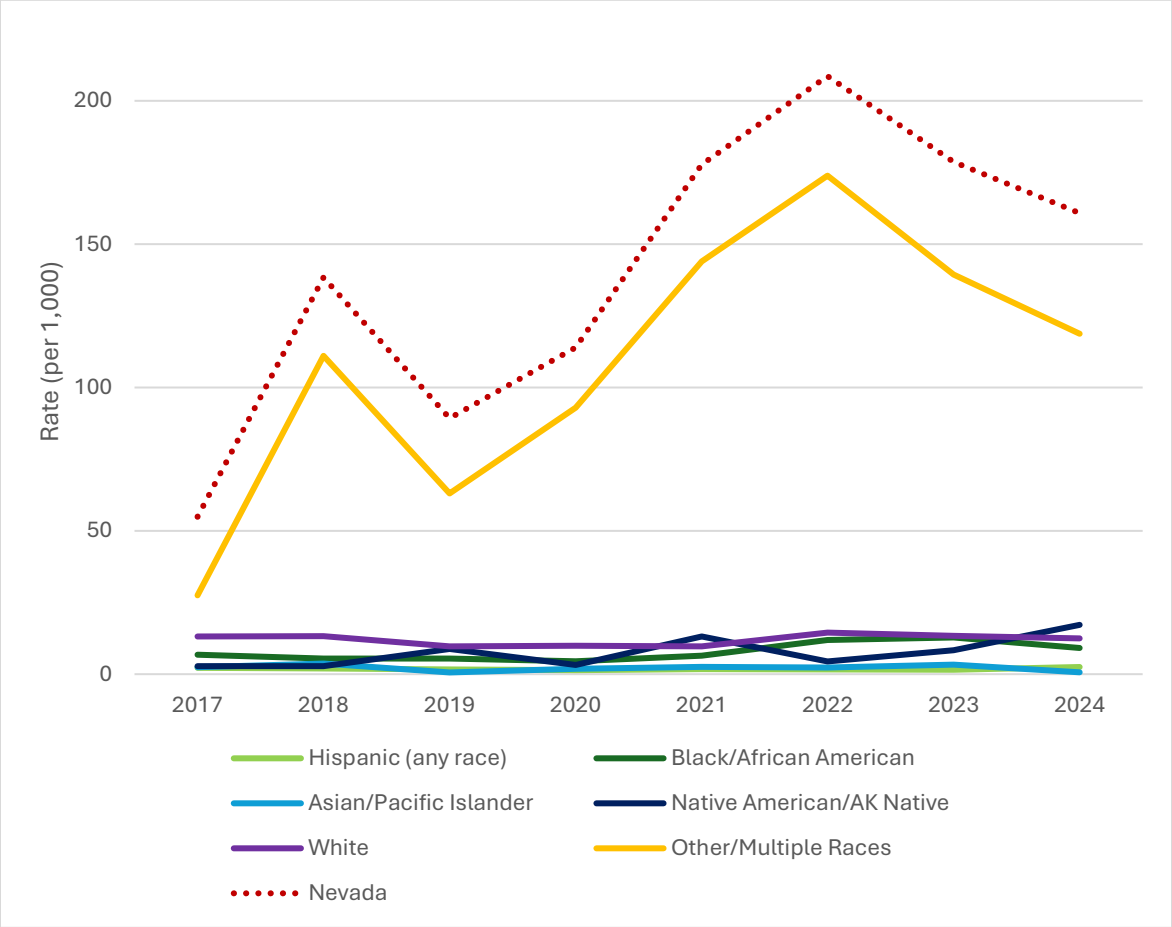


Source: Nevada Health Authority, Office of Analytics, Nevada residents Medicaid claims and hospital billing records, data provided upon request

- The rate (per 1,000) of infants born to mothers using opioids in Nevada has increased from 2017-2024.
- The rates (per 1,000) were consistently higher for White, Native American/Alaska Native, and Other/Multiple race groups than the statewide rate from 2017-2024.
- The rate (per 1,000) of infants born to mothers using opioids sharply increased for Native American/Alaska Native individuals from 2023 (17.2) to 2024 (44.4).

Neonatal abstinence syndrome (2,4,5)

Figure 3: Rate (per 1,000 birth) of Neonatal Abstinence Syndrome, Nevada, 2017-2024.



Source: Nevada Health Authority, Office of Analytics, Nevada residents Medicaid claims and hospital billing records, data provided upon request

- The rate (per 1,000 births) of neonatal abstinence syndrome increased from 2017-2024 in Nevada, with a peak in 2022 (208.6).
- Rates have increased from 2017-2024 for all race groups except White (2017: 13.2, 2024: 12.5) and Asian/Pacific Islander (2017: 2.4, 2024: 0.7).

Infant mortality rate (per 1,000 births) due to opioid exposure (2,4,5)

- There were <5 annual infant deaths due to opioid exposure in Nevada from 2017-2024.[7]

[7] Nevada Health Authority, Office of Analytics, Nevada Vital Statistics, data provided upon request

Impacts on Children & Families

CPS reports due to drug or alcohol-use (2,4,5)

CPS reports substantiated due to drug or alcohol-use as a contributing factor or tracking characteristic (2,4,5)

Foster care placements due to parental drug and/or alcohol use (2,4,5)

Table 20: Percent of Child Protective Services (CPS) and Foster Care Systems Related to Parental Drug or Alcohol Use, Nevada, 2020-2024

CPS and Foster Care Documentation	2020	2021	2022	2023	2024
CPS reports with one or more substance-related allegation	2.7%	2.7%	3.1%	3.1%	3.0%
CPS substantiation due to drug or alcohol-use as a contributing factor	1.1%	1.2%	1.0%	1.3%	1.2%
Foster care placements due to parental drug and/or alcohol use	16.0%	20.0%	24.4%	24.6%	23.6%

Source: Nevada Health Authority, Office of Analytics, UNITY Needs Assessment Project, data provided upon request

- From 2020 through 2024, the percent of CPS reports and CPS reports substantiated due to parental drug and/or alcohol use remained low and stable.
- The percent of foster care placements due to parental drug and/or alcohol use in Nevada has increased since 2020 (16.1%) to 2024 (23.7%).

Healthcare System Utilization

Emergency department visits opioids (2,3)

Emergency department visits other drugs (N/A)

Inpatient hospitalizations opioids (2,3)

Inpatient hospitalizations other drugs (N/A)

Table 21: Rate per 100,000 Population of Emergency Department Visits and Inpatient Hospitalizations for Opioids and Other Drugs, Nevada, 2016-2024

Circumstance	2016	2017	2018	2019	2020	2021	2022	2023	2024
ED visits for opioids	256.4	243.1	216.8	201.3	187.7	193.1	179.7	188.1	226.5
ED visits for other drugs	1175.6	1083.4	1077.1	1090.0	1127.2	1062.0	1276.3	1370.0	1336.9
Inpatient hospitalizations for opioids	299.4	298.0	320.4	307.4	274.9	256.6	254.3	246.9	281.4

Table 21: Rate per 100,000 Population of Emergency Department Visits and Inpatient Hospitalizations for Opioids and Other Drugs, Nevada, 2016-2024									
Circumstance	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Inpatient hospitalizations for other drugs	675.4	784.5	943.6	978.4	922.3	918.7	800.6	778.4	827.3

Notes: Opioids: ICD-10 codes F11. Other drugs: ICD-10 codes F12-F16, F19

Source: Nevada Health Authority, Office of Analytics, data provided by request

- From 2016 through 2024, the rates for both emergency department (ED) visits and inpatient hospitalizations were higher for other drugs combined, compared to opioids.
- The rate of ED visits declined for opioids from 2016 through 2024, however rates of ED and inpatient visits for other drugs combined and the inpatient hospitalization rate due to opioids increased from 2016 through 2024.

Table 22: Percent of Persons with Emergency Visits and Inpatient Hospitalizations due to Opioid and Other Drugs Insured by Medicaid or CHIP, 2016-2024, Nevada									
Circumstance	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
ED visits - opioids	47.9%	48.3%	48.2%	50.8%	52.0%	54.5%	52.1%	56.2%	56.0%
ED visits - other drugs	51.3%	52.1%	52.8%	54.6%	55.0%	57.3%	56.4%	60.5%	59.1%
Inpatient hospitalizations - opioids	51.3%	51.0%	52.5%	55.7%	58.3%	59.8%	59.6%	62.6%	61.4%
Inpatient hospitalizations - other drugs	62.1%	61.4%	61.6%	63.0%	63.8%	64.4%	65.6%	69.0%	69.5%

Notes: Children's Health Insurance Program (CHIP)

Opioids: ICD-10 codes F11. Other drugs: ICD-10 codes F12-F16, F19

Source: Nevada Health Authority, Office of Analytics, data provided by request

- From 2016 through 2024, among those with an emergency department (ED) visit or inpatient hospitalization for opioids and other drugs, approximately half (47.9%) to nearly 70% were insured by Medicaid or the Nevada Children's Health Insurance Program (CHIP).
- The proportion of persons with an ED visit or inpatient hospitalization for opioids and other drugs that are insured by Medicaid or CHIP have been increasing from 2016 to 2024.

Screening & Treatment

Medicaid beneficiaries with substance use, abuse or dependence (4)

Table 23: Percent of Medicaid Beneficiaries with any Substance Use Disorder on the Claim by County, Nevada, 2020-2024					
County	**2020**	**2021**	**2022**	**2023**	**2024**
Carson City	8.4%	7.2%	7.0%	6.6%	7.3%
Churchill	6.2%	6.5%	6.1%	6.6%	6.3%
Clark	4.6%	4.2%	4.2%	4.2%	4.6%
Douglas	6.8%	5.8%	5.9%	5.7%	6.0%
Elko	5.2%	4.7%	4.7%	4.7%	4.9%
Esmeralda	3.5%	7.3%	1.3%	1.5%	3.8%
Eureka	2.3%	4.1%	5.7%	4.6%	5.6%
Humboldt	3.7%	3.5%	4.4%	5.7%	6.0%
Lander	3.6%	3.6%	2.9%	3.7%	4.3%
Lincoln	4.0%	3.0%	4.5%	5.4%	10.4%
Lyon	6.2%	5.4%	5.6%	5.5%	5.5%
Mineral	6.6%	7.1%	5.9%	5.5%	5.9%
Nye	5.9%	6.2%	6.4%	6.7%	6.9%
Pershing	7.8%	5.7%	5.7%	5.7%	6.9%
Storey	7.9%	5.9%	5.9%	5.4%	5.7%
Washoe	6.5%	6.4%	6.4%	6.6%	6.7%
White Pine	5.6%	5.2%	5.5%	5.6%	6.6%
Nevada	**5.0%**	**4.6%**	**4.6%**	**4.6%**	**5.0%**

Note: Excluding alcohol and tobacco

Source: Nevada Health Authority, Office of Analytics, data provided upon request

- From 2020 through 2024, approximately 5.0% of Nevada Medicaid beneficiaries had a diagnosis for substance use disorder (excluding alcohol and tobacco).
- In 2024, 3 of 17 Nevada counties (Clark, Elko, and Esmeralda) had a lower percentage of Medicaid beneficiaries with an SUD diagnosis, compared to Nevada overall.

Table 24: Percent of Medicaid Beneficiaries with any Substance Use Disorder on the claim by Age Group and Race/Ethnicity, Nevada, 2024	
Age Group	**Percent**
<18 years	0.4%
18-24 years	3.5%
25-34 years	8.9%
35-44 years	11.6%
45-54 years	9.9%
55-64 years	7.7%
65+ years	3.1%
Race/Ethnicity	

Table 24: Percent of Medicaid Beneficiaries with any Substance Use Disorder on the claim by Age Group and Race/Ethnicity, Nevada, 2024	
Hispanic (any race)	2.6%
African American	5.2%
Asian/Pacific Islander	2.0%
Native American/AK Native	8.9%
White	8.7%
Other/Multiple Races	3.7%
Unknown	5.5%

Note: Excluding alcohol and tobacco

Source: Nevada Health Authority, Office of Analytics, data provided upon request

- In 2024 a higher proportion of Medicaid beneficiaries aged 35-44 years (11.6%) and those who are Native American/Alaksa Native (8.9%) and White (8.7%) had a SUD, compared to other age groups and race/ethnicities.

Medicaid beneficiaries assessed for substance use disorder (SUD) treatment needs using a standardized screening tool (4)

Table 25: Medicaid Beneficiaries Assessed for Substance Use Disorder (SUD) Treatment Needs using a Standardized Screening Tool, Nevada, 2020-2024				
2020	**2021**	**2022**	**2023**	**2024**
8.1%	13.4%	23.9%	24.1%	27.1%

Source: Nevada Health Authority, Office of Analytics, data provided upon request

- From 2020 through 2024 the percent of Medicaid beneficiaries have been assessed for SUD treatment needs with a standardized screening tool has increased from 8.1% to 27.1%.

Medicaid authorized providers billing for SBIRT (4)
Medicaid authorized providers billing for substance use disorders (4)
Medicaid authorized providers billing for opioid use disorders (4)
Hospitals billing for MAT induction in emergency departments (1, 3, 4)

Table 23: Percent of Medicaid Authorized Providers and Hospitals Billing for Substance-related Services, Nevada, 2020-2024					
Substance-related Service	**2020**	**2021**	**2022**	**2023**	**2024**
Percent of Medicaid authorized providers billing for SBIRT	1.9%	1.7%	1.9%	2.1%	2.5%
Percent of Medicaid authorized providers billing for substance use disorders**	22.9%	23.7%	24.0%	23.8%	24.8%
Percent of Medicaid authorized providers billing for opioid use disorders	17.0%	18.0%	18.3%	17.9%	18.9%
Percent of hospitals billing for MAT induction in emergency departments	0.0%	0.0%	0.0%	1.0%	0.7%

Notes: Screening, Assessment, Brief Interventions, and Referral to Treatment (SBIRT) 15-30 and 30+ minutes combined.
**Alcohol and tobacco use disorders were excluded.
Source: Nevada Health Authority, Office of Analytics, data provided up on request

- From 2020 through 2024, less than 3.0% percent of Medicaid authorized providers have been billing for Screening, Assessment, Brief Interventions, and Referral to Treatment (SBIRT), including 15–30 minute evaluations or 30 or more minute evaluations.
- In 2024, 24.8% of Medicaid authorized providers billed for a substance use disorder (excluding alcohol or tobacco).
- In 2024, 18.9% of Medicaid authorized providers billed for an opioid use disorder.
- From 2020 through 2024, only up to 1.0% of Nevada's hospitals billed for medication assisted treatment (MAT) induction in an emergency department.

Medicaid beneficiaries who have a claim for MAT for SUD during the measurement period (1,3,4)

Table 24: Medicaid Beneficiaries who Receive Medication Assisted Treatment (MAT) for Substance Use Disordered (SUD) among those with an Associated SUD Diagnosis, Nevada, 202-2024

County	2020	2021	2022	2023	2024
Carson City	24.4%	29.5%	34.0%	35.9%	38.7%
Churchill	23.2%	31.6%	30.5%	30.6%	36.6%
Clark	21.8%	24.4%	25.5%	27.4%	27.6%
Douglas	34.7%	39.9%	38.3%	43.7%	50.3%
Elko	23.8%	28.9%	29.9%	32.6%	32.4%
Esmeralda	0.0%	9.1%	0.0%	0.0%	0.0%
Eureka	50.0%	22.2%	26.7%	35.7%	35.3%
Humboldt	17.4%	24.2%	30.8%	31.3%	31.5%
Lander	12.5%	29.7%	15.6%	22.0%	32.6%
Lincoln	37.8%	38.7%	42.9%	22.0%	24.5%
Lyon	24.2%	27.0%	31.8%	32.2%	33.1%
Mineral	17.3%	22.4%	31.0%	35.4%	44.2%
Nye	23.7%	23.5%	24.8%	29.6%	26.1%
Pershing	28.6%	33.3%	37.5%	45.9%	40.3%
Storey	43.8%	38.5%	50.0%	66.7%	33.3%
Washoe	32.0%	33.2%	35.0%	36.4%	38.4%
White Pine	31.4%	41.1%	49.5%	52.8%	55.7%
Nevada	**23.7%**	**26.2%**	**27.7%**	**29.5%**	**30.0%**

Source: Nevada Health Authority, Office of Analytics, data provided upon request

- The proportion of Medicaid beneficiaries with an SUD diagnosis who received MAT increased from 2020 (23.7%) to 2024 (30.0%).

- The proportion of Medicaid beneficiaries with an SUD diagnosis who received MAT increased from 2020 to 2024 in 14 of 17 Nevada counties, and decreased in Eureka, Lincoln, and Storey counties.

Medicaid beneficiaries with an emergency department (ED) visit with a principal diagnosis for substance use disorder (SUD) and received follow-up care for SUD within 7 or 30 days of the ED visit (3,4)

Table 25: Percent of Medicaid Beneficiaries Age 18+ with an ED visit where the Principal Diagnosis was SUD and Received follow-up for SUD Within 7 or 30 Days					
Timeframe	**2020**	**2021**	**2022**	**2023**	**2024**
Within 7 days	26.5%	28.0%	20.8%	20.2%	20.6%
Within 30 days	37.8%	42.2%	30.6%	29.5%	29.6%

Notes: Alcohol and tobacco excluded

Substance use disorder (SUD), alcohol/drug dependence, or a drug overdose

Percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge or within 30 days after the visit or discharge

Source: Nevada Health Authority, Office of Analytics, data provided upon request

- In 2024, 20.6% of Medicaid beneficiaries with an ED visit with a primary diagnosis was a substance use disorder (see table note) had a follow up appointment for SUD, and 29.6% received a follow up for SUD within 30 days.

Medicaid beneficiaries with a high-intensity visit with a principal diagnosis for SUD and received follow-up care for SUD within 7 or 30 days of the high-intensity visit (3,4)

Table 26: Percent of Medicaid Beneficiaries Age 18+ with High-Intensity Care Visits with an SUD Diagnosis that Received Follow-up for SUD Within 7 or 30 Days					
Timeframe	**2020**	**2021**	**2022**	**2023**	**2024**
Within 7 days	37.7%	26.9%	27.5%	27.6%	31.0%
Within 30 days	52.0%	44.9%	43.8%	46.7%	48.4%

Notes: Alcohol and tobacco excluded

Percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge or within 30 days after the visit or discharge

Source: Nevada Health Authority, Office of Analytics, data provided upon request

- In 2024, 31.0% of Medicaid beneficiaries with a high intensity visit resulting in a substance use disorder diagnoses had a follow up appointment for SUD, and nearly half (48.4%) received a follow up for SUD within 30 days.

Nevada MCO 7-day follow up (4)
Nevada MCO 30-day follow up (4)
Nevada FFS 7-day follow up (4)
Nevada FFS 30-day follow up (4)

Table 27: Percent of Medicaid Beneficiaries with an Emergency Department or High-Intensity Care Visit for Substance Use Disorder Who Received Follow-Up Care, by Payment Model and Timeframe, Nevada, 2024			
Payment Model and Timeframe	**Emergency Department Patients**	**High-Intensity Care Patients**	**All (ED and High-Intensity Care combined)**
MCO 7-day follow up	20.7%	32.6%	24.6%
FFS 7-day follow up	20.1%	22.5%	20.7%
MCO 30-day follow up	29.1%	50.4%	36.1%
FFS 30-day follow up	31.1%	37.6%	32.7%

Note: Managed Care Organization (MCO), Fee-for Service (FFS)

Alcohol and tobacco excluded

Percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge or within 30 days after the visit or discharge

Source: Nevada Health Authority, Office of Analytics, data provided upon request

- In 2024, among Medicaid beneficiaries with an ED visit for SUD, 20.7% of those covered by an MCO and 20.1% of those covered by FFS received a follow-up SUD visit within 7 days of discharge.
- In 2024, among Medicaid beneficiaries with a high-intensity care visit for SUD, 32.6% of those covered by an MCO and 22.5% of those covered by FFS received a follow-up SUD visit within 7 days of discharge.
- In 2024, among Medicaid beneficiaries with an ED visit for SUD, 29.1% of those covered by an MCO and 31.1% of those covered by FFS received a follow-up SUD visit within 30 days of discharge.
- In 2024, among Medicaid beneficiaries with a high-intensity care visit for SUD, 50.4% of those covered by an MCO and 37.6% of those covered by FFS received a follow-up SUD visit within 30 days of discharge.

Counties with a MAT Program implemented in county-level jail (6) - PENDING

Mortality

Deaths due to substances, excluding alcohol (N/A)

Table 28: Percent of Deaths Due to Substances - excluding Alcohol by Select Demographics, Nevada, 2020-2024					
Demographics	**2020**	**2021**	**2022**	**2023**	**2024**
Sex					
Female	34.1%	33.0%	35.1%	30.1%	30.3%
Male	65.9%	67.0%	64.8%	69.9%	69.7%
Age Group					
<18 years	1.3%	1.0%	1.1%	0.6%	0.5%
18-24 years	8.5%	5.9%	4.6%	3.2%	2.7%

Table 28: Percent of Deaths Due to Substances - excluding Alcohol by Select Demographics, Nevada, 2020-2024					
Demographics	**2020**	**2021**	**2022**	**2023**	**2024**
25-34 years	16.6%	16.6%	15.5%	15.1%	16.1%
35-44 years	15.9%	18.5%	20.1%	18.3%	20.1%
45-54 years	19.7%	20.6%	17.5%	17.1%	17.7%
55-64 years	21.8%	20.8%	21.9%	20.8%	21.8%
65+ years	16.2%	16.6%	19.4%	25.0%	21.2%
Race/Ethnicity					
Hispanic (any race)	14.8%	14.2%	14.8%	14.8%	15.5%
African American	13.9%	13.5%	12.0%	12.6%	14.6%
Asian/Pacific Islander	3.0%	2.9%	2.8%	3.0%	3.3%
Native American/AK Native	0.8%	1.7%	1.5%	1.7%	1.2%
White	66.9%	67.2%	68.4%	67.3%	62.2%
Other/Multiple Races	0.2%	0.0%	0.1%	0.2%	0.3%
Nevada (total number)	**1,186**	**1,389**	**1,391**	**1,727**	**1,778**

Notes: Deaths due to substances, excluding alcohol ICD-10 X40–X44 (unintentional drug poisoning) or Y10–Y14 (drug poisoning of undetermined intent); Among Nevada residents only

Source: Nevada Health Authority, Office of Analytics, Nevada Electronic Death Registry, data provided upon request

- Approximately 2 in 3 deaths due to substances (excluding alcohol) from 2020-2024 in Nevada occurred among males.
- About 4 in 10 deaths due to substances (excluding alcohol) occurred among those aged 55 years and older from 2020 to 2024.
- Approximately 2 in 3 deaths due to substances (excluding alcohol) from 2020-2024 in Nevada occurred those who are White, non-Hispanic.

Table 29: Percent of Deaths Due to Substances - excluding Alcohol by County, Nevada, 2020-2024					
County	**2020**	**2021**	**2022**	**2023**	**2024**
Carson City	2.7%	3.2%	3.6%	3.6%	3.7%
Churchill	1.3%	1.0%	0.8%	0.9%	0.3%
Clark	67.1%	65.0%	59.5%	63.3%	64.8%
Douglas	1.4%	1.3%	1.3%	1.2%	0.6%
Elko	0.7%	1.5%	1.9%	1.1%	1.3%
Esmeralda	0.1%	0.0%	0.0%	0.0%	0.0%
Eureka	0.0%	0.0%	0.1%	0.1%	0.0%
Humboldt	0.7%	0.5%	1.2%	0.7%	0.5%
Lander	0.2%	0.2%	0.1%	0.1%	0.0%
Lincoln	0.1%	0.1%	0.1%	0.4%	0.6%
Lyon	1.9%	1.9%	2.5%	1.7%	1.5%
Mineral	0.2%	0.1%	0.1%	0.4%	0.3%

Table 29: Percent of Deaths Due to Substances - excluding Alcohol by County, Nevada, 2020-2024					
County	**2020**	**2021**	**2022**	**2023**	**2024**
Nye	1.5%	2.5%	3.7%	3.3%	4.4%
Pershing	0.3%	0.5%	0.3%	0.3%	0.3%
Storey	0.1%	0.1%	0.3%	0.1%	0.2%
Washoe	19.6%	20.8%	22.2%	19.6%	15.4%
White Pine	0.3%	0.2%	0.4%	0.2%	0.4%
Unknown	2.0%	0.9%	1.9%	3.0%	5.8%

Note: Deaths due to substances, excluding alcohol ICD-10 X40–X44 (unintentional drug poisoning) or Y10–Y14 (drug poisoning of undetermined intent)

Among Nevada residents only

Source: Nevada Health Authority, Office of Analytics, Nevada Electronic Death Registry, data provided upon request

- Approximately 2 out of 3 deaths due to substances have occurred in Clark County from 2020 to 2024.
- Approximately 1 in 5 deaths due to substances have occurred in Washoe County from 2020 to 2023, this decreased in 2024 to 15.4%.
- Eight of Nevada's 17 counties contributed less than 1.0% of deaths due to substances each year from 2020 to 2024.

Table 30: Rate of Deaths Due to Substances - excluding Alcohol by County, Nevada, 2020-2024					
County	**2020**	**2021**	**2022**	**2023**	**2024**
Carson City	56.4	78.9	85.7	105.0	107.9
Churchill	61.2	53.2	41.4	56.3	22.0
Clark	34.1	38.9	35.4	45.7	48.2
Douglas	34.3	36.3	34.2	39.3	17.9
Elko	14.6	38.5	47.9	33.7	41.4
Esmeralda	~				
Eureka	~				
Humboldt	47.0	40.7	89.3	67.2	50.6
Lander	0.0	33.1	48.4	16.2	32.1
Lincoln	19.1	19.3	40.2	140.5	211.4
Lyon	38.0	46.5	57.9	47.1	39.9
Mineral	42.3	41.4	41.1	144.4	104.8
Nye	36.5	71.0	99.4	109.5	150.6
Pershing	43.8	100.2	54.5	68.2	83.5
Storey	23.7	45.9	90.4	21.8	67.3
Washoe	48.7	59.6	61.6	66.3	53.3
White Pine	28.1	29.2	50.0	29.6	68.6
Nevada	**37.5**	**44.0**	**43.4**	**52.8**	**54.2**

~ fewer than 4 deaths for all years combined

Notes: Rate per 100,000 population

Deaths due to substances, excluding alcohol ICD-10 X40–X44 (unintentional drug poisoning) or Y10–Y14 (drug poisoning of undetermined intent)

Among Nevada residents only

Source: Nevada Health Authority, Office of Analytics, Nevada Electronic Death Registry, data provided upon request

- The rate of death due to substances (excluding alcohol) have increased from 2020-2024 in all counties except for Churchill, Douglas, and Lander Counties.
- In 2024, the rate of death due to substances (excluding alcohol) was highest in Nye County (150.3 per 100,000 population), Carson City (107.9 per 100,000 population, and Mineral County (104.8 per 100,000 population).

Deaths with opioids involved (opioid-related) (2,3)

Table 40: Percent of Deaths with Opioids Involved (Opioid-related) by Select Demographics, Nevada, 2020-2024

Sex	**2020**	**2021**	**2022**	**2023**	**2024**
Female	34.9%	39.0%	36.2%	27.8%	27.5%
Male	65.1%	61.0%	63.8%	72.2%	72.5%
Age Group					
<18 years	15.3%	10.1%	7.5%	6.1%	3.9%
18-24 years	22.5%	25.0%	24.5%	25.5%	24.4%
25-34 years	19.2%	20.1%	25.4%	26.4%	26.9%
35-44 years	16.4%	16.4%	15.6%	17.6%	17.2%
45-54 years	15.5%	15.1%	15.1%	15.0%	16.2%
55-64 years	8.8%	11.9%	10.0%	9.3%	10.4%
65+ years	2.3%	1.5%	1.9%	0.2%	0.9%
Race/Ethnicity					
Hispanic (any race)	17.4%	17.1%	18.0%	18.3%	20.8%
African American	12.7%	12.7%	11.4%	13.6%	14.3%
Asian/Pacific Islander	2.3%	2.0%	1.6%	1.9%	2.1%
Native American/AK Native	0.9%	0.8%	1.3%	1.6%	0.8%
White	66.4%	67.3%	67.4%	64.2%	58.8%
Other/Multiple Races	0.2%	0.0%	0.0%	0.4%	3.2%

Note: Deaths with opioids involved

Among Nevada residents only

Source: Nevada Health Authority, Office of Analytics, SUDORS, data provided upon request

- Approximately 2 in 3 deaths involving opioids from 2020 to 2022 in Nevada occurred among males, this increased in 2023 and 2024 to 7 in 10.
- Those aged 18 to 34 years old contributed the largest proportion of deaths involving opioids, ranging from 41.7% (18-24 years and 25-34 years combined) in 2020 to a high of 51.9% in 2023.

- Approximately 2 in 3 deaths involving opioids from 2020 to 2024 in Nevada occurred among white, non-Hispanic populations.

Table 41: Percent of Deaths with Opioids Involved (Opioid-related) by County, Nevada, 2020-2024					
County	**2020**	**2021**	**2022**	**2023**	**2024**
Carson City	0.9%	1.3%	2.1%	3.0%	1.4%
Churchill	0.7%	0.5%	0.3%	0.1%	0.1%
Clark	70.8%	65.2%	60.1%	62.5%	71.0%
Douglas	1.6%	1.0%	0.6%	1.2%	0.7%
Elko	1.2%	1.0%	3.0%	1.6%	1.3%
Esmeralda	0.0%	0.0%	0.0%	0.0%	0.0%
Eureka	0.0%	0.0%	0.0%	0.1%	0.0%
Humboldt	0.5%	0.2%	0.3%	0.9%	0.5%
Lander	0.4%	0.5%	0.2%	0.2%	0.0%
Lincoln	0.2%	0.2%	0.2%	0.0%	0.0%
Lyon	1.6%	2.2%	1.6%	1.2%	1.3%
Mineral	0.0%	0.2%	0.0%	0.1%	0.1%
Nye	1.9%	2.2%	2.9%	1.6%	2.0%
Pershing	0.2%	0.3%	0.5%	0.5%	0.5%
Storey	0.0%	0.2%	0.3%	0.0%	0.1%
Washoe	19.4%	24.1%	25.0%	22.9%	14.6%
White Pine	0.2%	0.2%	0.5%	0.4%	0.7%
Unknown	0.5%	0.8%	2.5%	3.6%	5.8%

Note: Deaths with opioids involved

Among Nevada residents only

Source: Nevada Health Authority, Office of Analytics, SUDORS, data provided upon request

- Over half of deaths involving opioids in Nevada have occurred in Clark County from 2020 to 2024, increasing to 3 in 4 opioid related deaths in 2024.
- Washoe County had the second highest proportion of deaths involving opioids from 2020 to 2024.
- Ten of Nevada's 17 counties contributed less than 1.0% of opioid related deaths each year from 2020 to 2024.

Table 42: Rate of Deaths with Opioids Involved (Opioid-related) by County, Nevada, 2020-2024					
County	**2020**	**2021**	**2022**	**2023**	**2024**
Carson City	8.8	14.0	22.3	40.7	19.9
Churchill*	15.3	11.4	7.5	3.8	3.7
Clark	17.2	16.8	16.2	21.1	25.6
Douglas	18.2	12.1	7.6	18.7	10.8
Elko	12.8	11.0	33.7	23.0	19.0
Esmeralda	~				

Table 42: Rate of Deaths with Opioids Involved (Opioid-related) by County, Nevada, 2020-2024					
County	**2020**	**2021**	**2022**	**2023**	**2024**
Eureka			~		
Humboldt*	17.6	5.8	11.2	39.2	22.5
Lander*	33.1	48.4	16.2	32.1	0.0
Lincoln			~		
Lyon	15.6	22.4	16.5	16.3	16.9
Mineral			~		
Nye	22.3	26.4	35.1	25.0	32.8
Pershing*	14.6	28.6	40.8	54.5	55.7
Storey*	0.0	22.9	45.2	0.0	22.4
Washoe	23.1	29.7	31.3	36.2	24.5
White Pine*	9.4	9.7	30.0	29.6	58.8
Nevada	**17.9**	**18.9**	**19.6**	**24.7**	**26.3**

*fewer than 20 deaths for all years combined

~ fewer than 4 deaths for all years combined

Notes: Rate per 100,000 population

Deaths with opioids involved

Among Nevada residents only

Source: Nevada Health Authority, Office of Analytics, SUDORS, data provided upon request

- The rate of deaths involving opioids in Nevada have increased from 17.9 (per 100,000 population) in 2020 to 26.3 (per 100,000 population) in 2024.
- Ten of Nevada's 17 counties had fewer than 20 deaths involving opioids occurring among their respective residents from 2020 through 2024 combined.

Top substances contributing to death among unintentional or undetermined overdose related deaths in Nevada by substance type (N/A)

Table 43: Number of Deaths among Unintentional or Undetermined Overdose Related Deaths by Substance Type, Nevada, 2020-2024					
Drug Type	**2020**	**2021**	**2022**	**2023**	**2024**
Opioids					
Any opioids	515	489	503	712	730
Illicitly made fentanyl	215	255	318	545	575
Heroin	124	112	79	55	29
Non-opioids					
Methamphetamine	376	409	474	612	685
Benzodiazepine	169	129	91	117	95
Alcohol	101	101	93	162	126
Cocaine	89	77	96	132	163
Polysubstance Combinations					
Opioid + Stimulants	212	209	255	401	472
Opioid + Benzodiazepine	150	113	81	107	83

Table 43: Number of Deaths among Unintentional or Undetermined Overdose Related Deaths by Substance Type, Nevada, 2020-2024					
Drug Type	**2020**	**2021**	**2022**	**2023**	**2024**
Opioid + Alcohol	73	82	76	126	99

Note: Only substances causing the highest number of deaths were included

Source: Nevada Health Authority, Office of Analytics, SUDORS, data provided upon request.

- From 2020 to 2024, the top substance contributing to overdose related deaths in Nevada were opioids (any opioid).
- Methamphetamine was the second most common substance contributing to overdose related deaths in Nevada from 2020 to 2024.
- Illicitly made fentanyl was the third most common substance contributing to overdose related deaths in Nevada from 2020 to 2024.
- The combination of opioids and stimulants contribute to the highest number of polysubstance overdose related deaths in Nevada from 2020 to 2024.

Table 44: Top 5 Substances Contributing to Death among Unintentional or Undetermined Overdose related Deaths by Substance Type and County, Nevada, 2020-2024 (combined)					
County	**#1 substance**	**#2 sub.**	**#3 sub.**	**#4 sub.**	**#5 sub.**
Carson City	Multidrug / Unspecified Drugs	Opioids (excl. heroin)	Stimulants (excl. cocaine)	Alcohol	Sedatives / Benzodiazepines
Churchill	Opioids (excl. heroin)	Stimulants (excl. cocaine)	Other / Unspecified Drugs	Alcohol	Sedatives / Benzodiazepines
Clark	Multidrug / Unspecified Drugs	Opioids (excl. heroin)	Stimulants (excl. cocaine)	Sedatives / Benzodiazepines	Alcohol
Douglas	Opioids (excl. heroin)	Multidrug / Unspecified Drugs	Stimulants (excl. cocaine)	Alcohol	Sedatives / Benzodiazepines
Elko	Opioids (excl. heroin)	Multidrug / Unspecified Drugs	Stimulants (excl. cocaine)	Alcohol	Sedatives / Benzodiazepines
Esmeralda	Alcohol				
Eureka	Opioids (excl. heroin)	Multidrug / Unspecified Drugs			
Humboldt	Opioids (excl. heroin)	Multidrug / Unspecified Drugs	Stimulants (excl. cocaine)	Alcohol	Cocaine
Lander	Opioids (excl. heroin)	Stimulants (excl. cocaine)	Multidrug / Unspecified Drugs	Sedatives / Benzodiazepines	Alcohol
Lincoln	Opioids (excl. heroin)	Multidrug / Unspecified Drugs			

Table 44: Top 5 Substances Contributing to Death among Unintentional or Undetermined Overdose related Deaths by Substance Type and County, Nevada, 2020-2024 (combined)					
County	**#1 substance**	**#2 sub.**	**#3 sub.**	**#4 sub.**	**#5 sub.**
Lyon	Opioids (excl. heroin)	Multidrug / Unspecified Drugs	Stimulants (excl. cocaine)	Sedatives / Benzodiazepines	Alcohol
Mineral	Stimulants (excl. cocaine)	Opioids (excl. heroin)	Multidrug / Unspecified Drugs	Alcohol	Sedatives / Benzodiazepines
Nye	Multidrug / Unspecified Drugs	Stimulants (excl. cocaine)	Opioids (excl. heroin)	Sedatives / Benzodiazepines	Alcohol
Pershing	Opioids (excl. heroin)	Multidrug / Unspecified Drugs	Stimulants (excl. cocaine)	Alcohol	Sedatives / Benzodiazepines
Storey	Stimulants (excl. cocaine)	Opioids (excl. heroin)	Sedatives / Benzodiazepines	Alcohol	Multidrug / Unspecified Drugs
Washoe	Opioids (excl. heroin)	Multidrug / Unspecified Drugs	Stimulants (excl. cocaine)	Sedatives / Benzodiazepines	Alcohol
White Pine	Opioids (excl. heroin)	Multidrug / Unspecified Drugs	Stimulants (excl. cocaine)	Alcohol	Heroin

Source: Nevada Health Authority, Office of Analytics, SUDORS, data provided upon request

- Combined data from 2020 to 2024 indicate opioids (excluding heroin) were the top substance contributing to overdose deaths in 11 of the 17 Nevada counties.
- Combined data from 2020 to 2024 indicate opioids (excluding heroin) were the second top substance contributing to overdose deaths in four additional counties.
- Esmeralda County is the only Nevada county that did not have opioids (excluding heroin) listed in the top five substances contributing to overdose deaths from 2020 to 2024 combined data.

Circumstances preceding death among unintentional drug overdose deaths attributed to opioids (3,4,5)

Table 45: Circumstances Preceding Death among Unintentional Drug Overdose Deaths Attributed to Opioids, Nevada, 2020-2024					
Circumstances	**2020**	**2021**	**2022**	**2023**	**2024**
Decedent had been identified as currently having a mental health problem	30.4%	33.4%	22.1%	18.1%	15.6%
Recent release from hospital within a month before death	12.0%	9.2%	9.3%	8.9%	9.5%
History of previous overdose	10.4%	10.8%	9.3%	11.0%	8.6%
Ever treated for substance abuse	10.3%	8.4%	9.8%	7.4%	5.6%
Decedent had a history of suicidal thoughts, plans, or attempts before the overdose	8.7%	8.0%	6.8%	6.4%	4.6%
Recent period of opioid use abstinence followed by relapse	6.2%	6.2%	5.6%	6.5%	5.9%
Recent release from jail/prison within a month before death	2.4%	1.8%	2.2%	2.9%	2.0%
Decedent had a history of attempting suicide before the overdose	0.9%	1.7%	1.4%	1.2%	0.4%

Source: Nevada Health Authority, Office of Analytics, SUDORS, data provided upon request

- Having a current mental health problem was the most prevalent circumstance identified among those who died due to opioid overdose in Nevada from 2020 to 2024, ranging from 30.4% in 2020 to 15.6% in 2024.
- Being released from the hospital a month prior was the second most prevalent circumstance identified among those who died due to opioid overdose in Nevada from 2020 to 2024, ranging from 12.0% in 2020 to 8.9% in 2023.
- Having a history of previous overdose remained similar from 2020 to 2024, ranging from 10.4% to 8.6%.