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PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

June 5, 2024

3:00 pm

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Johnson

1. Call to Order and Roll Call to Establish Quorum Cont.

Member	SURG Role	Committee Role
Senator Fabian Doñate	Senate Majority Appointee	Member
Jessica Johnson	Urban Human Services (Clark County)	Chair
Debi Nadler	Advocate/Family Member	Member
Angela Nickels	Representative of a School District	Member
Erik Schoen	SUD Prevention Coalition	Vice Chair

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

- If you are dialing in from a telephone:
  - Dial 253-205-0468
  - When prompted enter the Meeting ID: 825 0031 7472
  - Please press *9 so the host can prompt you to unmute.

3. REVIEW AND APPROVE MARCH 28, 2024 PREVENTION SUBCOMMITTEE MEETING MINUTES

Chair Johnson

4. PRESENTATION ON STATEWIDE DATA

Taylor Lensch, PhD, MPH, Assistant Director, Larson Institute, School of Public Health, University of Nevada, Reno

PRESENTATION TO THE PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

Taylor Lensch, PhD, MPH

Assistant Director

Larson Institute for Health Impact and Equity

University of Nevada, Reno School of Public Health

Disclosures

- The Larson Institute receives subaward funding (SG 26446) to carry out certain Overdose Data to Action (OD2A) Surveillance, Prevention, and Evaluation activities from the Nevada Department of Health and Human Services through the Centers for Disease Control and Prevention (1 NU17CE10224-01-00).

Introduction

- The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) is a program that supports state, territorial, county, and city health departments in obtaining more comprehensive data to enhance overdose surveillance, reporting, and dissemination efforts to better inform prevention, early intervention, treatment, harm reduction, and other entities.

Issues Addressed

- Overview of substance use-related indicators in Nevada related to the OD2A program (focus on statewide, regional, and rural data)
  - Syndromic surveillance (near-real time emergency department data)
  - Mortality (SUDORS)
  - Prescription drug monitoring program (PDMP)

Special Populations

- Some data sources include information for specific populations – examples include:
  - People who use substances
  - Veterans
  - People who are incarcerated
  - Rural communities
  - Age
  - Race/ethnicity

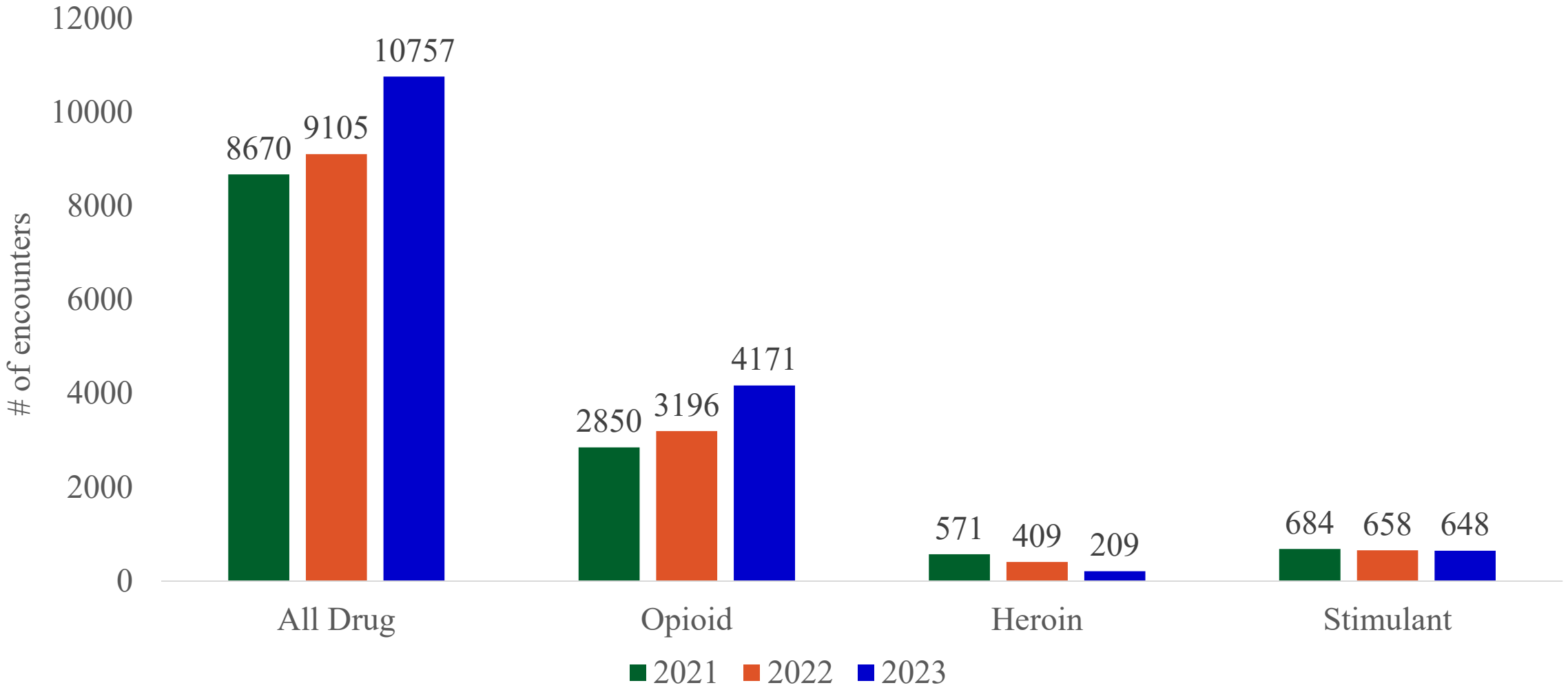
Syndromic Surveillance Emergency Department Data

- Data for emergency department visits tied to overdose were captured using the National Syndromic Surveillance Program (NSSP)
  - Utilize Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) to access and analyze the data
  - De-identified data from emergency department encounters typically received within 24 hours of the patient's visit

- Limitations:
  - Some data may be missing or incomplete
  - Reporting facilities and the data they report can change over time
  - These overdoses may not be confirmed by toxicological testing
  - Overdose visit numbers are not mutually exclusive

- Reports published monthly at: https://nvopioidresponse.org/initiatives/od2a/.

Number of suspected all drug, opioid, heroin, and stimulant-related emergency department overdose encounters in NV, 2021-2023



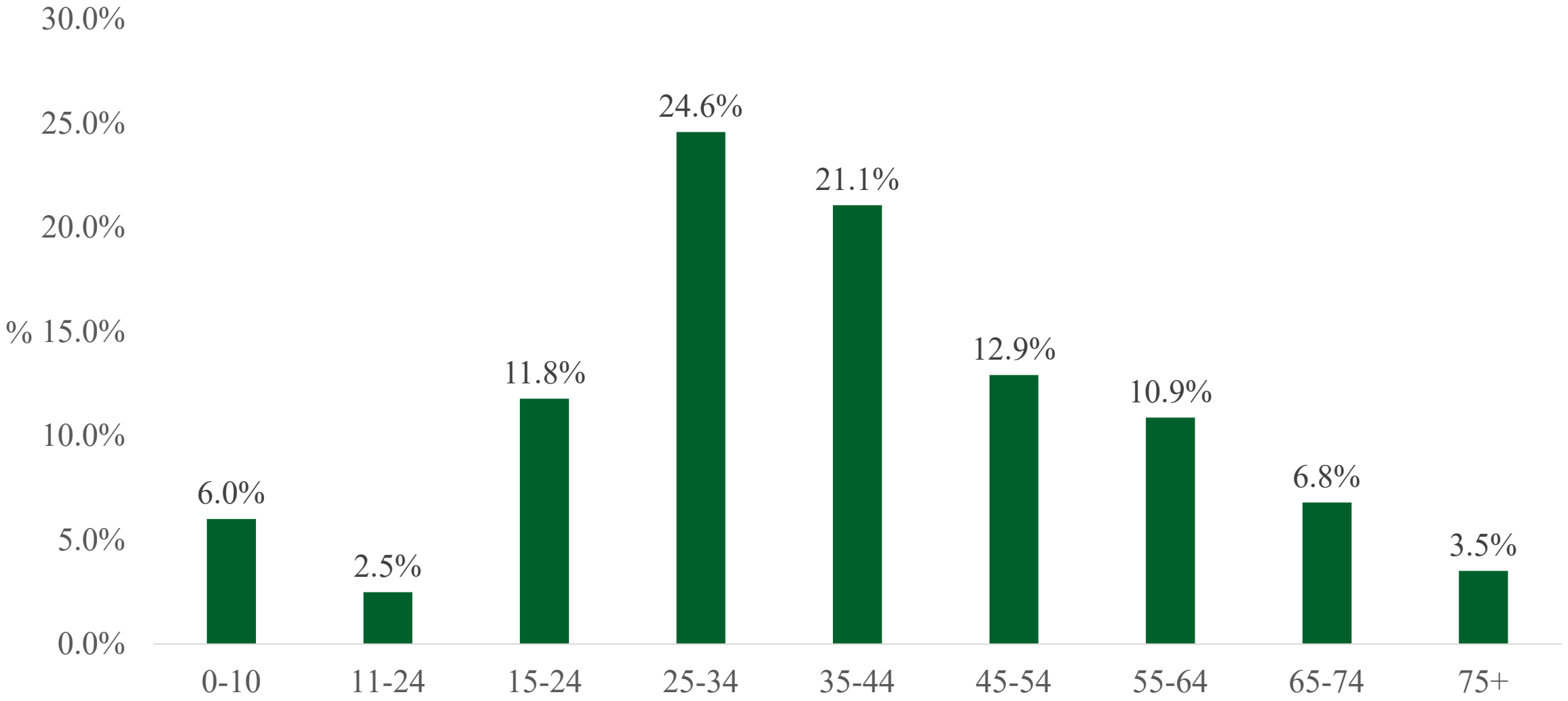
Count and rate (per 100,000 population) of suspected drug-related emergency department overdose encounters in Nevada by behavioral health region by quarter, Q1 2023-Q1 2024

Quarter	Statewide	Clark	Washoe	Northern	Rural	Southern
Q1 2023	2461 (76.8)	1802 (77.1)	473 (94.3)	103 (50.9)	54 (54.2)	29 (46.6)
Q2 2023	2722 (85.0)	2028 (86.7)	489 (97.5)	82 (40.5)	68 (68.2)	55 (88.4)
Q3 2023	2915 (91.0)	2205 (94.3)	507 (101.5)	107 (52.9)	64 (64.2)	32 (51.4)
Q4 2023	2666 (83.2)	2020 (86.4)	460 (91.7)	103 (50.9)	49 (49.2)	34 (54.6)
Q1 2024	2938 (88.1)	2287 (93.7)	482 (92.6)	86 (41.6)	50 (50.0)	33 (51.8)
Percent Change	**+6%**	**+9%**	**+1%**	**-19%**	**+2%**	**-5%**

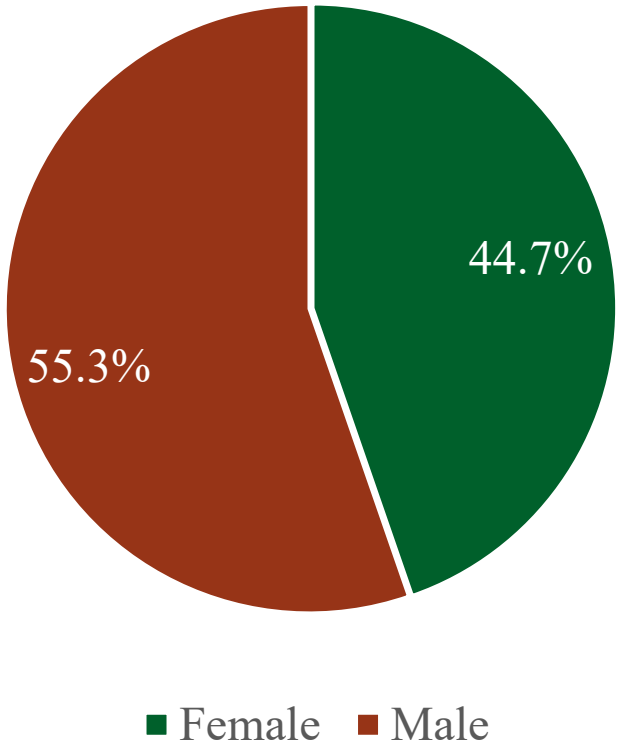
Note: Percent change indicates the change in rate from Q4 to Q1 2024.

Behavioral health regions: Northern (Carson City, Lyon, Douglas, Churchill, and Storey), Rural (Humboldt, Pershing, Lander, Eureka, Elko, White Pine), and Southern (Mineral, Esmeralda, Nye, Lincoln).

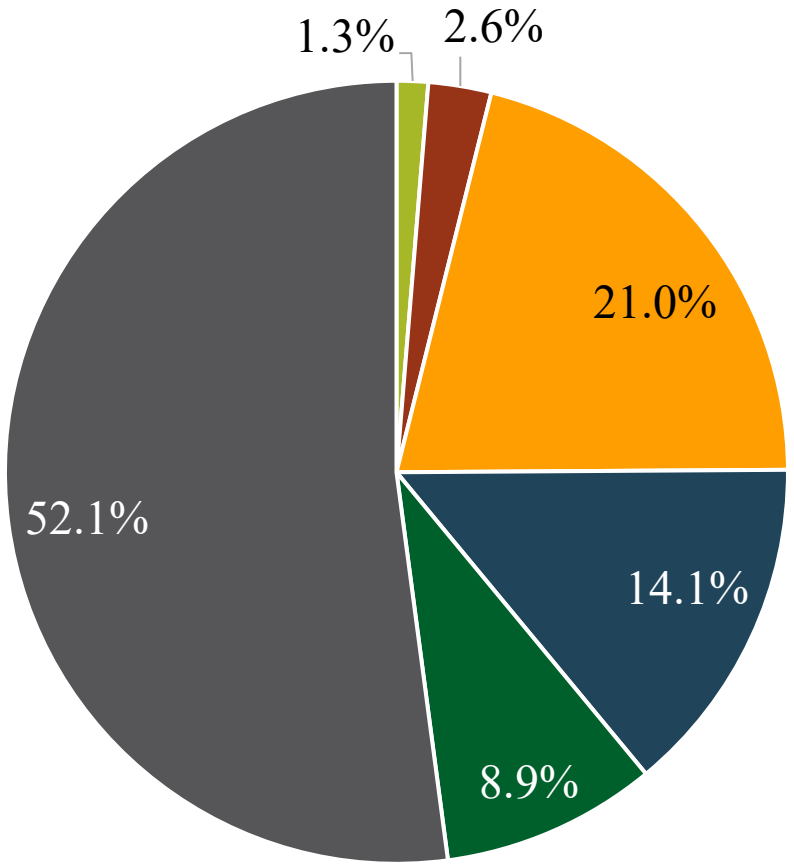
Age of suspected all drug overdose emergency department encounters in Nevada, Q4 (Oct – Dec) 2023



Biological sex of suspected all drug overdose emergency department encounters in Nevada, Q4 (Oct – Dec) 2023

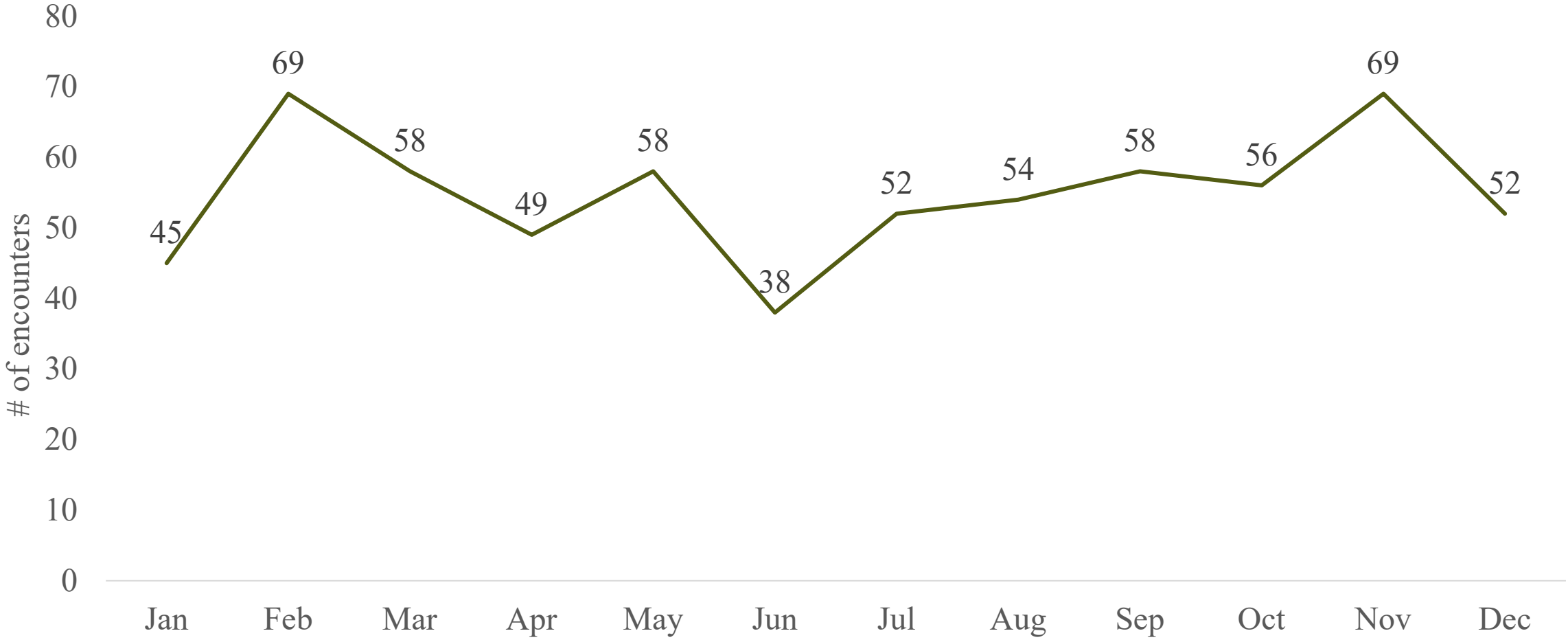


Primary race/ethnicity of suspected all drug overdose emergency department encounters in Nevada, Q4 (Oct – Dec) 2023



Race/Ethnicity	Rate per 100,000 population
Black, NH	66.9
American Indian/Alaskan Native, NH	31.2
White, NH	28.7
Hispanic	13.4
Asian and Other Pacific Islander, NH	7.4

Monthly number of suspected all drug overdose emergency department encounters in NV among adolescents (aged 12 – 17), 2023



Summary – Syndromic Surveillance

- Continue to see increases in overdose-related emergency department encounters over time

- Highest percentage of visits were among males and those aged 25 – 34,
  - Highest rate of visits among African American/Black persons

State Unintentional Drug Overdose Reporting System (SUDORS)

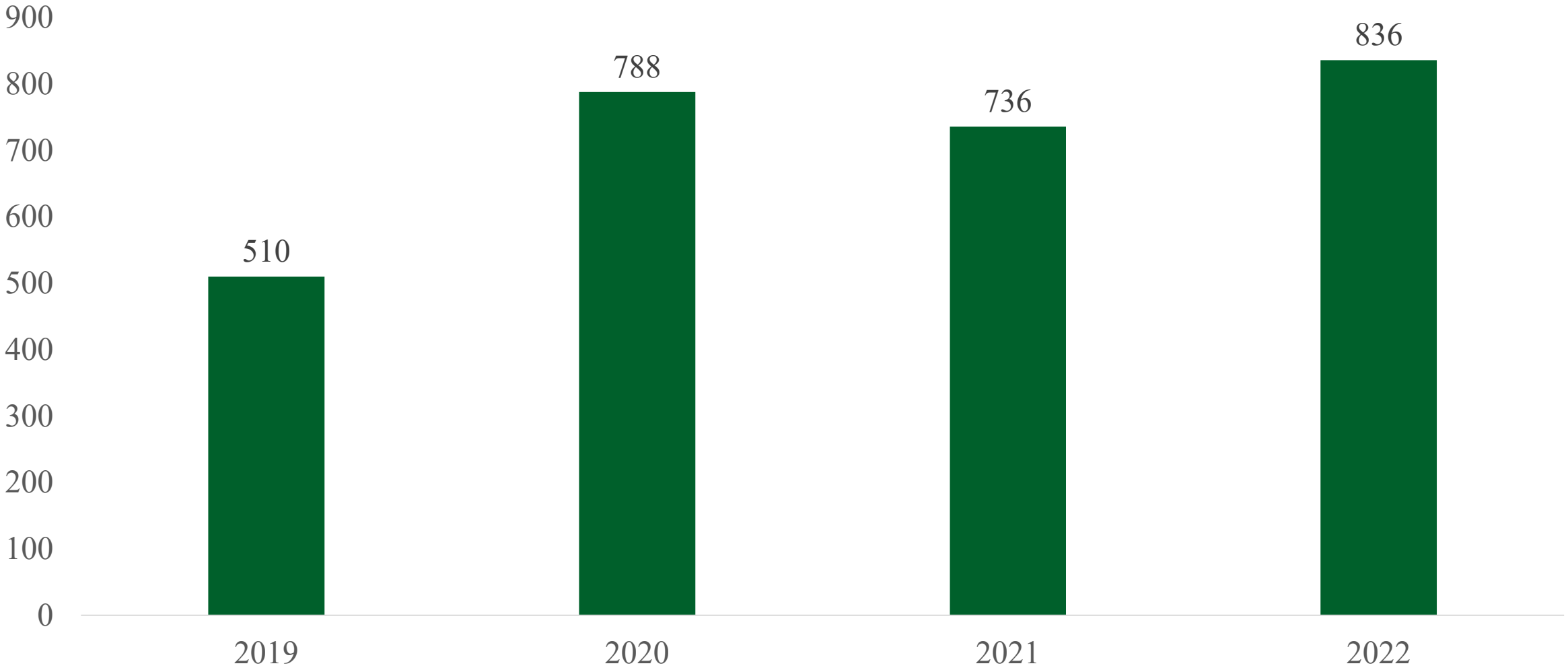
- Ascertained via death investigation, toxicology, and death certificates
  - Case definition: Unintentional/undetermined intent drug overdose among Nevada reside

- Limitations:
  - Data lag
  - Missing/incomplete data

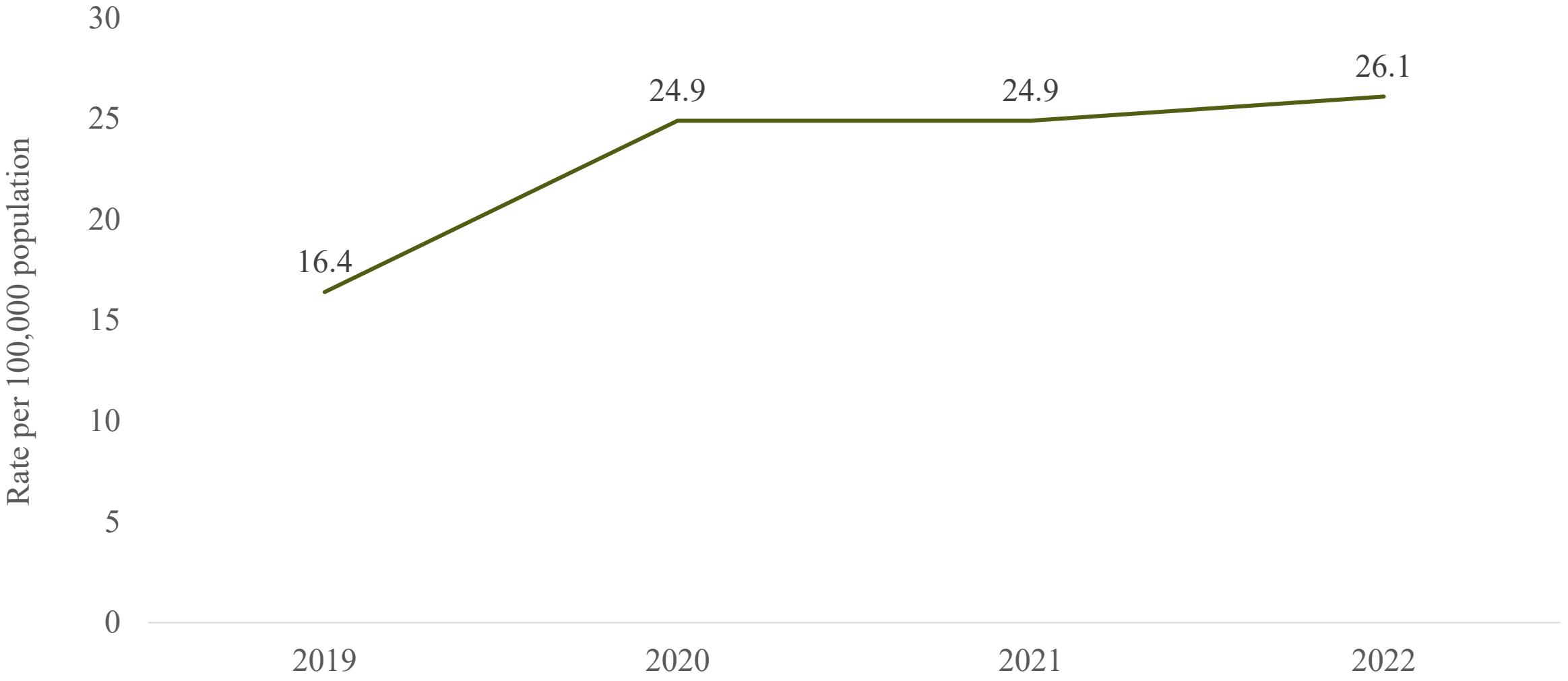
- Presenting data from 2019 – 2022 today
  - We are hoping to have data for first half of 2023 ready and available soon

- Dashboard: https://app.powerbigov.us/view?r=eyJrIjoiNzIxNjIzMTktYmNiYy00YWRhLTk0OWQtNmYwZDA2YjQ4OTZjIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9.

Number of unintentional or undetermined drug overdose deaths in Nevada identified through SUDORS, 2019-2022



Rate (per 100,000 population) of unintentional or undetermined drug overdose deaths Nevada identified through SUDORS, 2019-2022

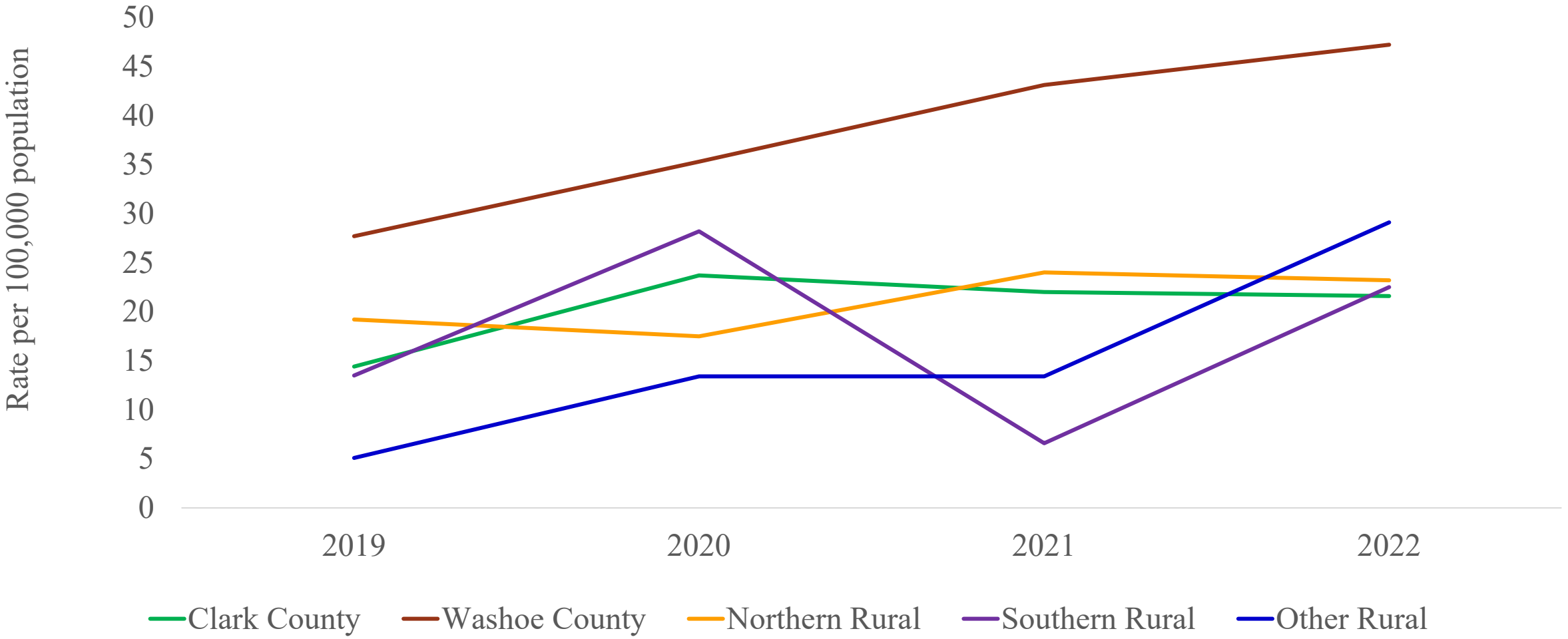


Number and rate (per 100,000 population) of unintentional drug overdose deaths in Nevada, 2022, by region

REGION	POPULATION	TOTAL OVERDOSES	AGE-ADJUSTED RATE	CRUDE RATE
Clark	2,338,122	505	21.0	21.6
Northern	202,440	47	23.7	23.2
Rural	99,663	29	29.2	29.1
Southern	62,243	14	21.6	22.5
Washoe	501,635	237	44.8	47.2
Unknown	0	4	0.0	0.0
Total	**3,204,103**	**836**	**25.2**	**26.1**

Behavioral health regions: Northern (Carson City, Lyon, Douglas, Churchill, and Storey), Rural (Humboldt, Pershing, Lander, Eureka, Elko, White Pine), and Southern (Mineral, Esmeralda, Nye, Lincoln).

Rate (per 100,000 population) of unintentional or undetermined drug overdose deaths population in Nevada, 2019-2022, by region



Behavioral health regions: Northern (Carson City, Lyon, Douglas, Churchill, and Storey), Rural (Humboldt, Pershing, Lander, Eureka, Elko, White Pine), and Southern (Mineral, Esmeralda, Nye, Lincoln).

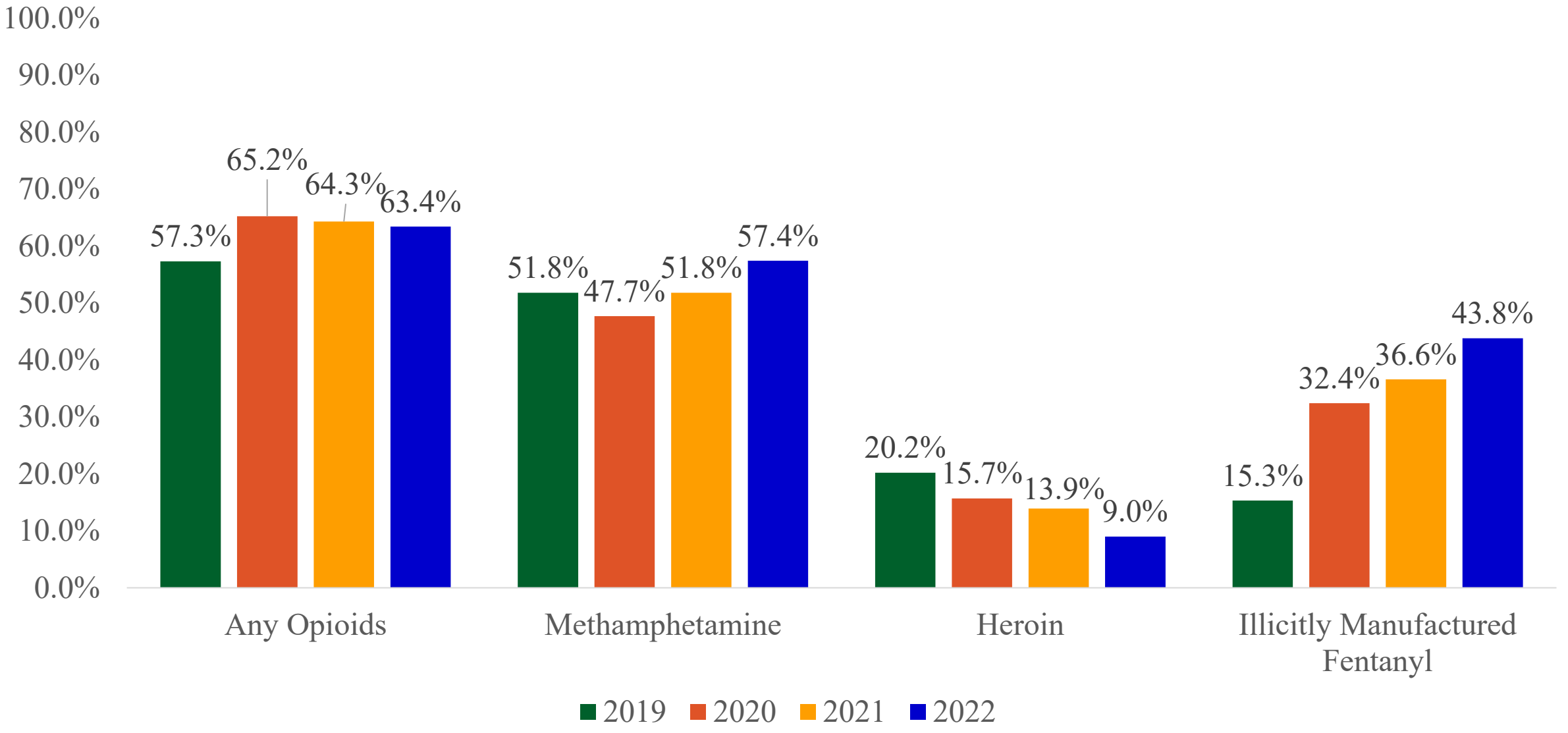
Characteristics of the 836 unintentional or undetermined drug overdose deaths identified through SUDORS, Nevada, 2022

AGE GROUP	TOTAL DEATHS	CRUDE RATE PER 100K POPULATION
<10	1	0.3
10-19	14	3.2
20-29	112	25.4
30-39	198	44.6
40-49	173	41.2
50-59	165	40.6
60-69	143	40.0
70+	30	9.1
GENDER		
Male	570	35.6
Female	266	16.6
RACE/ ETHNICITY		
Hispanic	141	14.4
Non-Hispanic Asian/ Pacific Islander	22	6.9
Non-Hispanic Black or African American	108	37.0
Non-Hispanic American Indian or Alaskan Native	12	33.9
Non-Hispanic Other	28	0.0
Non-Hispanic White	525	33.4

Circumstances of the 836 unintentional or undetermined drug overdose deaths identified through SUDORS, Nevada, 2022

CIRCUMSTANCE	OVERDOSES	PERCENT
Evidence Substance Use	569	68.1%
Occured in Household	497	59.4%
Bystanders Present	364	43.5%
Mental Health Diagnosis	185	22.1%
Naloxone Administered	171	20.5%
Homeless	88	10.5%
Ever Treated for SUD	76	9.1%
Previous Overdose	72	8.6%
Released From Institution	72	8.6%
Served in U.S. Military	67	8.0%
Treated For Pain	7	0.8%

Substances contributing to death among unintentional or undetermined overdose-related deaths in Nevada, 2019-2023



Summary – SUDORS

- Increase from 510 deaths in 2019 to 836 in 2022

- Highest rates for:
  - Washoe county vs. other areas
  - Males vs. females
  - Ages 30 – 39, 40 – 49, 50 – 59, and 60 – 69
  - African American/Black persons, American Indian/Alaska Native persons, and White persons

- Increase in percentage of deaths that involved illicitly manufactured fentanyls over time (15.3% of deaths in 2019 vs. 43.8% of deaths in 2022)

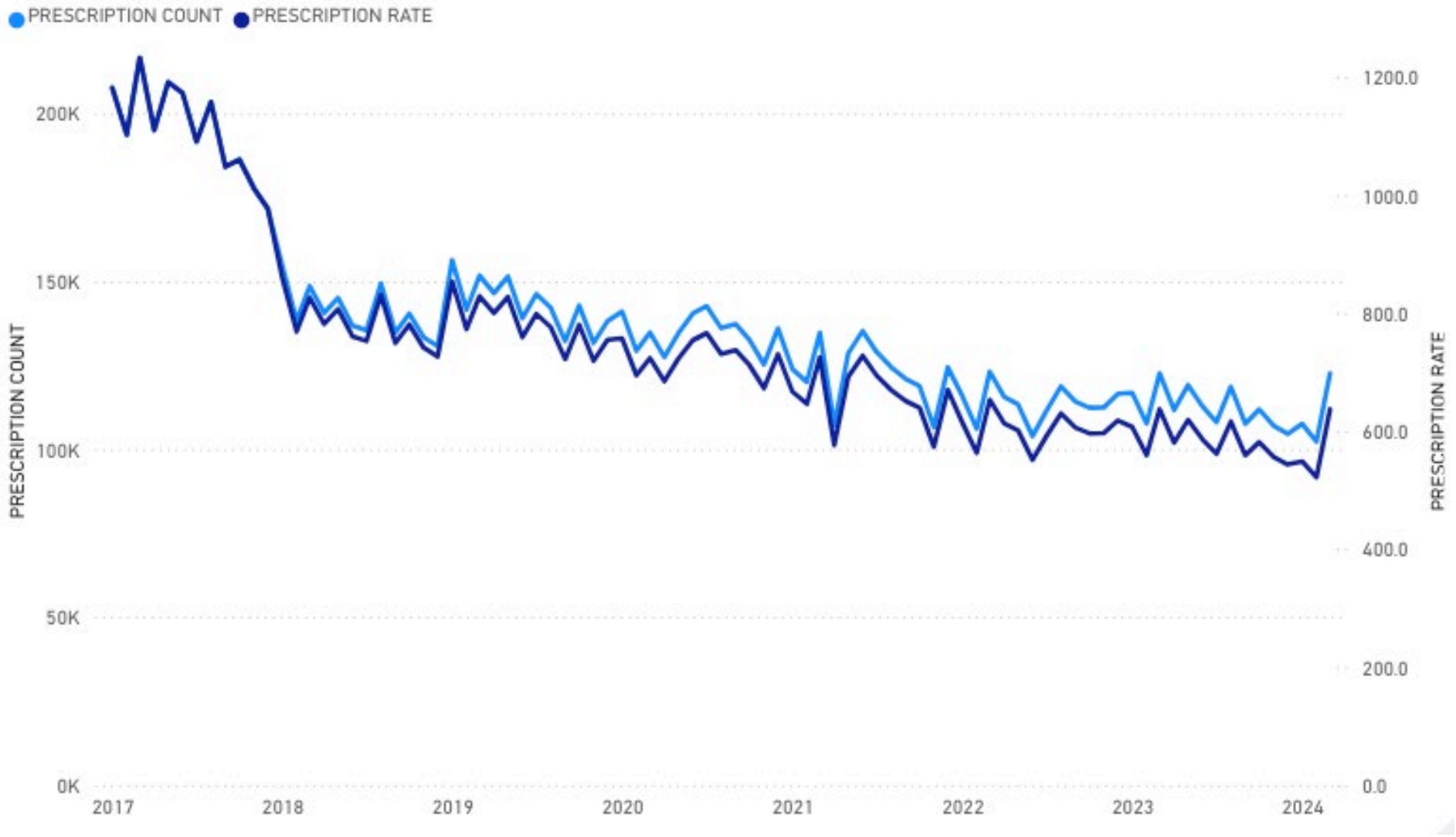
Nevada Prescription Drug Monitoring Program (PDMP) Data

- The Nevada Prescription Drug Monitoring Program (PDMP) is administered at the state level to assist in improving patient care and reduce misuse of controlled substances. PDMP stores a comprehensive client record of reportable prescriptions across providers.

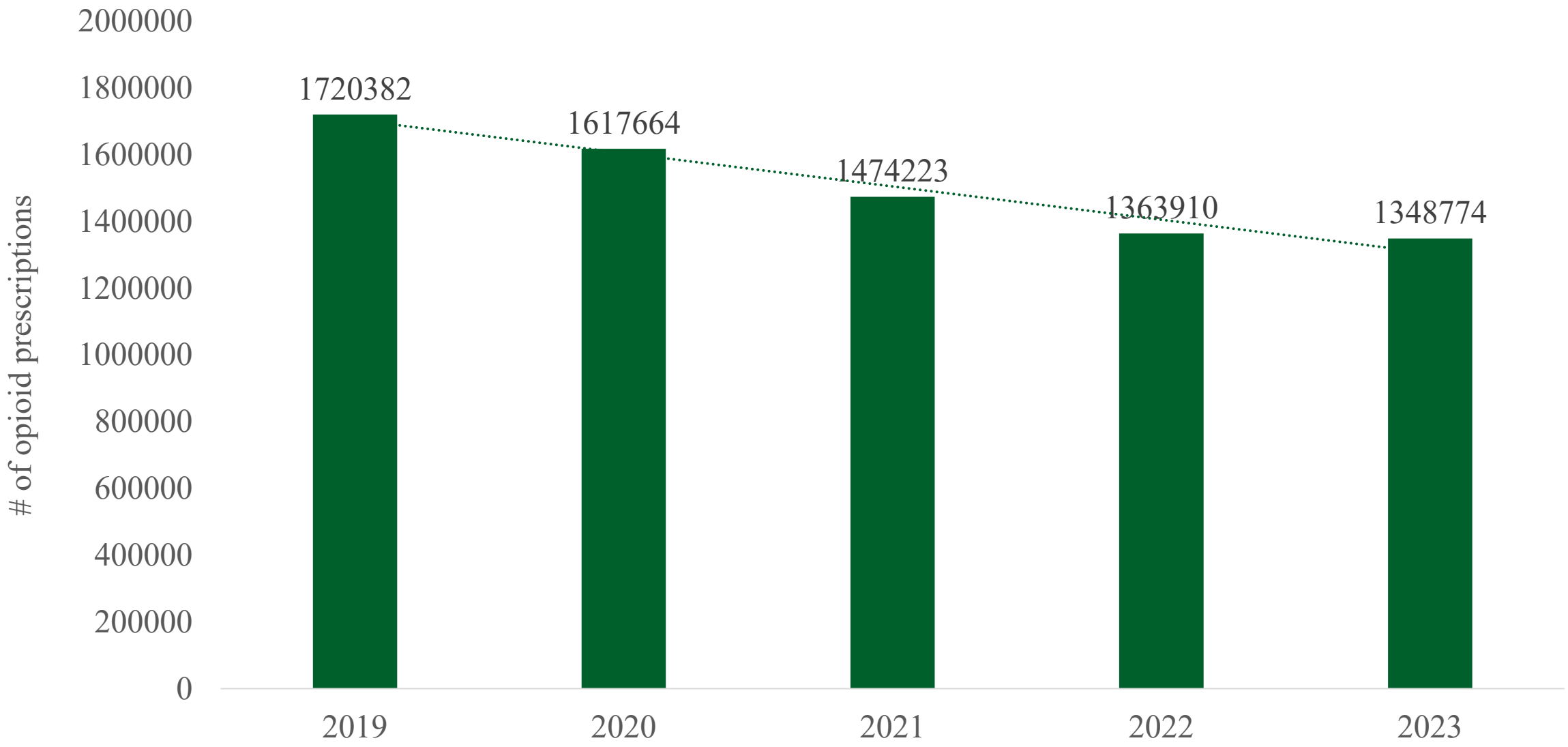
- Limitations:
  - Data are the total number of prescriptions filled to Nevada residents and does not capture whether the medications were taken as prescribed or taken by the prescribed patient.
  - A person can also have more than one prescription, so counts may not be mutually exclusive.

- Dashboard: https://app.powerbigov.us/view?r=eyJrIjoiZGI0YjAxNzgtODJiMS00MjJkLTlhMmUtNDgzYzdhMWZmMjMwIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9.

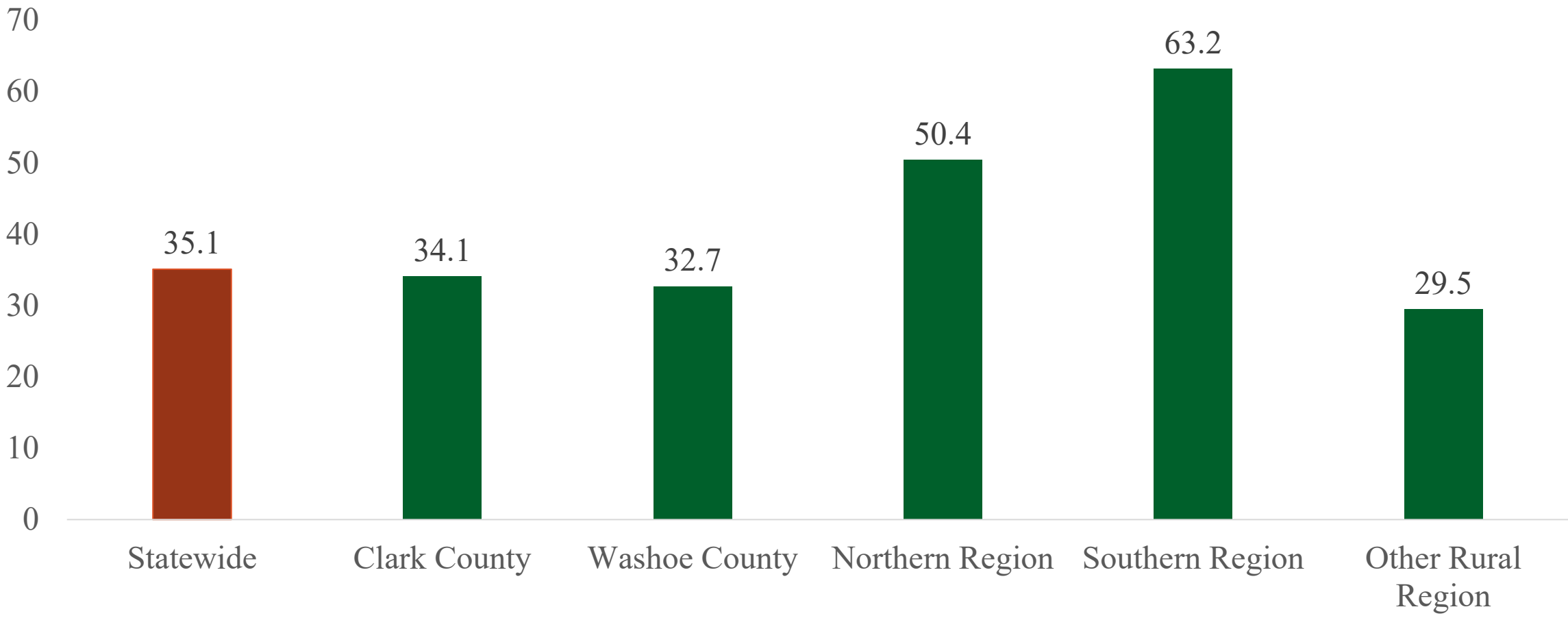
Monthly opioid prescription counts and rate per 100,000 population in Nevada, 2017-2024



Annual number of opioid prescriptions in Nevada, 2019-2023



Average monthly prescription rate per 100,000 population in Nevada by region, 2023



Behavioral health regions: Northern (Carson City, Lyon, Douglas, Churchill, and Storey), Rural (Humboldt, Pershing, Lander, Eureka, Elko, White Pine), and Southern (Mineral, Esmeralda, Nye, Lincoln).

Summary – PDMP

- Steady decrease in opioid prescriptions over time
  - About a 20% decrease in total number from 2019 to 2023

- Average monthly prescription rate per 100,000 highest in:
  - Northern Region: Carson City, Lyon, Douglas, Churchill, and Storey
  - Southern Region: Mineral, Esmeralda, Nye, Lincoln

What's Working Well / Evidence Based Practice

- Leveraging different data sources to assess and monitor the burden of substance use in Nevada (emergency department data, EMS data, SUDORS data, PDMP data, etc.)

- Timeliness of certain opioid-related data:
  - Syndromic surveillance (emergency departments)
  - Prescription drug monitoring program (PDMP)

- Impactful interventions:
  - Tons of great harm reduction work happening across state

- Reductions in opioid prescribing
  - Tracked through PDMP data

Gaps / Needs

- Each opioid-related data sources has its own strengths and limitations and so it is helpful to look at multiple data sources together to paint a more complete picture

- General gaps/needs:
  - Data lags (ex: SUDORS data)
  - Improved accessibility of data
  - Continue to increase capacity for drug checking in real-time
    - I believe SNHD is currently doing some of this work

Recommendations

- Continue to improve organization/accessibility of data
  - E.g.: “One stop shop” for substance use-related data
  - Consider different audiences (e.g.: health professional vs. general public)

- Improve capacity for near-real time monitoring of drug supply

References

- *Nevada Overdose Data to Action Website: https://nvopioidresponse.org/initiatives/od2a/.*

- *Nevada Office of Analytics – Data Dashboard and Reports Catalog: https://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS_-_DATA___REPORTS/*

Contact Information

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5. PRESENTATION ON SOUTHERN NEVADA DATA

Brandon Delise, MPH, Senior Epidemiologist, Office of Epidemiology and Public Health Informatics, Southern Nevada Health District

PRESENTATION TO THE PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

Brandon Delise

Sr. Epidemiologist

Southern Nevada Health District

Disclosures

- *The Southern Nevada Health District (SNHD) is a recipient of funding from the Substance Abuse and Mental Health Services Administration's First Responders-Comprehensive Addiction and Recovery Act (SAMHSA's FR-CARA) program, the Centers for Disease Control and Prevention's Overdose Data to Action (CDC's ODTA) program, and the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Use Program (BJA's COSSUP).*

Introduction

- *Drug overdose surveillance is a critical tool for health departments, providing essential data to drive effective public health responses, improve community health outcomes, and shape policies that address the root causes and impacts of the overdose crisis.*

Issues

Key Issues Being Addressed:

- *Drug overdose surveillance allows SNHD to quickly identify increases in drug overdoses and clusters/hot spots throughout Clark County, enabling prompt interventions.*
- *Identify new or emerging drugs (e.g., xylazine).*
- *Research into the causes, patterns, and effects of drug overdoses, contributing to a deeper understanding of the epidemic.*

Special Populations

- *No Specific Populations*

Data Sources

Fatal Drug Overdose Indicators

EDRS: Electronic Death Registry System

Non-Fatal Drug Overdose Indicators

ESSENCE: Electronic Surveillance System for the Early Notification of Community-Based Epidemics

ESO: Emergency Medical Services Outcome Data

Other Indicators

High Intensity Drug Trafficking Areas (HIDTA) Seizures

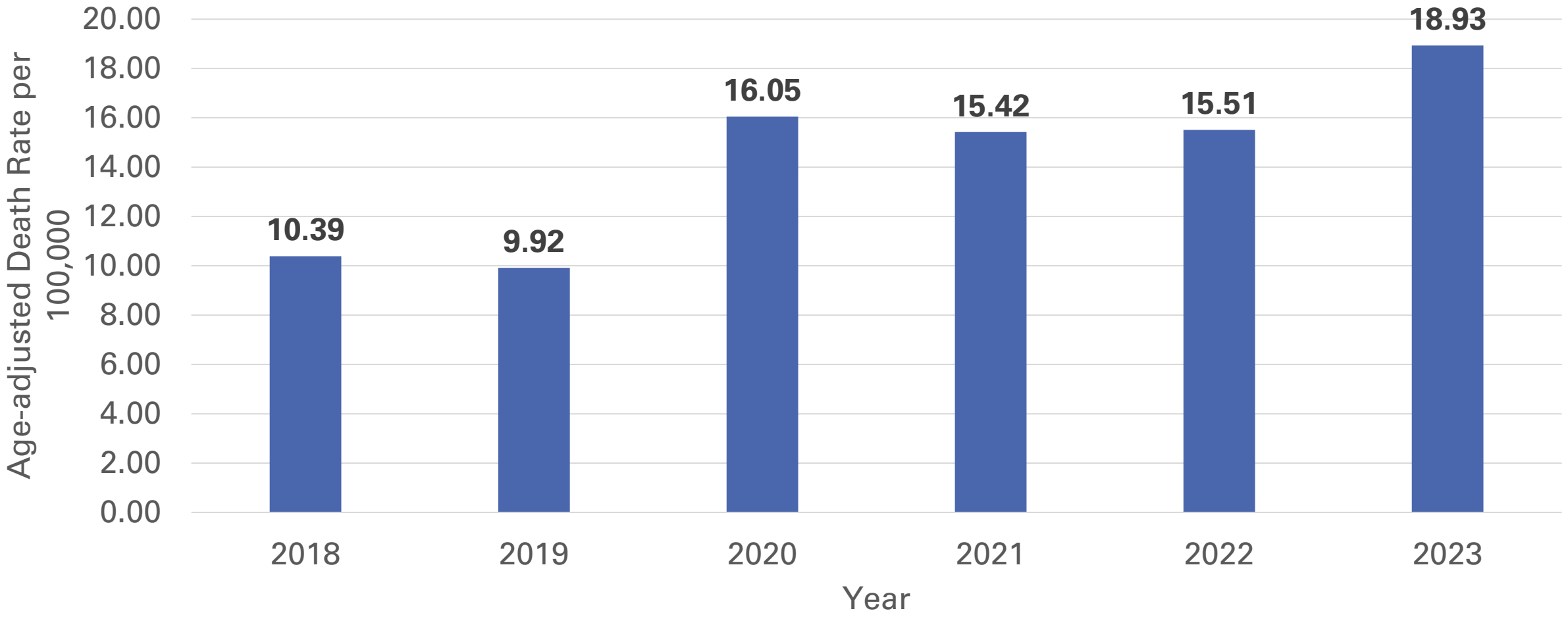
Naloxone Distributions & Administrations

Social Vulnerability Index

SECTION I: FATAL DRUG OVERDOSE INDICATORS

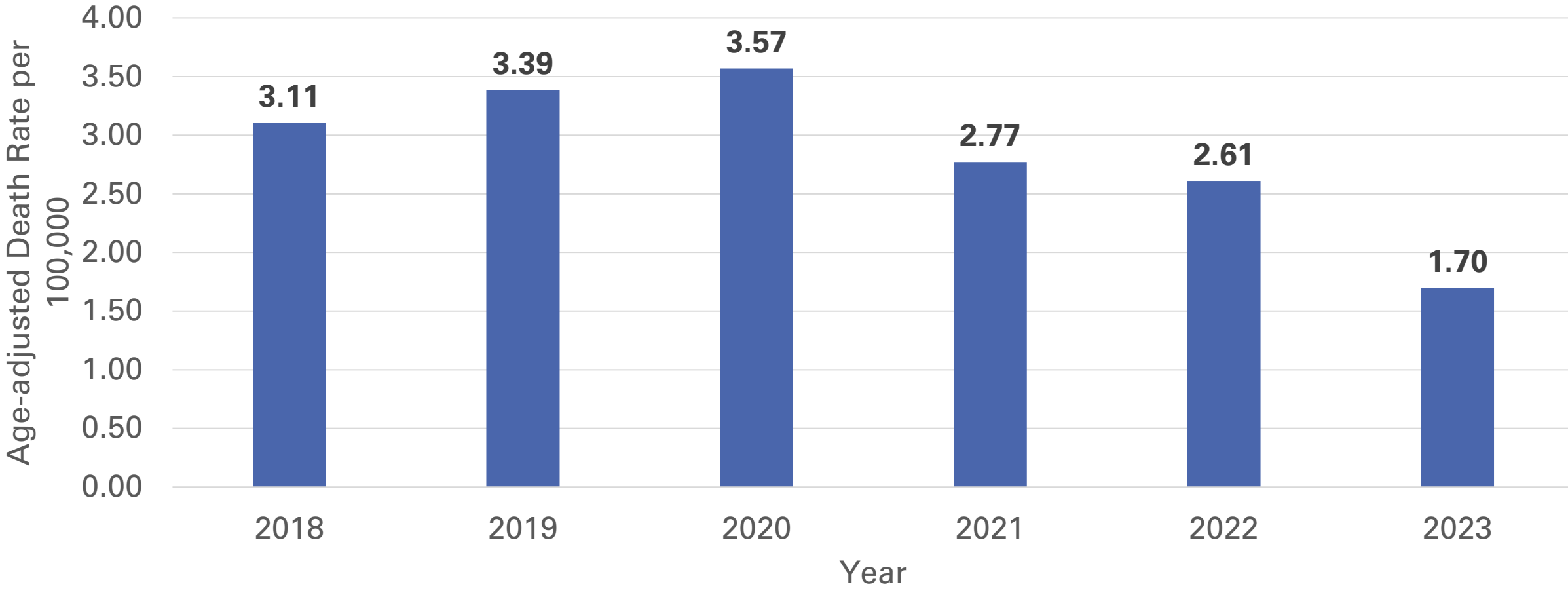
- Electronic Death Registry System
- HIDTA Seizure Reports

Age Adjusted Overdose Death Rate Involving **Any Opioid** Per 100,000 Clark County Residents, 2018 - 2023



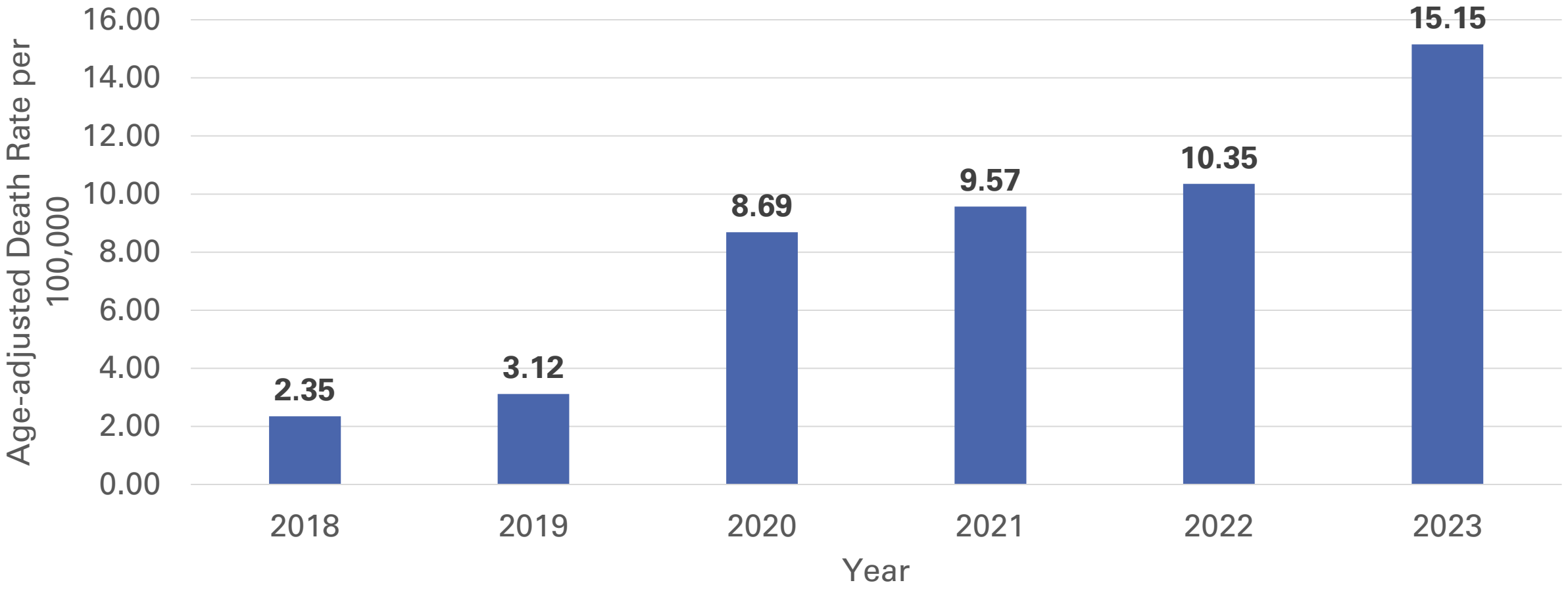
Percent change 2018-2023: Overdose death rate per 100,000 Clark County residents involving any opioid – **82.19% increase**. Data Source: Electronic Death Registry System

Age Adjusted Overdose Death Rate Involving **Heroin** Per 100,000 Clark County Residents, 2018 - 2023



Percent change 2018-2023: Overdose death rate per 100,000 Clark County residents involving heroin – **45.34% decrease.** Data Source: Electronic Death Registry System

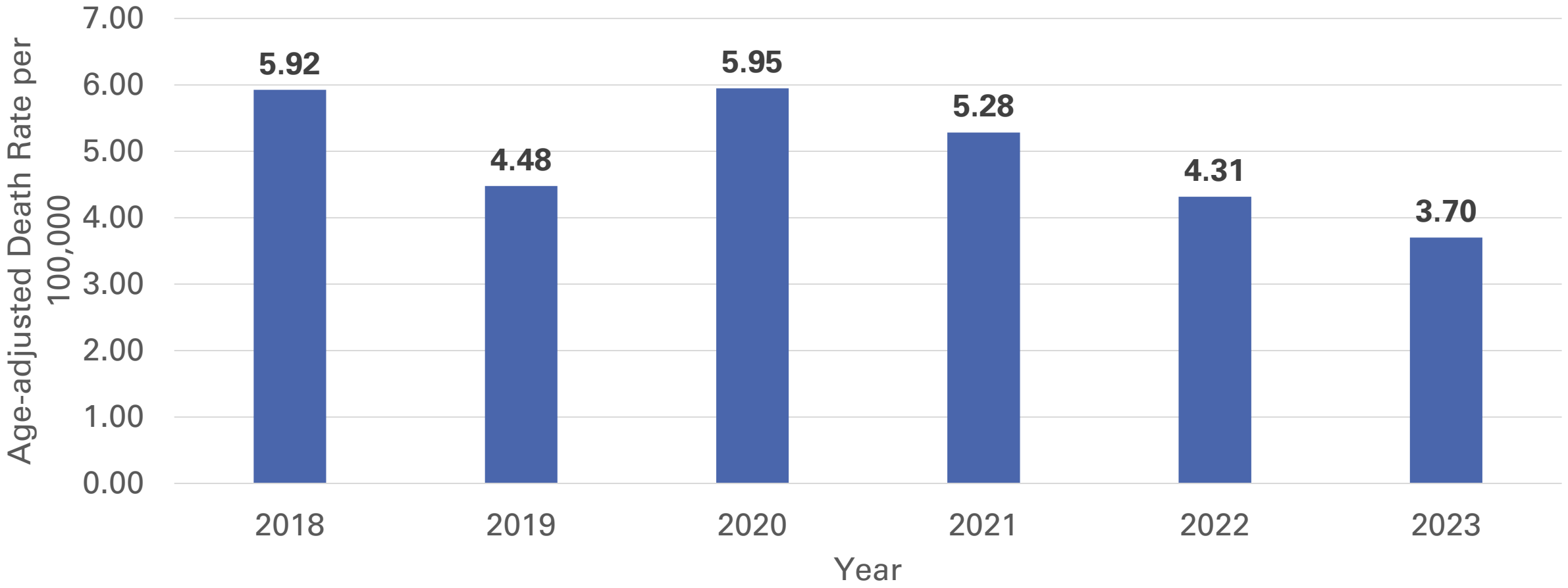
Age Adjusted Overdose Death Rate Involving **Fentanyl** Per 100,000 Clark County Residents, 2018 - 2023



Percent change 2018-2023: Count of overdose deaths involving fentanyl – **544.68% increase.**

Data Source: Electronic Death Registry System

Age Adjusted Overdose Death Rate Involving **Rx Opioids** Per 100,000 Clark County Residents, 2018 - 2023



Percent change 2018-2023: Count of overdose deaths involving Rx opioids – **37.5% decrease.**

Data Source: Electronic Death Registry System

Crude Opioid Overdose Death Rate per 100,000 by Resident ZIP Code, 2023

Top 5 ZIP Codes with the Highest Crude Opioid Overdose Death Rate per 100,000, 2023	
ZIP	Death Rate per 100,000
89101	62.68
89145	46.58
89169	46.40
89104	41.00
89119	37.82

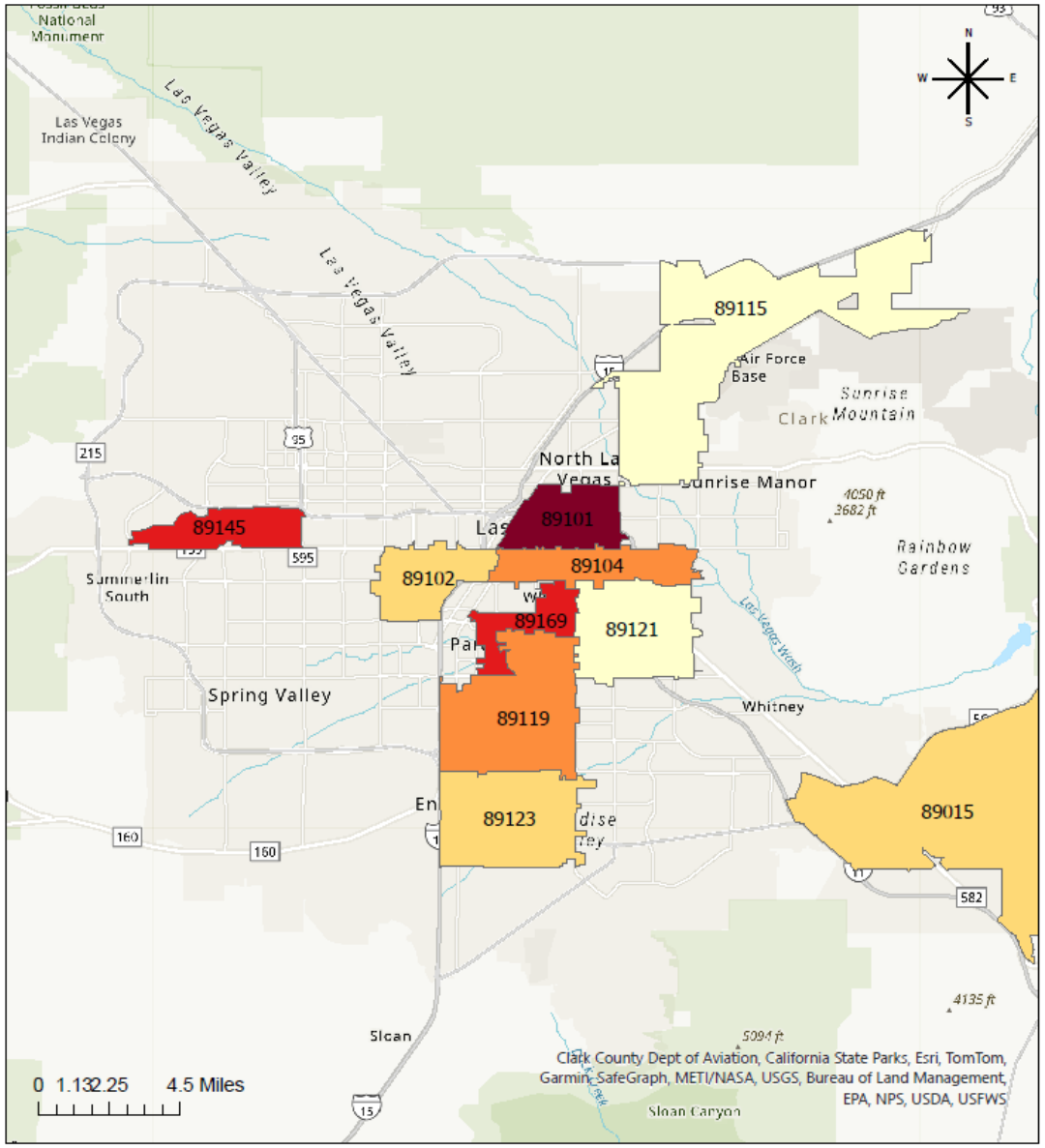
Population estimates from Southern Nevada Consensus Population Estimate, August - Roll Close 2022

Data Source: Electronic Death Registry System

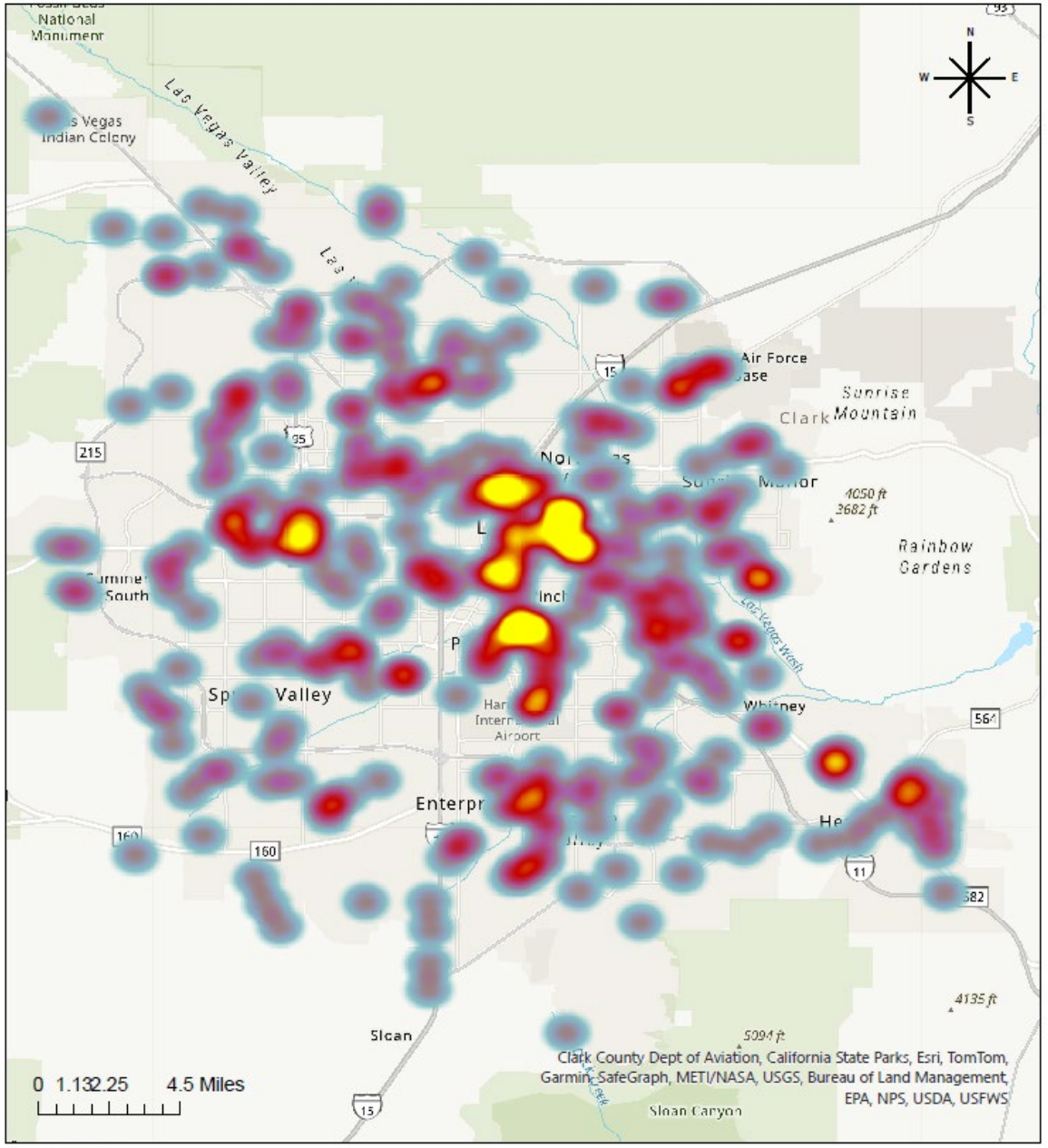
CRUDE OPIOID OVERDOSE DEATH RATE PER 100,000 BY ZIP CODE USING RESIDENTIAL ZIP CODE, 2023

Note: Rates with a numerator less than 12 have been suppressed for stability.

Data Source: Electronic Death Registry System



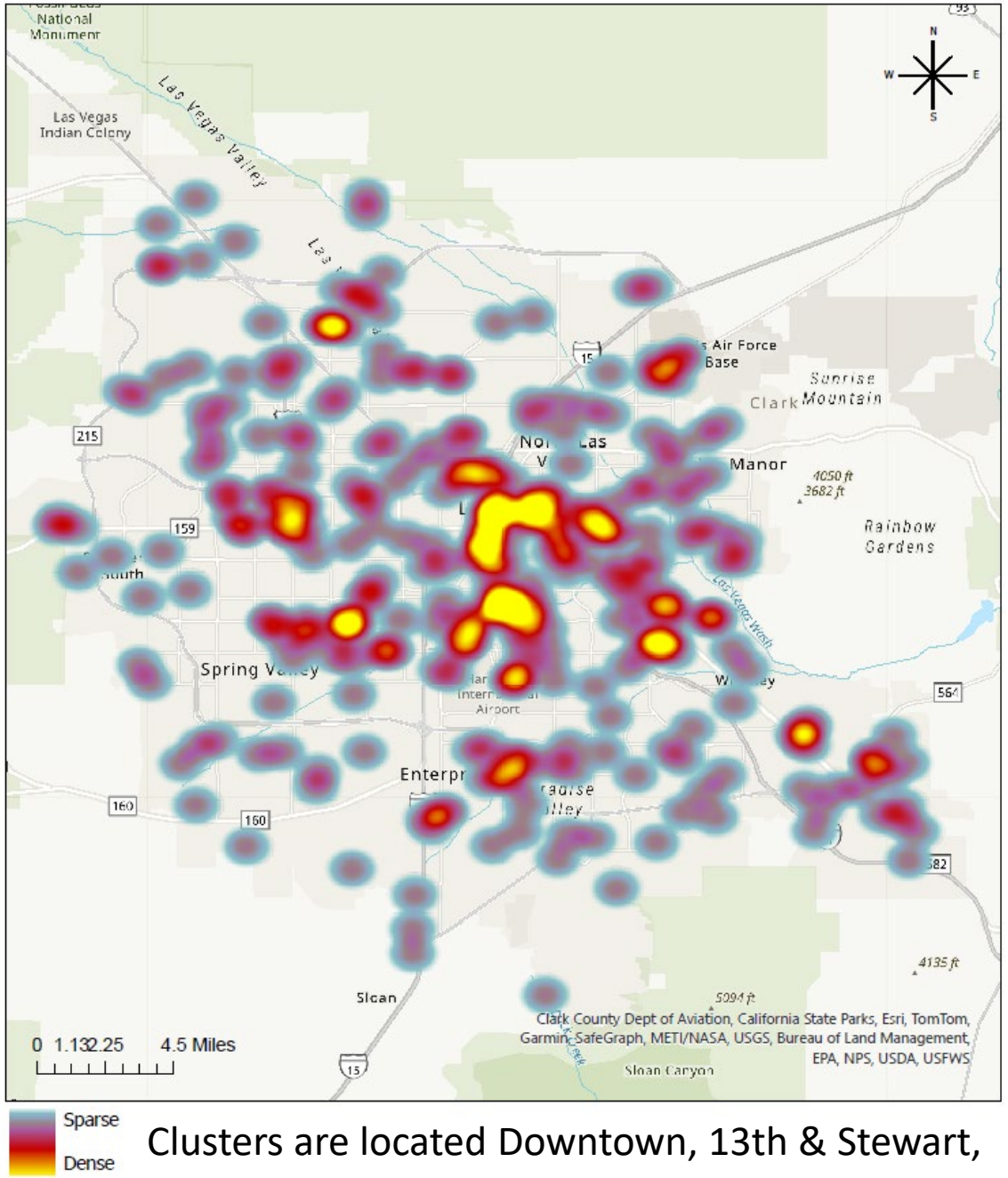
FATAL OPIOID OVERDOSE HEAT MAP USING RESIDENTIAL ADDRESS, 2023



Clusters are located Downtown, Washington & H St, and UNLV (Flamingo & Paradise).

Data Source: Electronic Death Registry System

FATAL OPIOID OVERDOSE HEAT MAP USING INJURY LOCATION, 2023



Clusters are located Downtown, 13th & Stewart, Naked City/Arts District, and UNLV.

Data Source: Electronic Death Registry System

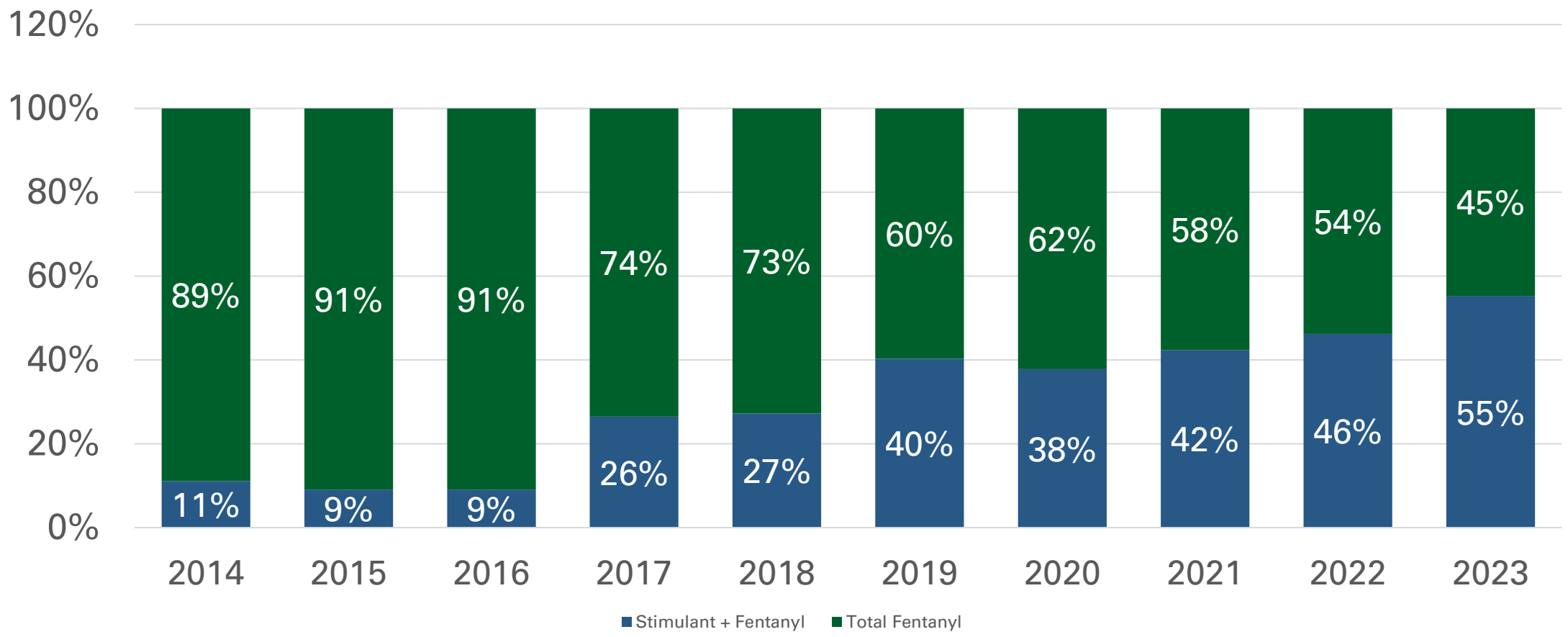
Cross Tabulation of Fatal Drug Overdoses (Counts) Involving Multiple Substances Among Clark County Residents, 2023

Drug Overdose Death Crosstabulation by Substance Among Clark County Residents, 2023							
	All Opioid	Fentanyl	Heroin	Rx Opioids	Meth	Cocaine	Benzos
All Opioid	388	302	39	81	155	48	64
Fentanyl		302	13	31	135	44	37
Heroin			39	5	18	-	-
Rx Opioids				81	15	6	28
Meth					290	25	13
Cocaine						75	5
Benzos							74

Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Electronic Death Registry System

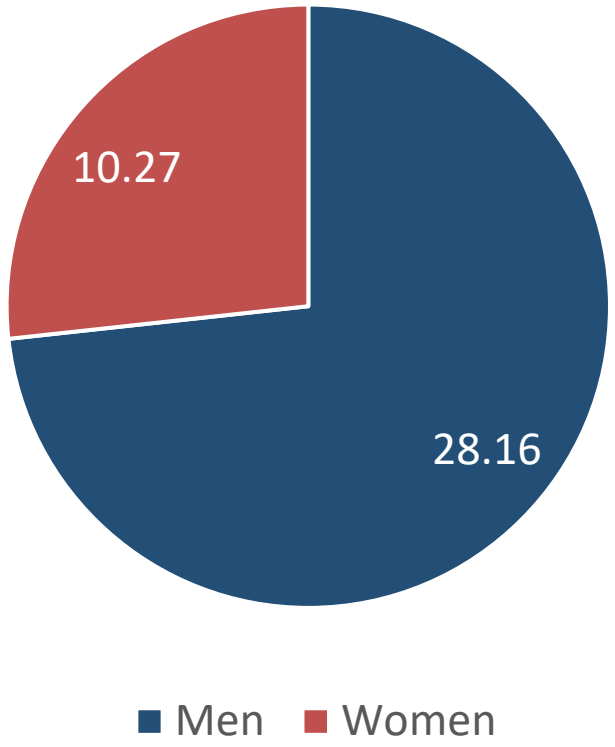
Proportion of Fentanyl Overdose Deaths Co-occurring with Stimulants (Methamphetamine and/or Cocaine) by Year, Among Clark County Residents, 2014-2023



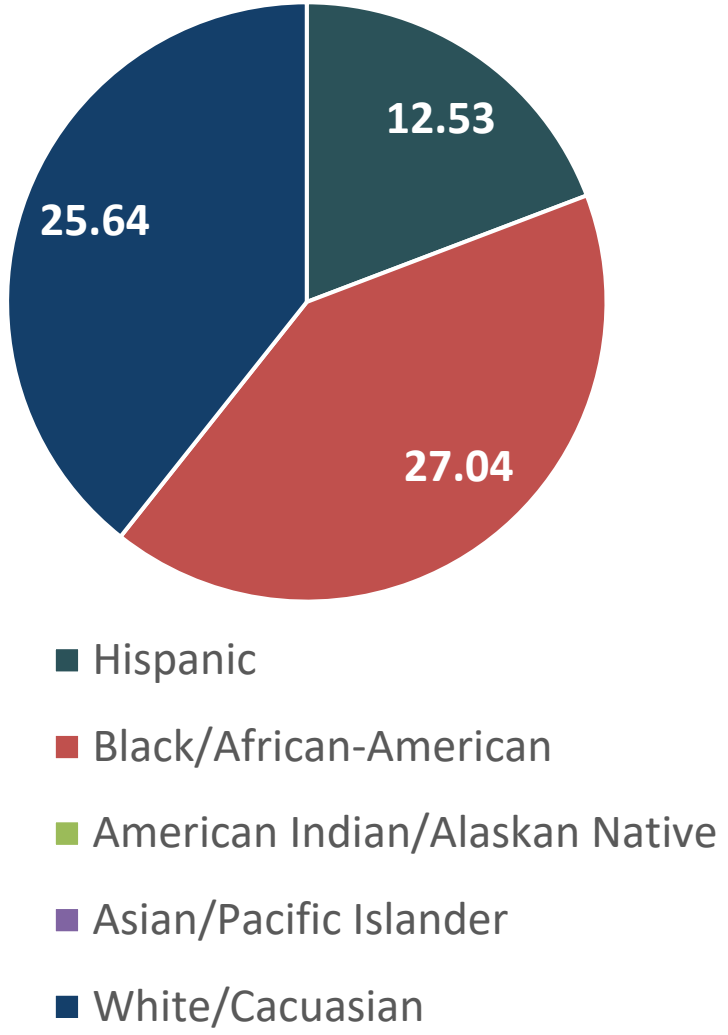
Data Source: Electronic Death Registry System

Opioid Overdose Death Descriptive Statistics Among Clark County Residents, 2023

Crude Opioid Overdose Death Rate by Gender per 100,000 Clark County Residents, 2023



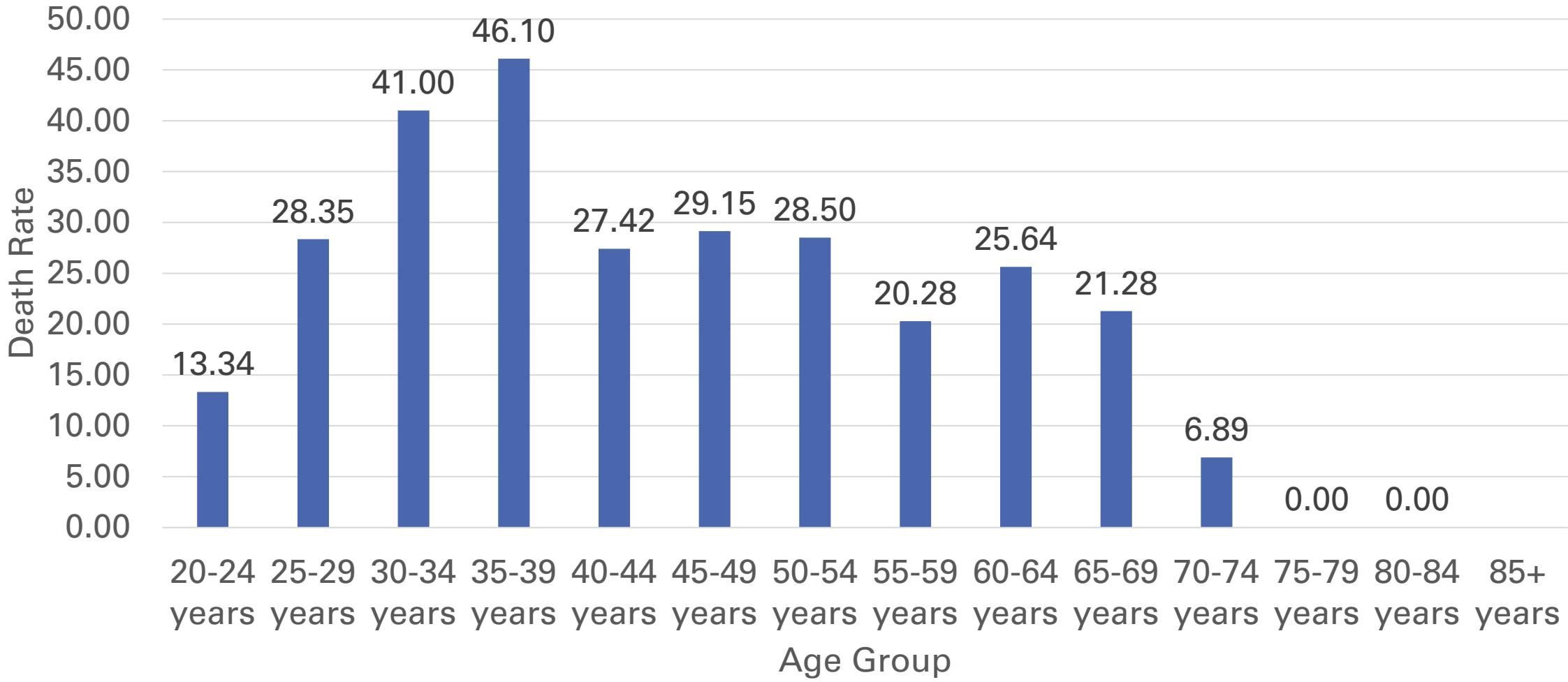
Crude Opioid Overdose Death Rate by Race/Ethnicity per 100,000 Clark County Residents, 2023



Note: Rates with a numerator less than 12 have been suppressed for reliability

Data Source: Electronic Death Registry System

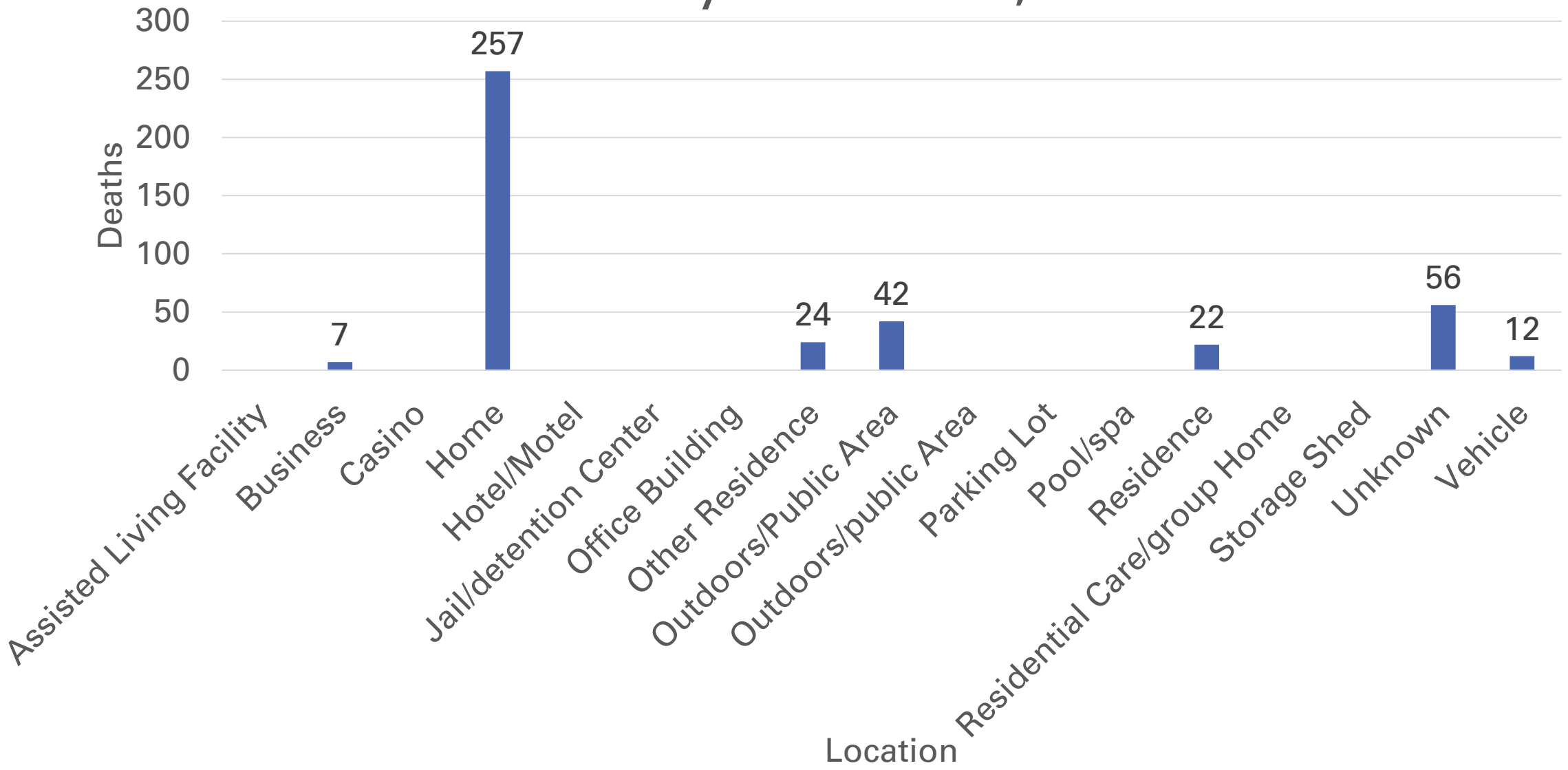
Age Specific Opioid Overdose Death Rate per 100,000 Clark County Residents, 2023



Note: Rates with a numerator less than 12 have been suppressed for reliability.

Data Source: Electronic Death Registry System

Count of Fatal Opioid Overdose Location Among Clark County Residents, 2023



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Electronic Death Registry System

Drug Overdose Death Descriptive Data (Counts) Involving Select Substances Among Clark County Residents, Comparing 2023 Vs. 2022

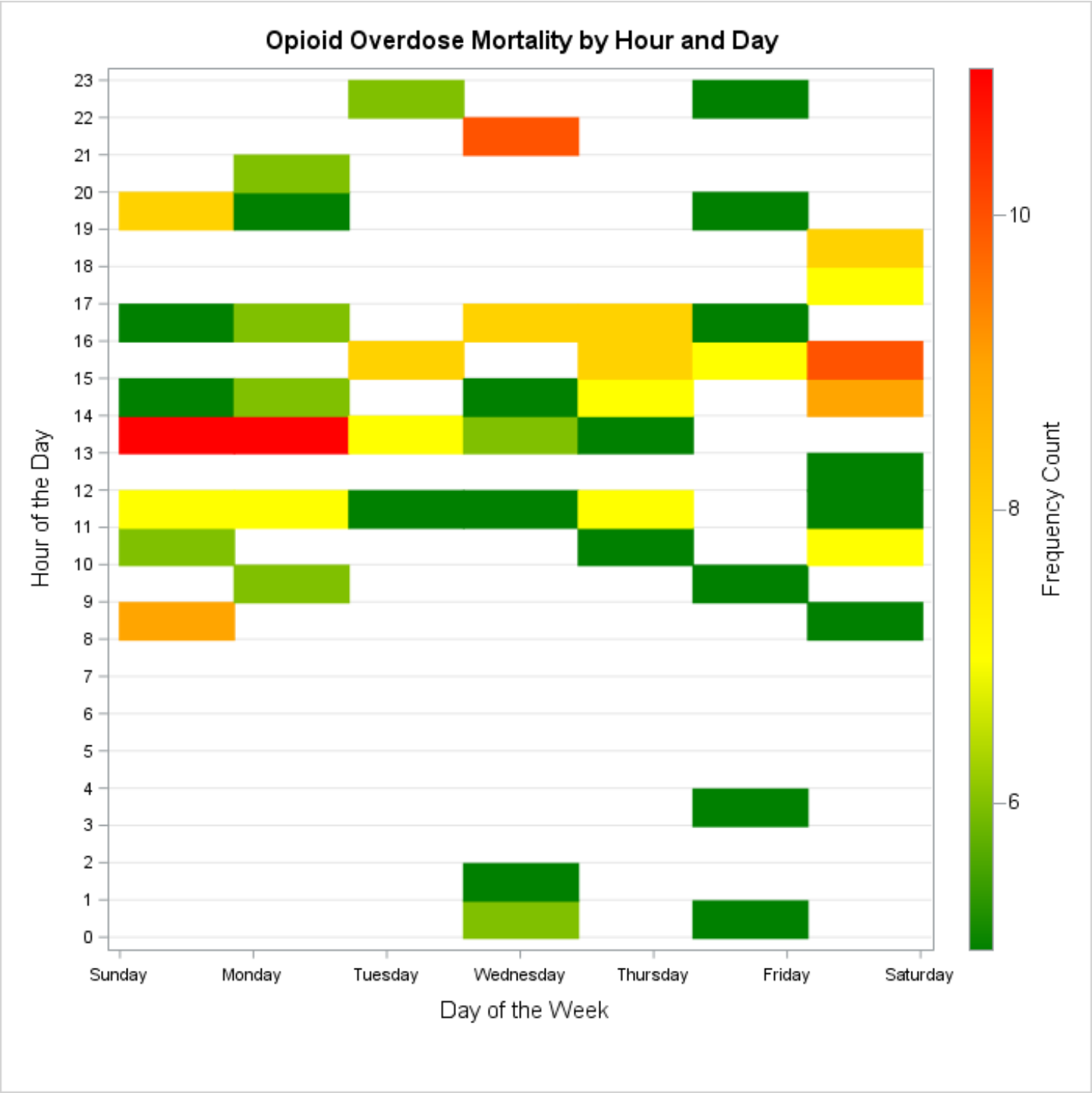
	All Opioid			Fentanyl			Meth		
Date	2022	2023	% Change	2022	2023	% Change	2022	2023	% Change
Age									
Under 1 year	-	-	-	-	-	-	-	-	-
1 to 4 years	-	-	-	-	-	-	-	-	-
5 to 9 years	-	-	-	-	-	-	-	-	-
10 to 14 years	-	-	-	-	-	-	-	-	-
15 to 19 years	10	-	-	10	-	-	-	-	-
20 to 24 years	20	16	-20	16	15	-6.25	9	-	-
25 to 29 years	33	37	12.12	30	36	20.00	18	15	-16.67
30 to 34 years	46	61	32.61	33	51	54.55	31	34	9.68
35 to 39 years	64	70	9.38	39	58	48.72	47	45	-4.26
40 to 44 years	52	34	-34.62	33	30	-9.09	33	21	-36.36
45 to 49 years	28	40	42.86	17	28	64.71	39	27	-30.77
50 to 54 years	25	38	52	13	25	92.31	26	40	53.85
55 to 59 years	32	24	-25	19	19	0.00	37	34	-8.11
60 to 64 years	15	30	100	8	19	137.50	32	38	18.75
65 to 69 years	18	22	22.22	7	13	85.71	15	27	80.00
70 to 74 years	7	5	-28.57	6	-	-	6	-	-
75 to 79 years	-	-	-	-	-	-	-	-	-
80 to 84 years	-	-	-	-	-	-	-	-	-
85 years and over	-	-	-	-	-	-	-	-	-
Race									
Hispanic	74	84	13.51	58	75	29.31	54	58	7.41
Black	60	66	10	45	57	26.67	47	54	14.89
AI/AN	-	-	-	-	-	-	-	-	-
Asian/PI	8	5	-37.5	5	-	-	8	11	37.50
White/Caucasian	203	221	8.87	118	156	32.20	174	156	-10.34
Other	-	-	-	-	-	-	-	-	-
Multi-racial	6	7	16.67	-	5	-	6	6	0.00
Gender									
Female	128	103	-19.53	74	66	-10.81	87	65	-25.29
Male	229	285	24.45	162	236	45.68	207	225	8.70

Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.
Data Source: Electronic Death Registry System

OPIOID OVERDOSE MORTALITY BY HOUR AND DAY AMONG CLARK COUNTY RESIDENTS, 2023

Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Electronic Death Registry System

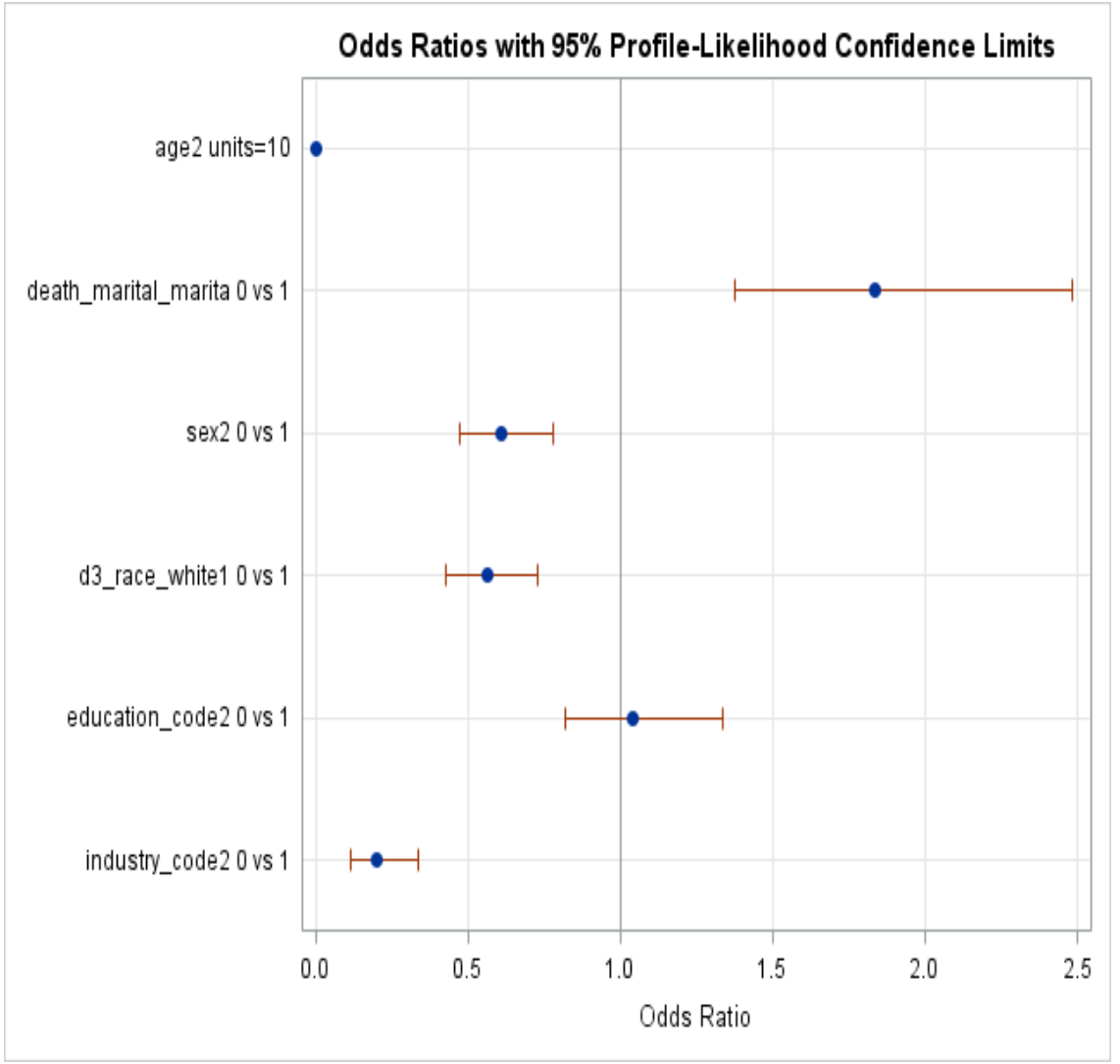


Adjusted Odds Ratio Estimates for Fatal Opioid Overdose, 2023

Odds Ratio Estimates for Fatal Overdose

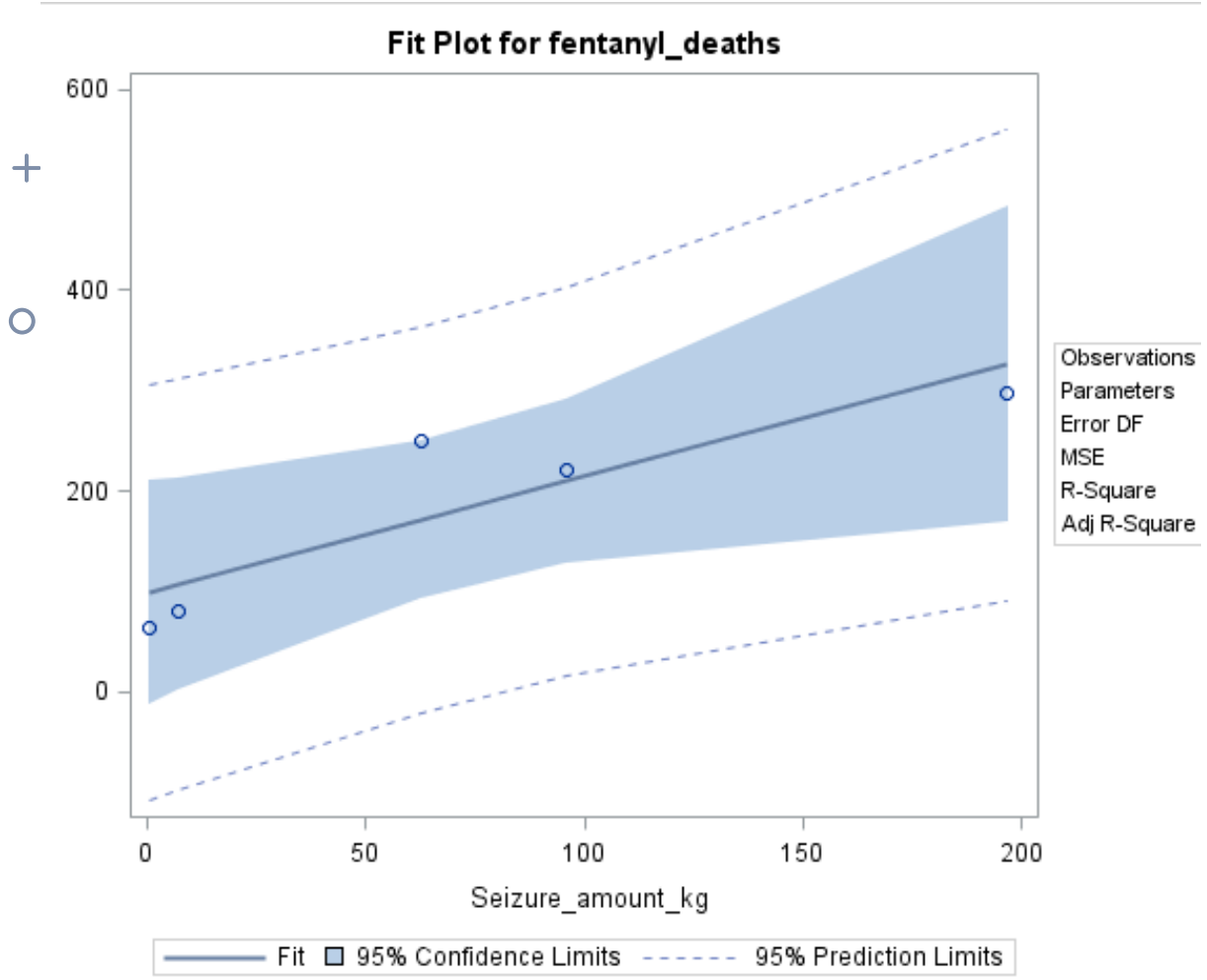
Covariate	N	Odds Ratio	95% Confidence Limits (Lower)	95% Confidence Limits (Upper)	P Value
Age (unit=10 years)	17,530	<0.001	<0.001	<0.001	<.0001***
Sex					
Male	9,853	(Ref)	(Ref)	(Ref)	(Ref)
Female	8,051	0.609	0.475	0.777	<.0001***
Employment Status					
Employed	17,083	(Ref)	(Ref)	(Ref)	(Ref)
Not Employed	823	0.202	0.114	0.336	<.0001***
Race					
White	13,512	(Ref)	(Ref)	(Ref)	(Ref)
Non-White	4,394	0.562	0.427	0.73	<.0001***
Marital Status					
Married	6,427	(Ref)	(Ref)	(Ref)	(Ref)
Not Married	11,479	1.835	1.376	2.482	<.0001***
Education					
High School Graduate, GED, or Less School	10,255	1.043	0.819	1.335	.7327
Some College or College Degree (e.g., Associates, Bachelors)	7,651	(Ref)	(Ref)	(Ref)	(Ref)

The estimate for the age variable contains the odds ratio for every change of 10 years.
The White race variable includes both Hispanic White and non-Hispanic White
*p<.05, ** p<.01, *** p<.001



Data Source: Electronic Death Registry System

Linear Regression of Overdose Deaths Involving Fentanyl Among Clark County Residents and Fentanyl Seizures, 2018-2022



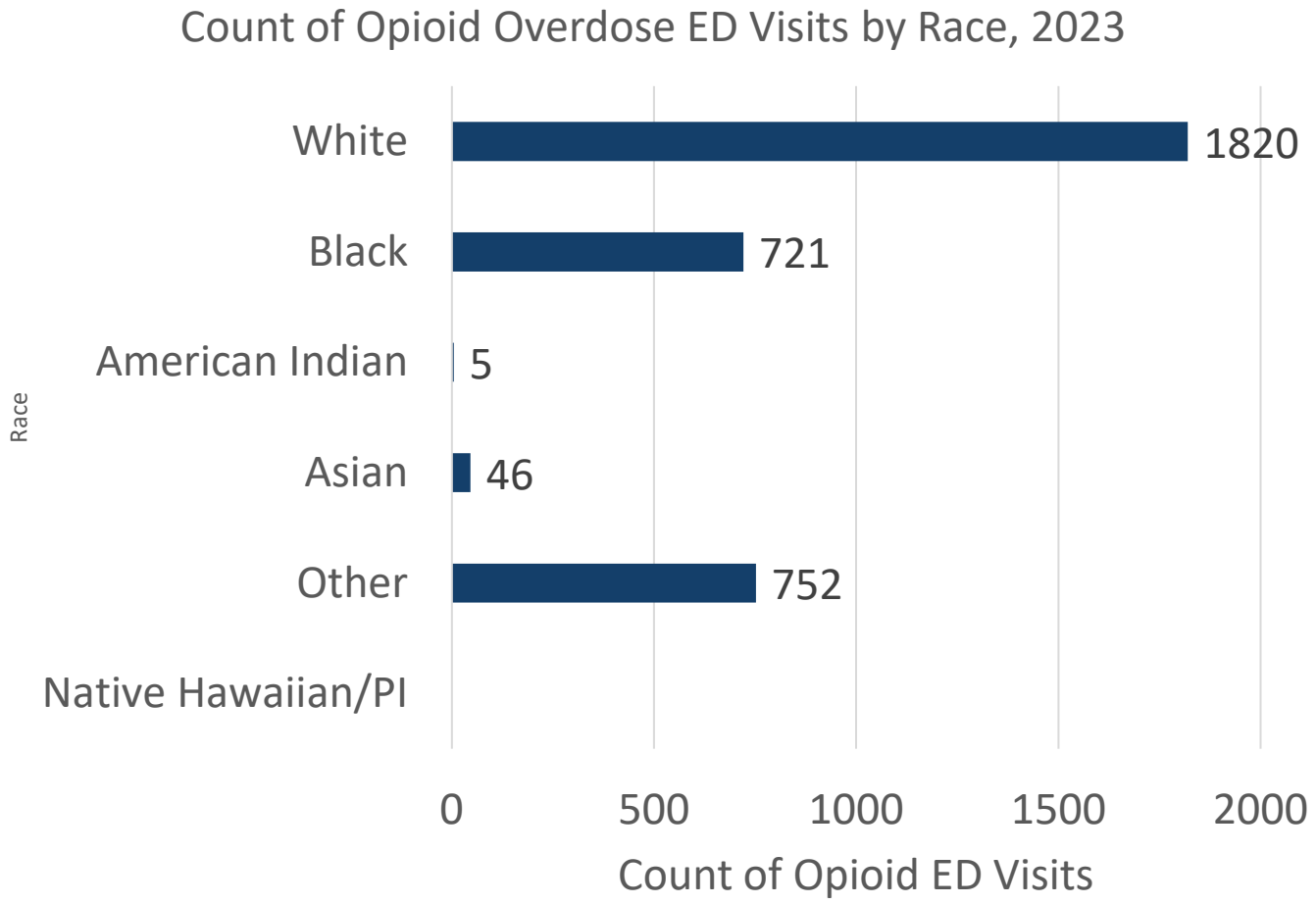
Analysis of Variance					
Source	DF	Sum of Square	Mean Square	F Value	Pr > F
Model	1	34341	34341	11.35	0.0434
Error	3	9076.36105	3025.45368		
Corrected Total	4	43417			

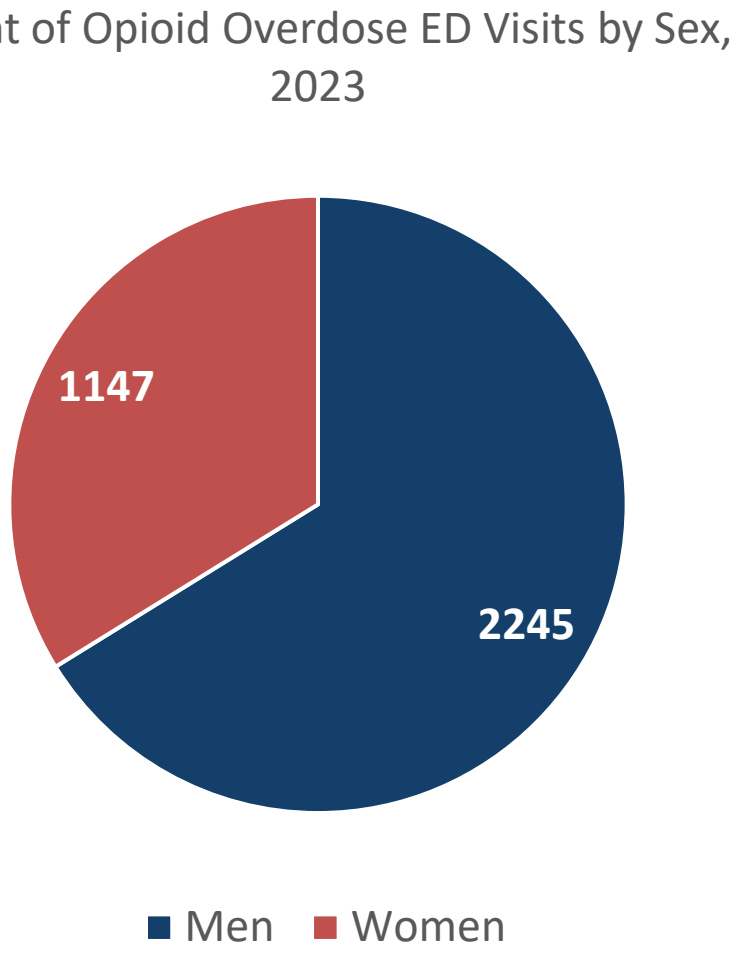
Data Source: Electronic Death Registry System; HIDTA Seizures

SECTION II: NON-FATAL INDICATORS

- ESSENCE (Syndromic Surveillance)
- ESO

Opioid Overdose ED Visit Descriptive Statistics Using ESSENCE Among Clark County Residents & Non-Residents, 2023

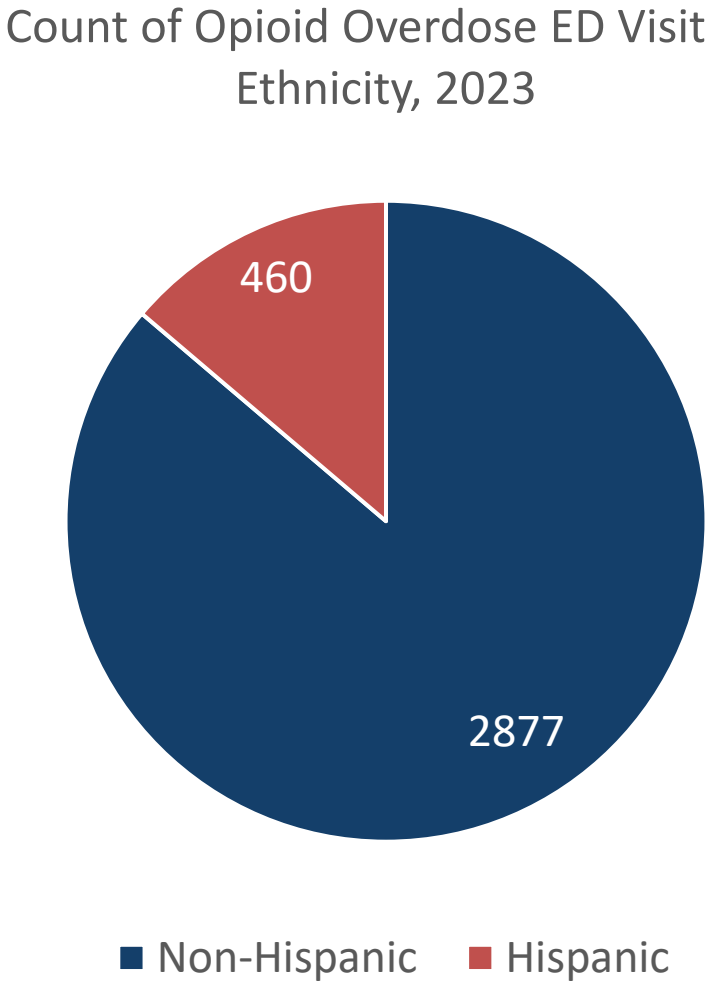


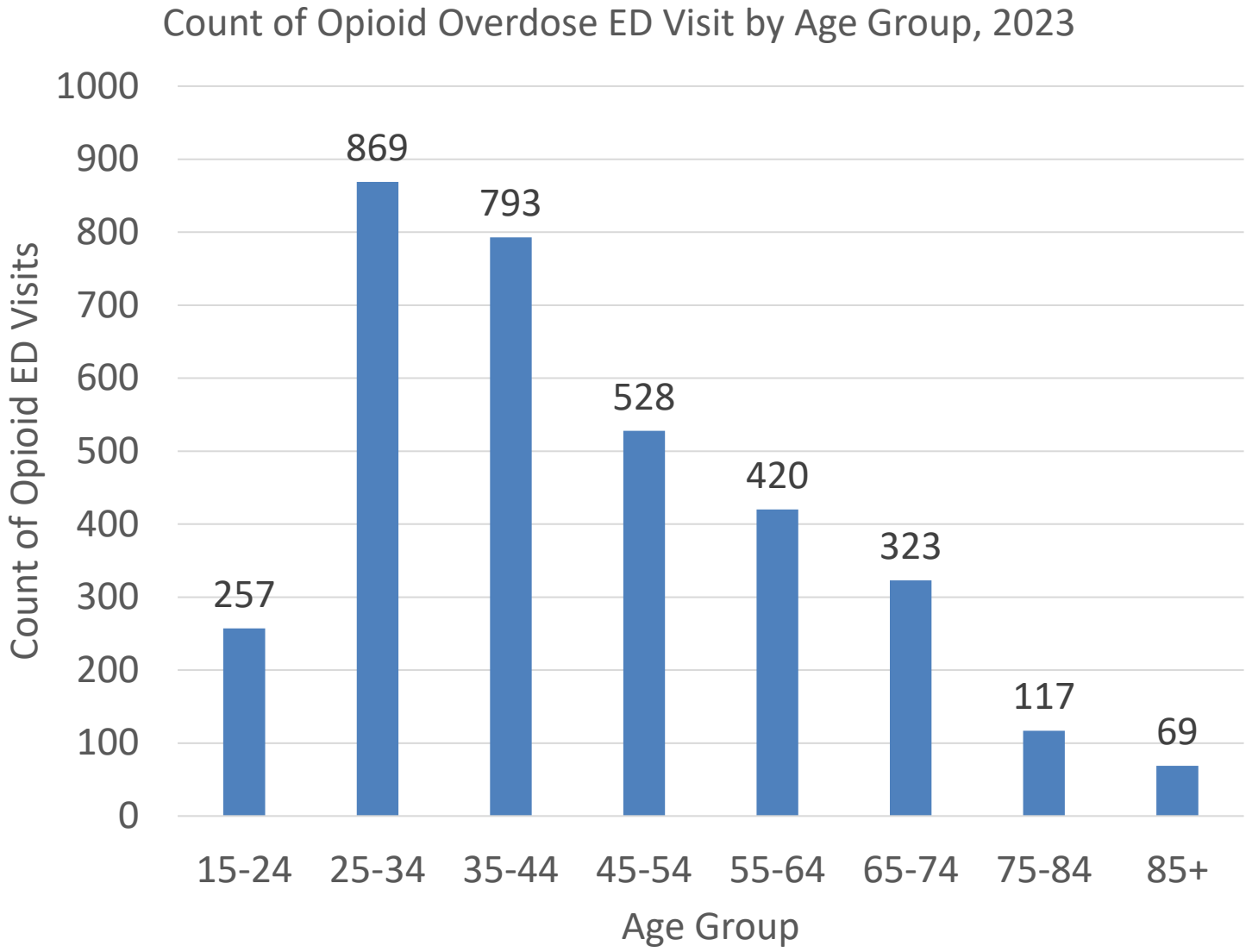


Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: ESSENCE

Opioid Overdose ED Visit Descriptive Statistics Using ESSENCE Among Clark County Residents & Non-Residents, 2023 (Cont.)

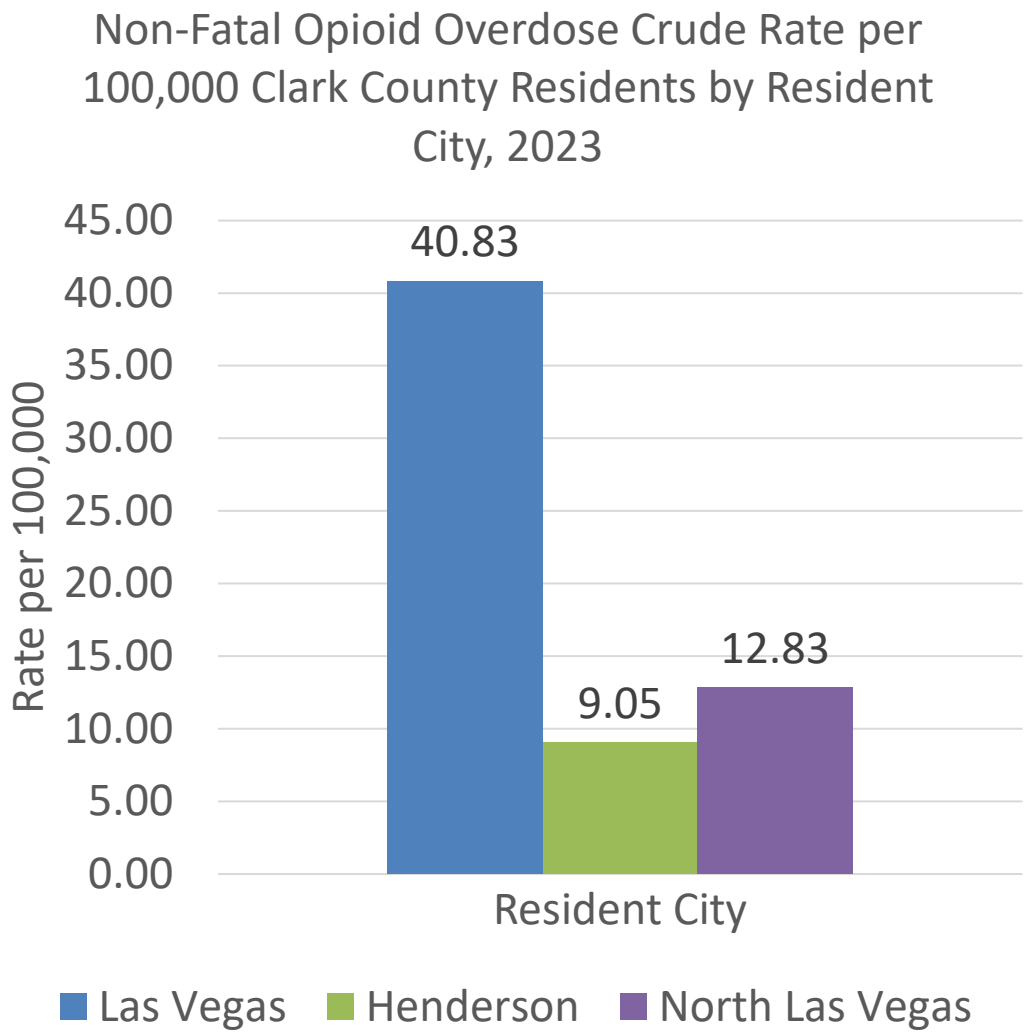


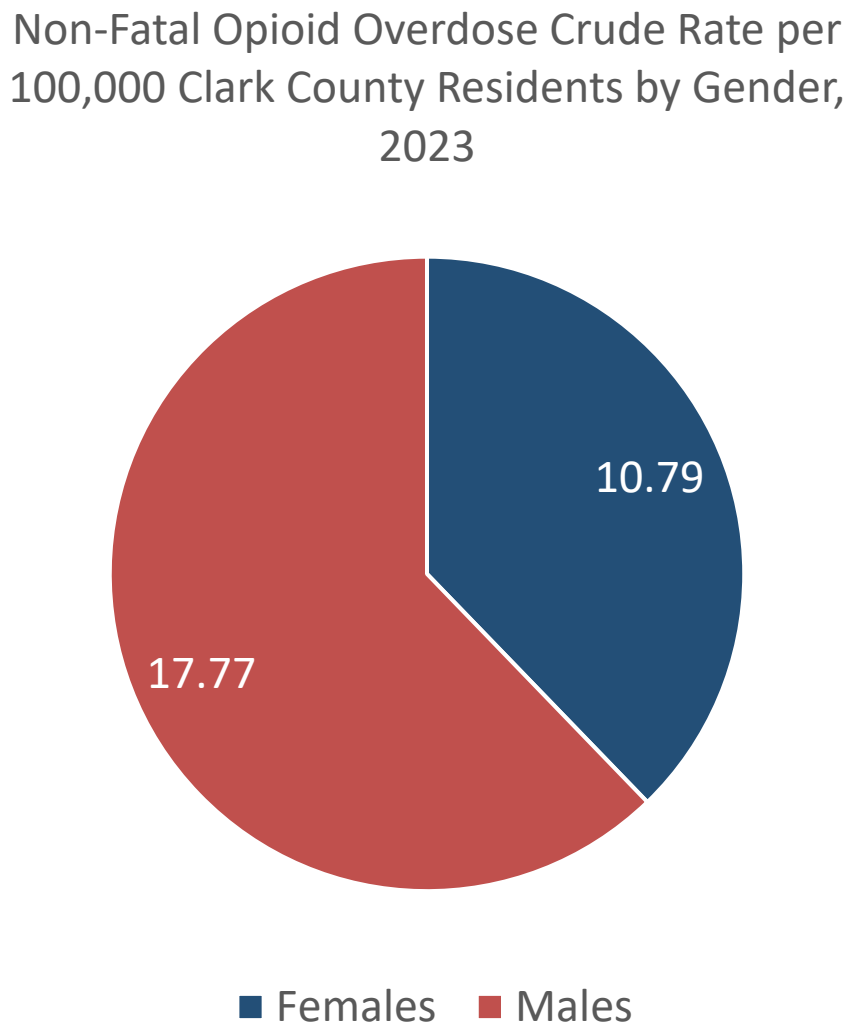


Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: ESSENCE

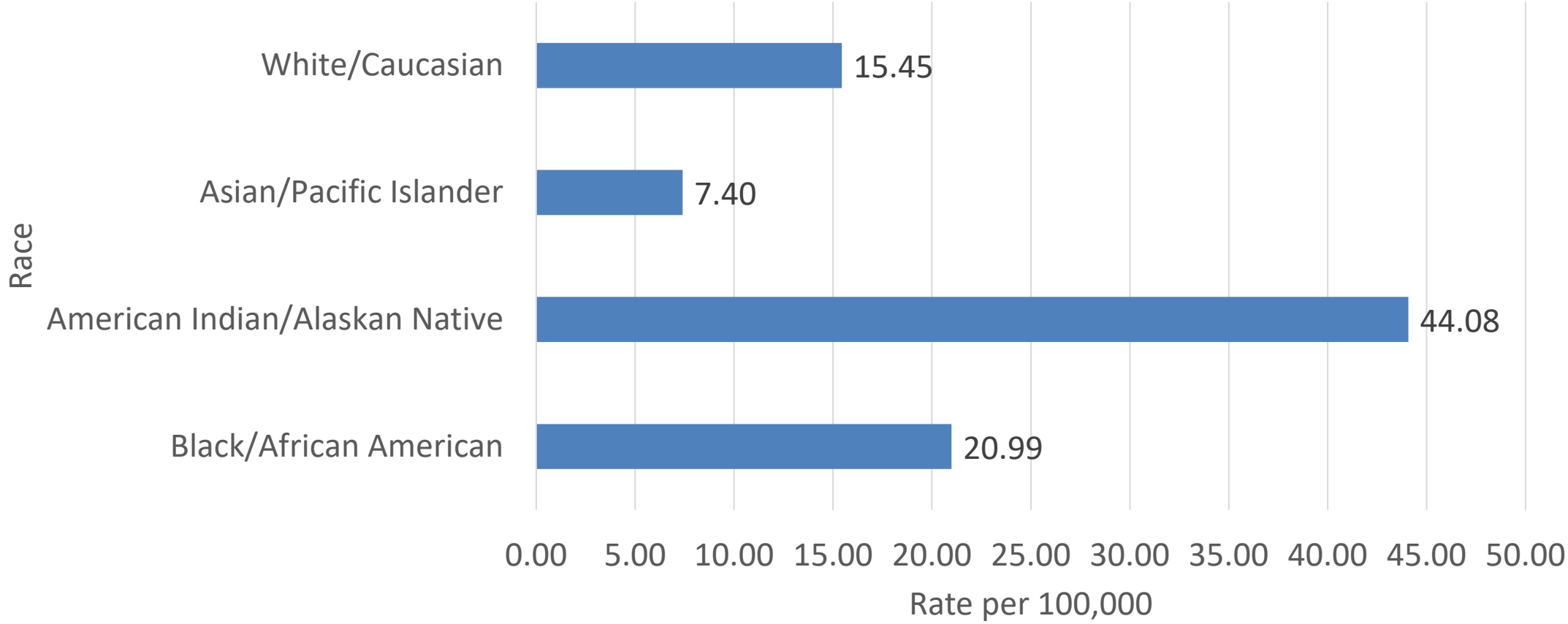
Non-Fatal Opioid Overdose Descriptive Statistics Using ESO Among Clark County Residents, 2023





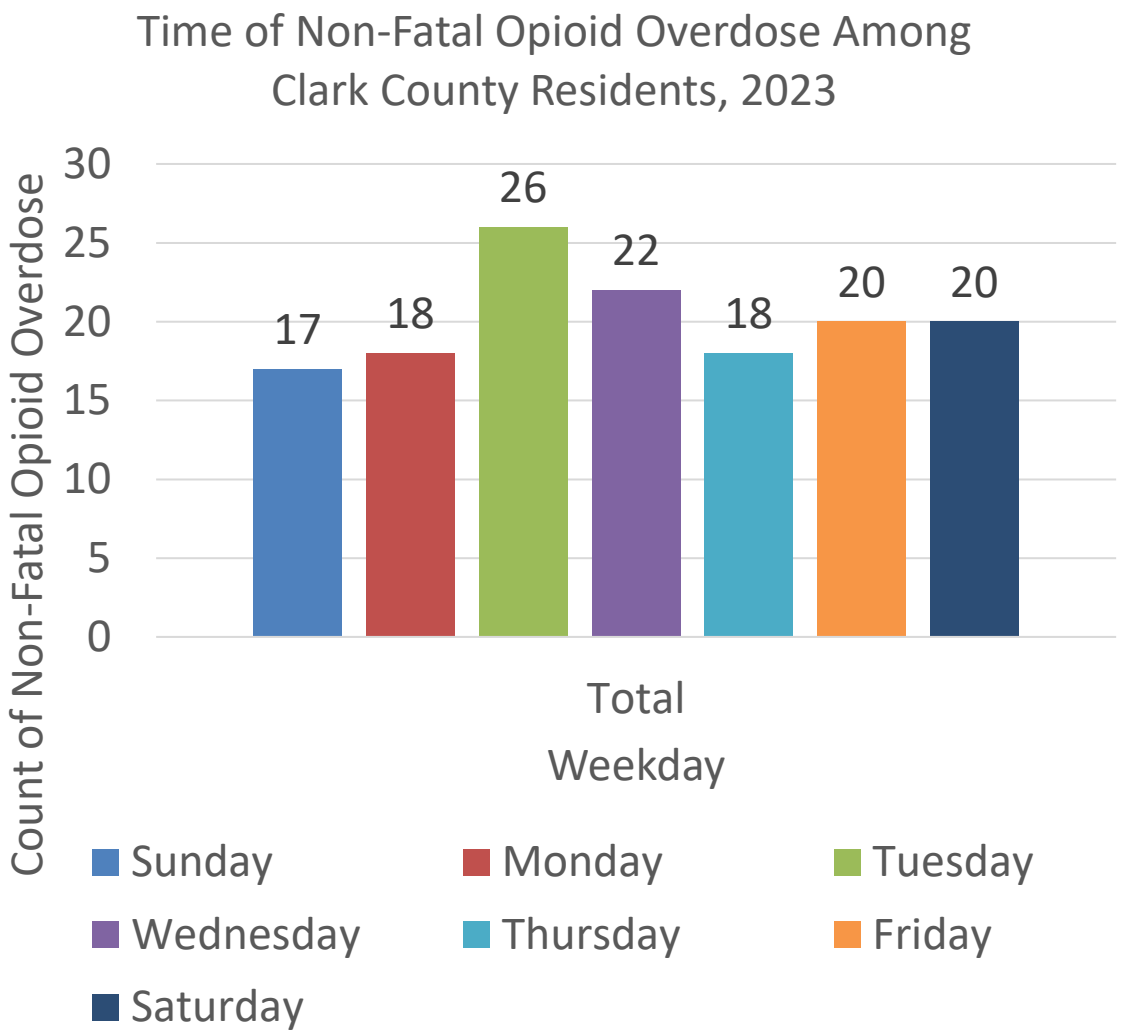
Note: Rates with a numerator less than 12 have been suppressed for reliability.
Data Source: ESO

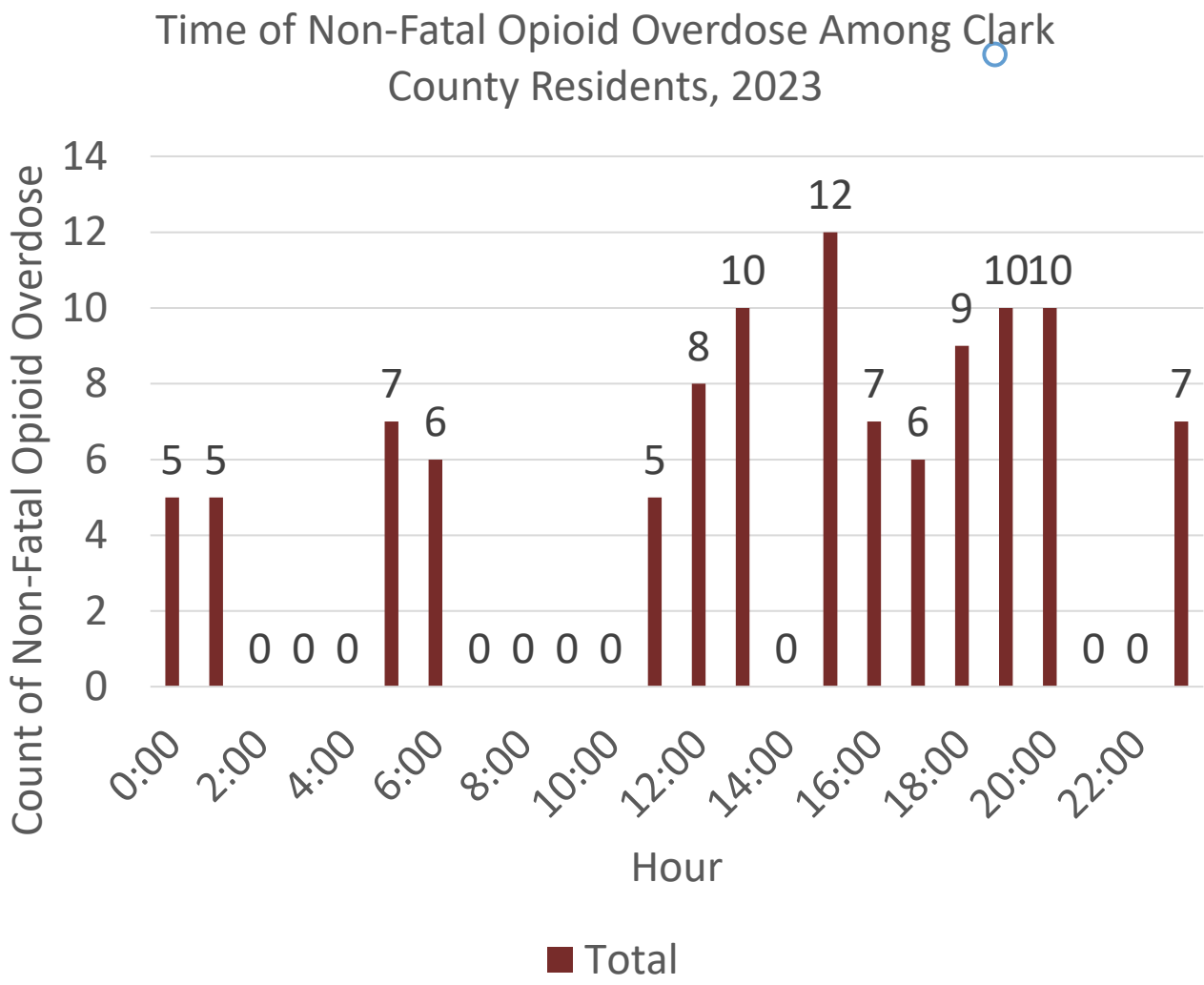
Non-Fatal Opioid Overdose Descriptive Statistics Using ESO Among Clark County Residents, 2023 (Cont.)



Note: Rates with a numerator less than 12 have been suppressed for reliability.
Data Source: ESO

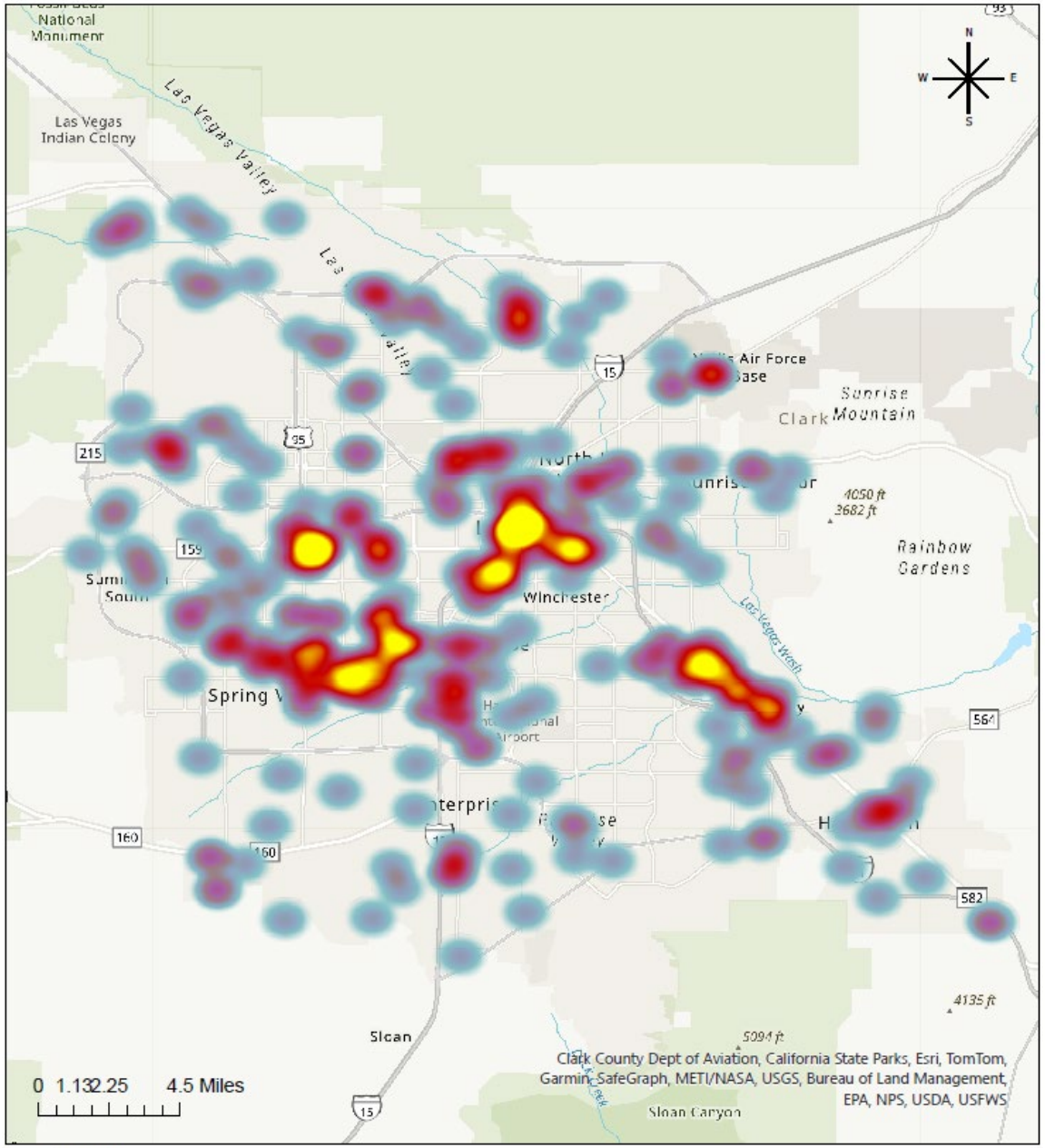
Non-Fatal Opioid Overdose by Hour and Day Using ESO Among Clark County Residents & Non-Residents, 2023





Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.
Data Source: ESO

NON-FATAL OPIOID OVERDOSE HEAT MAP USING INJURY LOCATION AMONG CLARK COUNTY RESIDENTS & NON-RESIDENTS, 2023



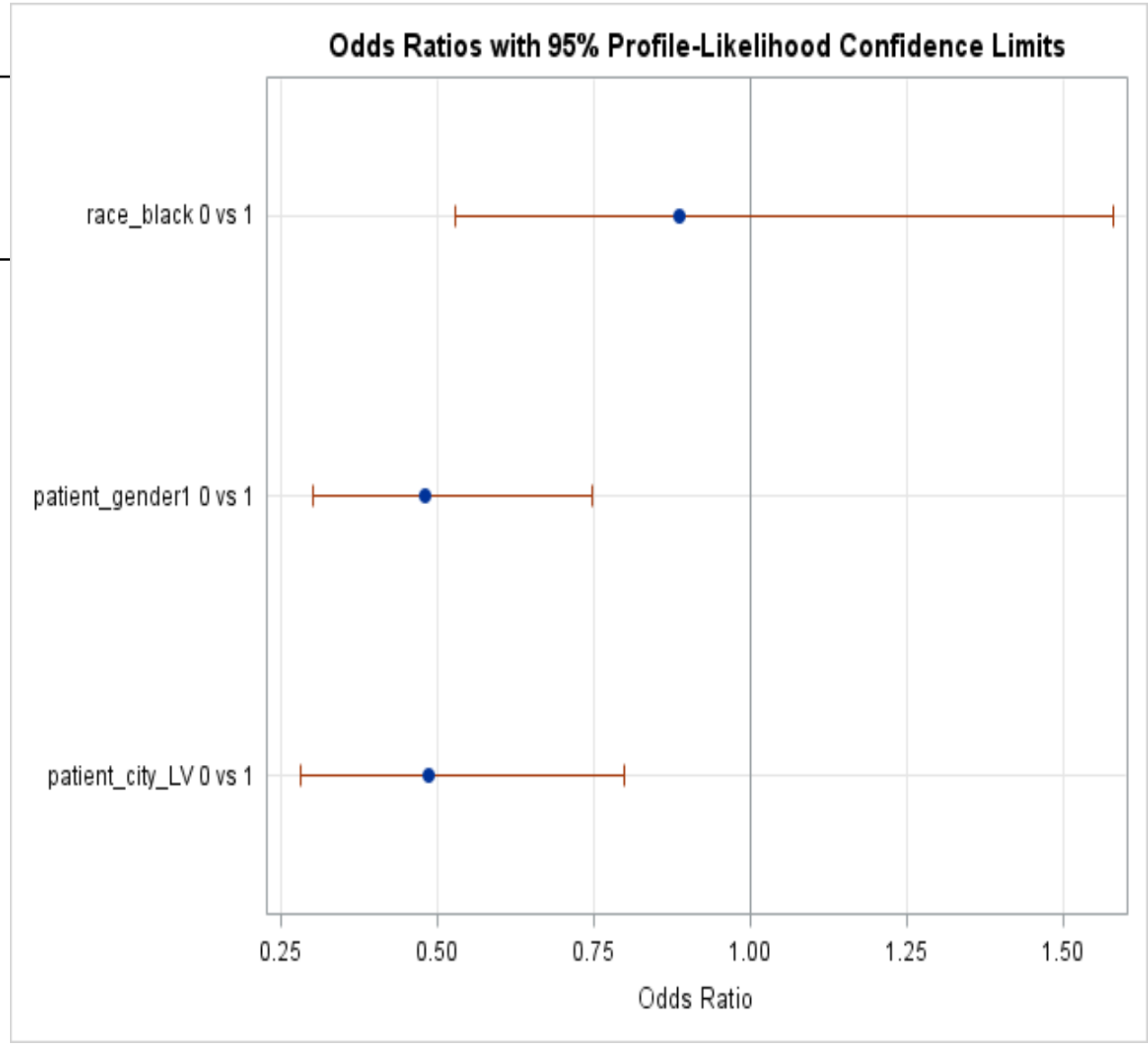
Clusters are located Downtown, Rainbow & Charleston, Naked City, and Boulder Highway.

Data Source: ESO

Adjusted Odds Ratio Estimates for Non-Fatal Opioid Overdose Using ESO Among Clark County Residents & Non-Residents, 2023

Odds Ratio Estimates for Non-Fatal Opioid Overdose

Covariate	N	Odds Ratio	95% Confidence Limits (Lower)	95% Confidence Limits (Upper)	P Value
Sex					
Male	14,760	(Ref)	(Ref)	(Ref)	(Ref)
Female	14,574	0.386	0.228	0.629	0.0011
Race					
Black	24,241	(Ref)	(Ref)	(Ref)	(Ref)
Non-Black	5,148	0.830	0.484	1.516	0.5183
Patient City LV					
Resided in Las Vegas	19,525	(Ref)	(Ref)	(Ref)	(Ref)
Does not reside in Las Vegas	9,864	0.491	0.269	0.841	0.0137

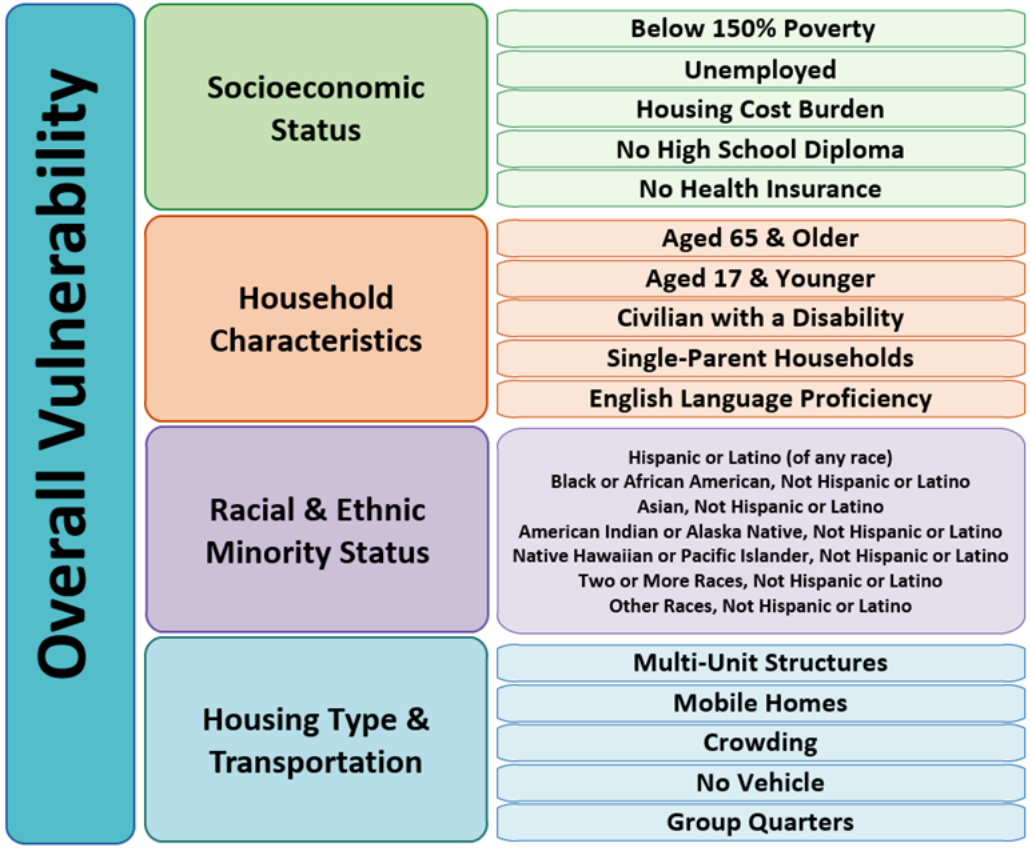


Data Source: ESO

SECTION III: SOCIAL VULNERABILITY INDEX INDICATORS

- Electronic Death Registry System
- Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index

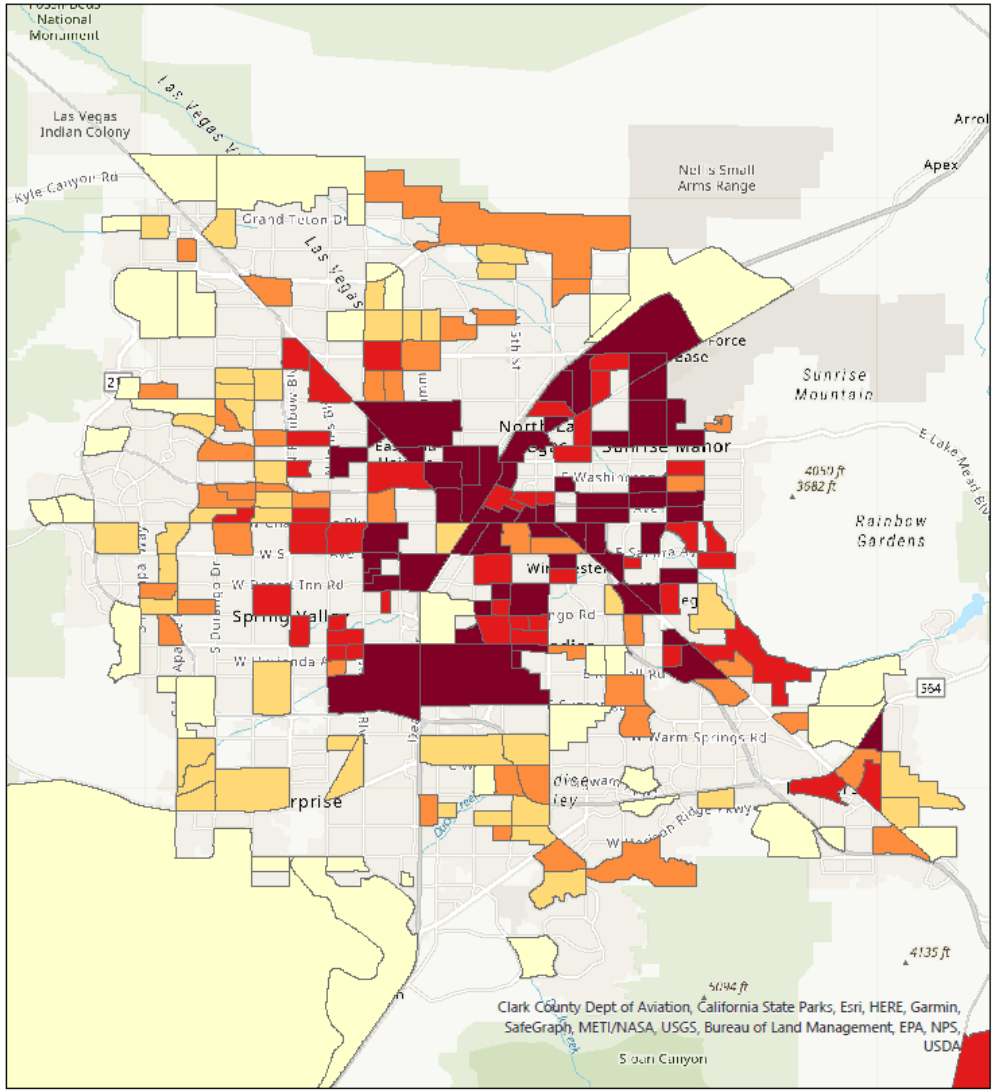
Social Vulnerability Index (SVI)



Source: https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

LAS VEGAS MAP WITH OVERALL SVI RANKING (GRADUATED COLORS IN CENSUS TRACTS CORRESPONDING TO OVERALL SVI RANKING), 2020

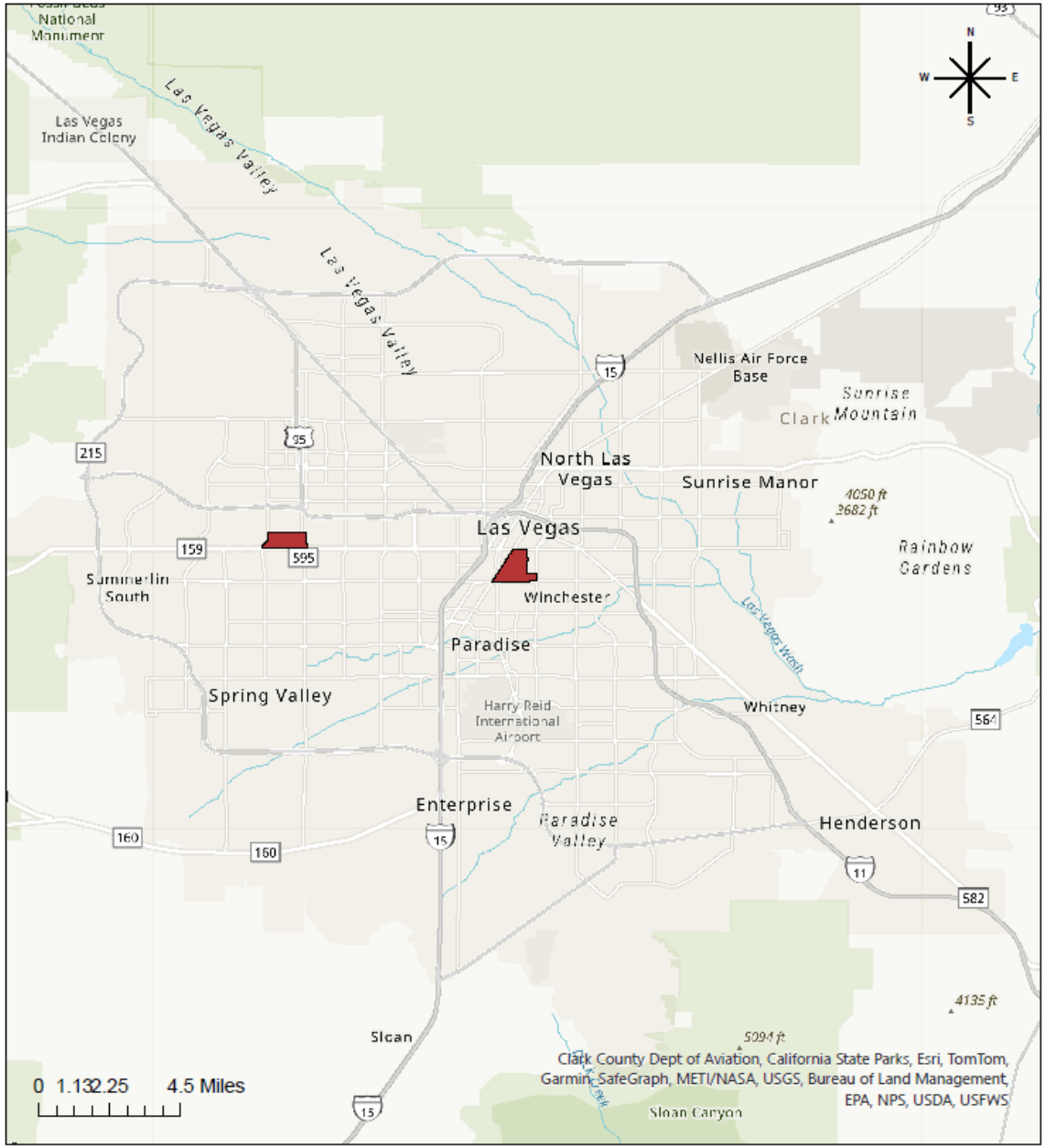
Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index



LAS VEGAS MAP WITH OPIOID OVERDOSE DEATH COUNTS AMONG CLARK COUNTY RESIDENTS (GRADUATED COLORS IN CENSUS TRACTS CORRESPONDING TO OVERDOSE COUNTS), 2023

Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

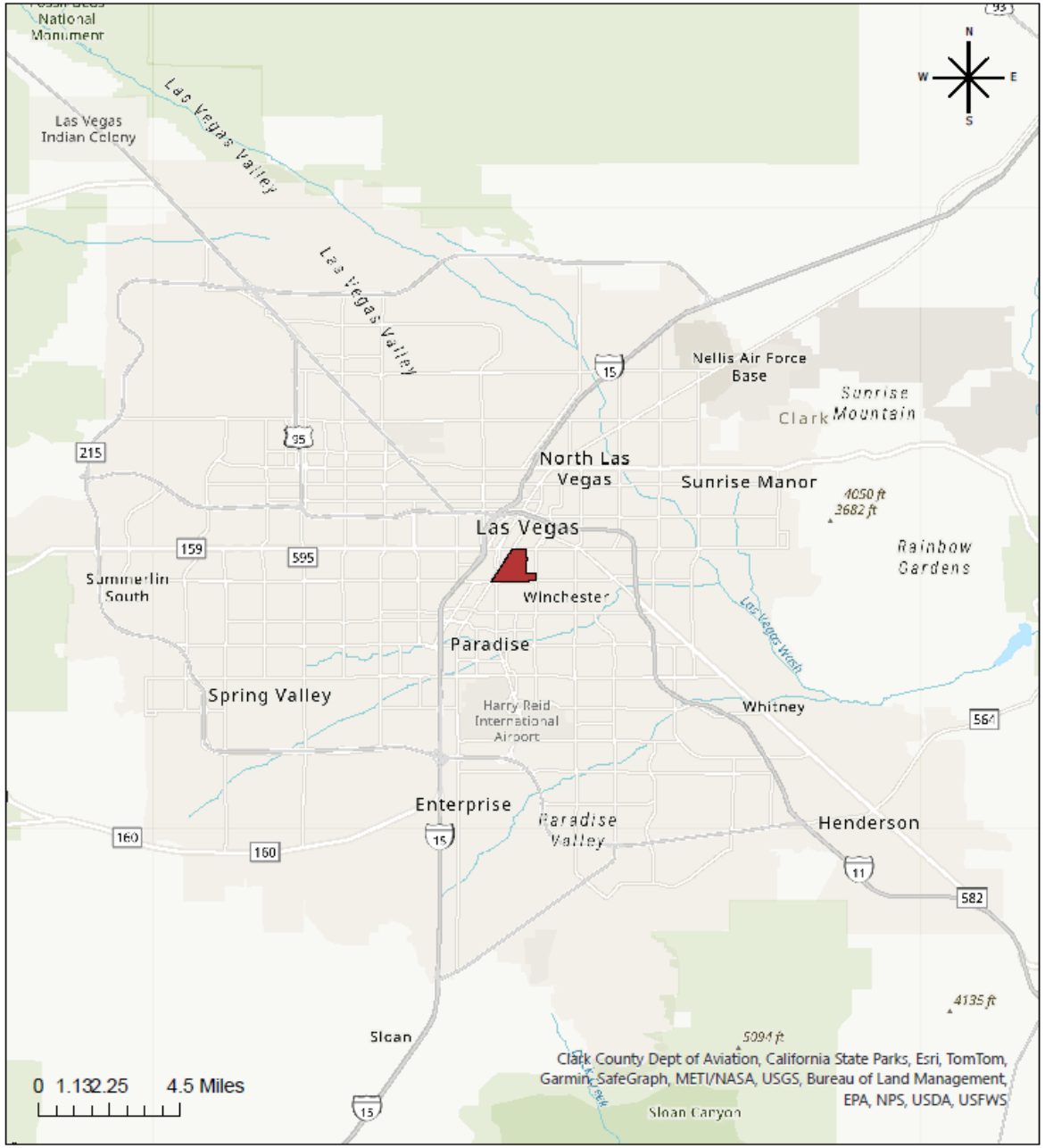
Data Source: Electronic Death Registry System



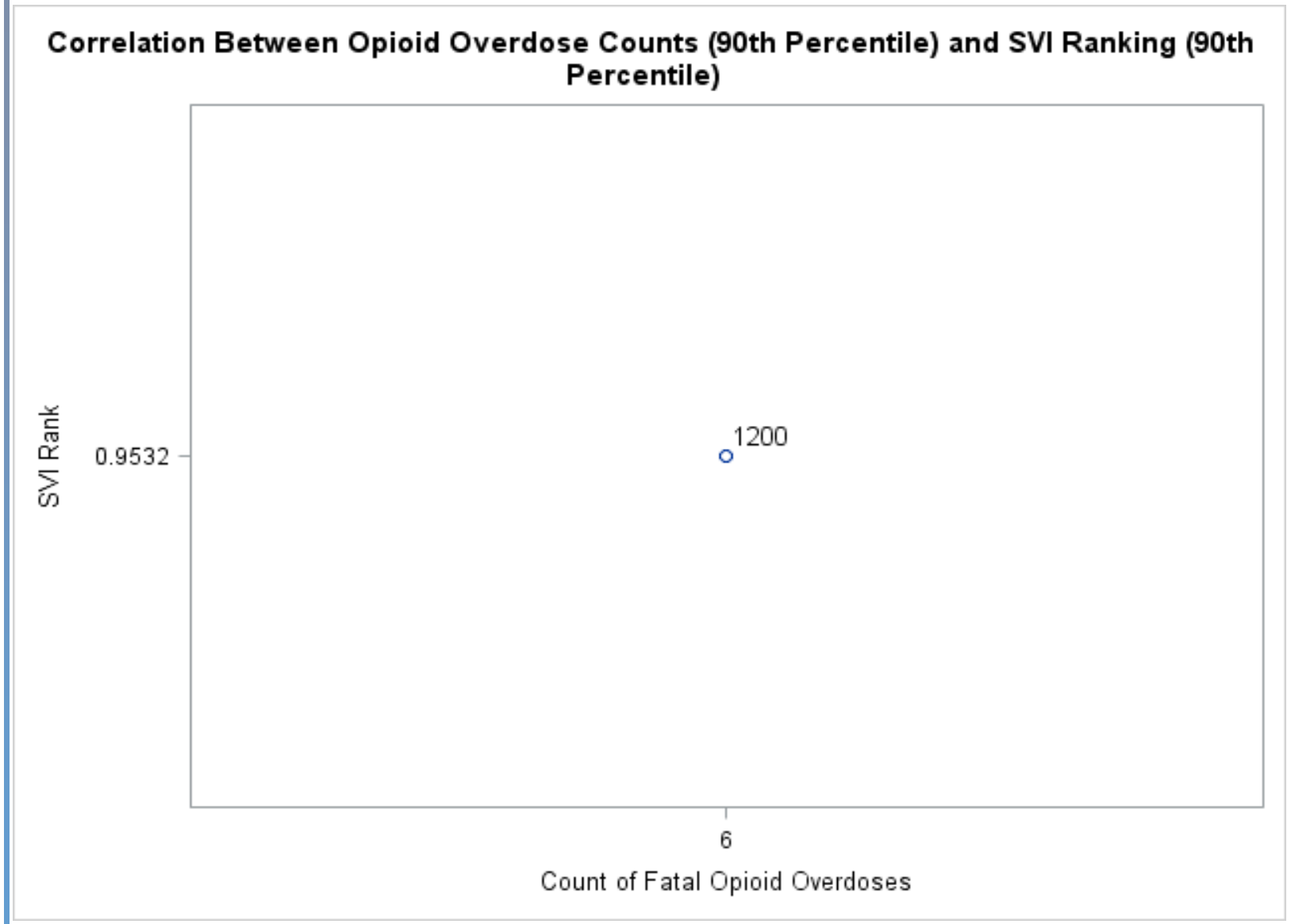
LAS VEGAS MAP WITH OPIOID OVERDOSE COUNTS (90TH PERCENTILE) AND OVERALL SVI RANKING (90TH PERCENTILE) AMONG CLARK COUNTY RESIDENTS (GRADUATED COLORS IN CENSUS TRACTS CORRESPONDING TO SVI RANKING), 2023

Note: 90th percentile is where overdose counts>=**3** and SVI >=**.92**. Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

- Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index; Electronic Death Registry System



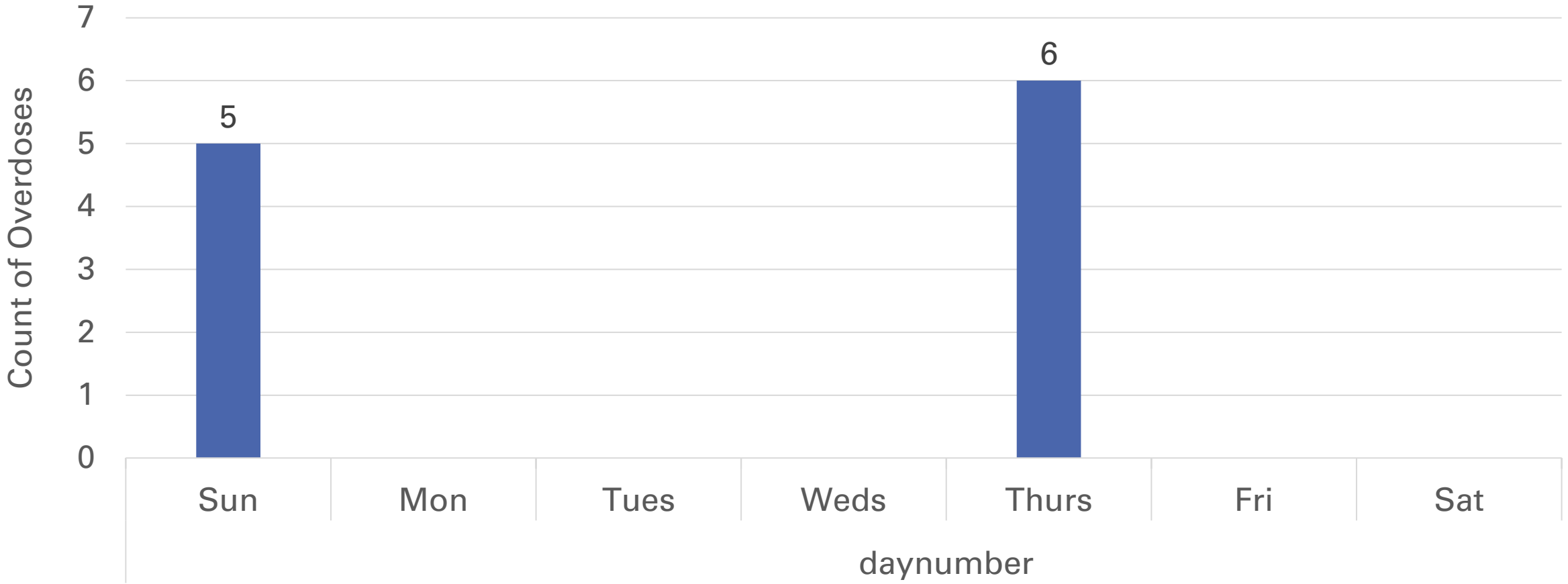
Correlation Between Opioid Overdose Counts (90th Percentile) and Overall SVI Ranking (90th Percentile) by Census Tract, 2023



Note: 90th percentile is where overdose counts>=**3** and SVI >=**.92**. Data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index; Electronic Death Registry System

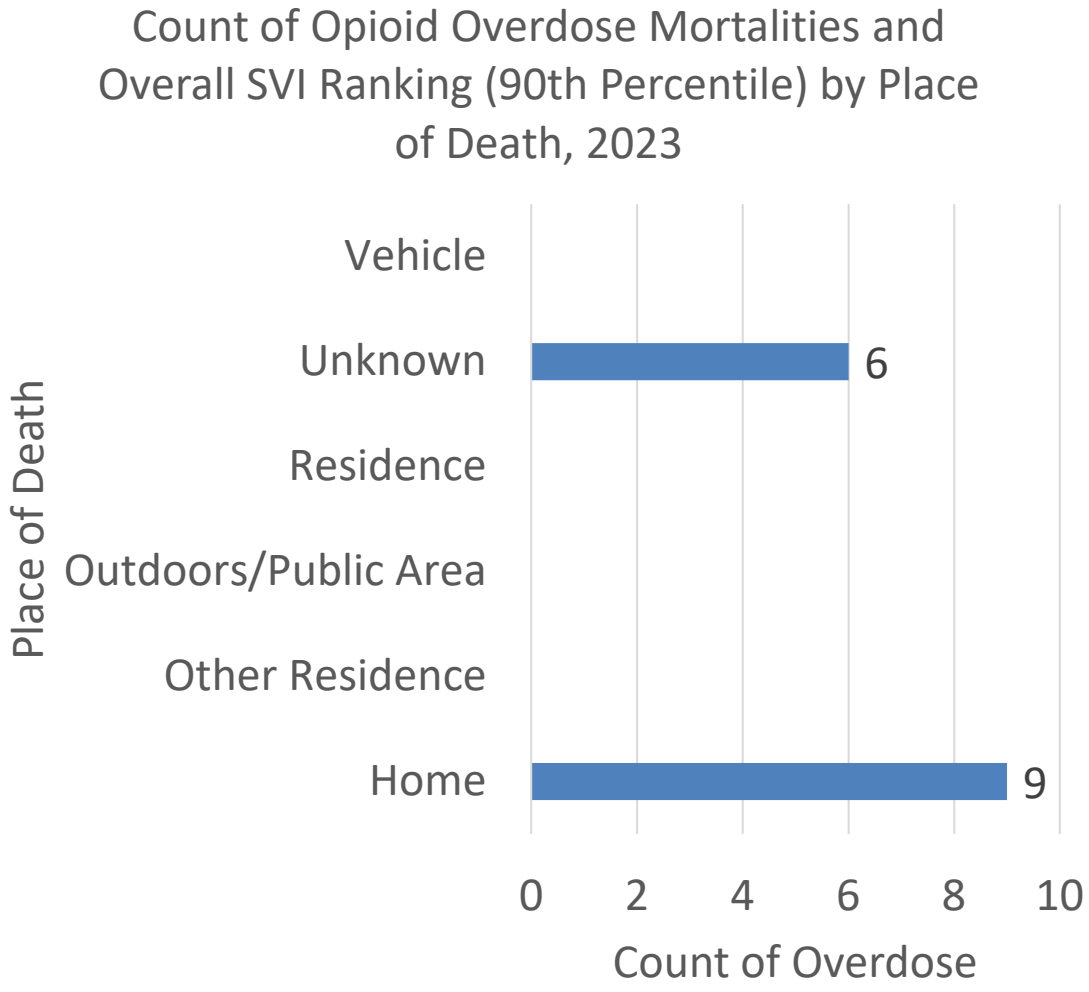
Opioid Overdose Mortality (90th Percentile) and Overall SVI Ranking (90th Percentile) by Day, 2023

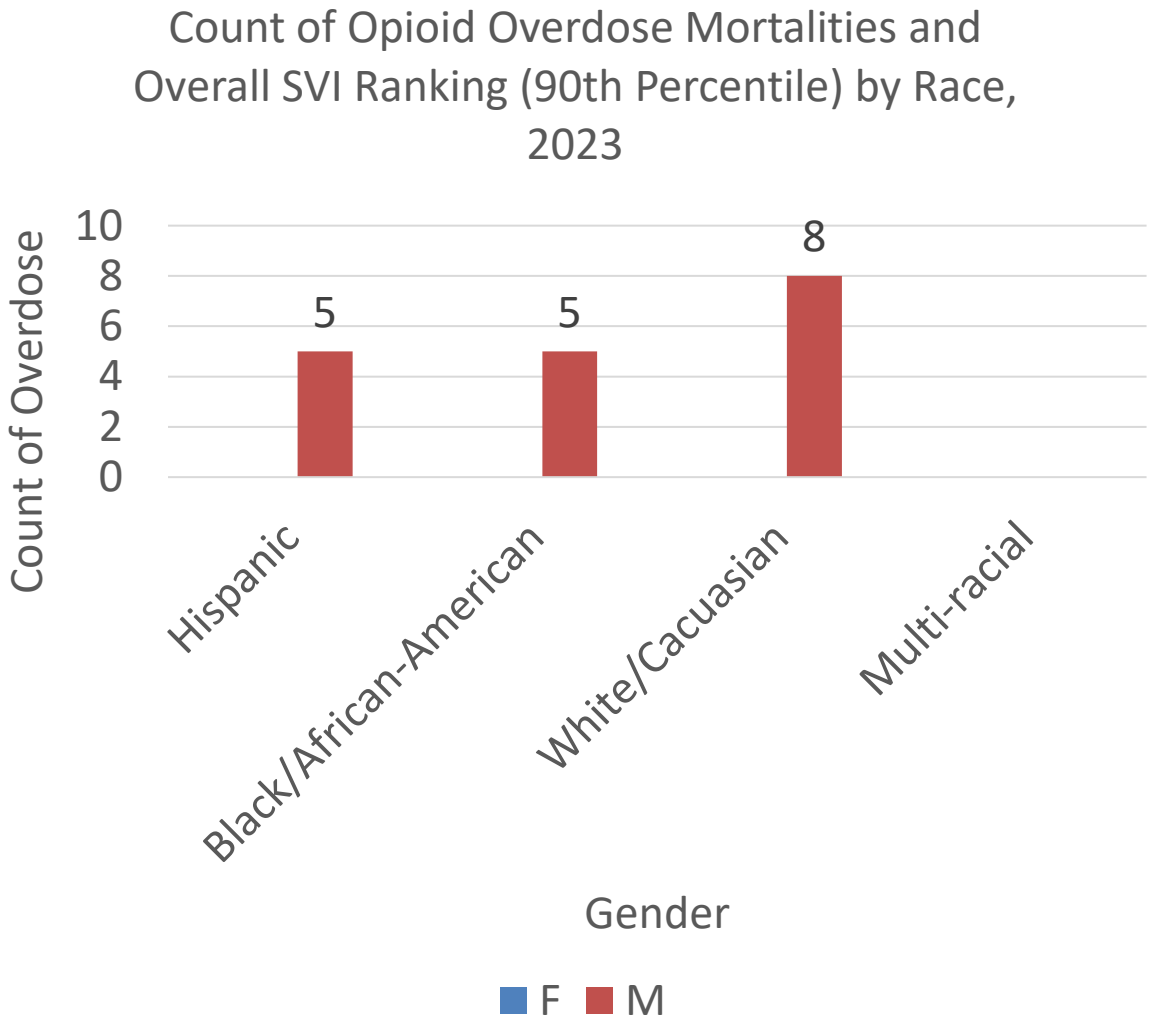


Note: 90th percentile is where overdose counts>=**3** and SVI >=**.92**. Data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index; Electronic Death Registry System

90th Percentile Descriptive Statistics: Opioid Overdose Mortality and Overall SVI Ranking, 2023

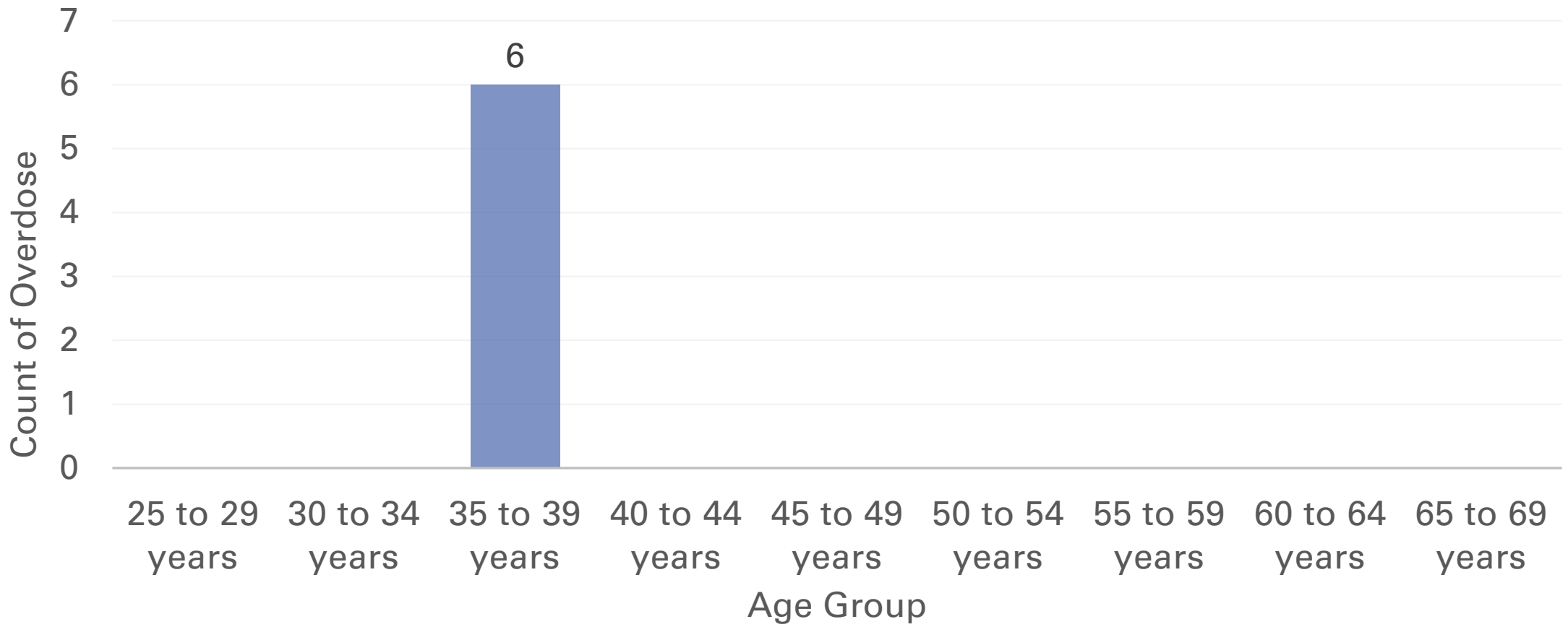




Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index; Electronic Death Registry System

90th Percentile Descriptive Statistics: Opioid Overdose Mortality and Overall SVI Ranking, 2023 (Cont.)



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

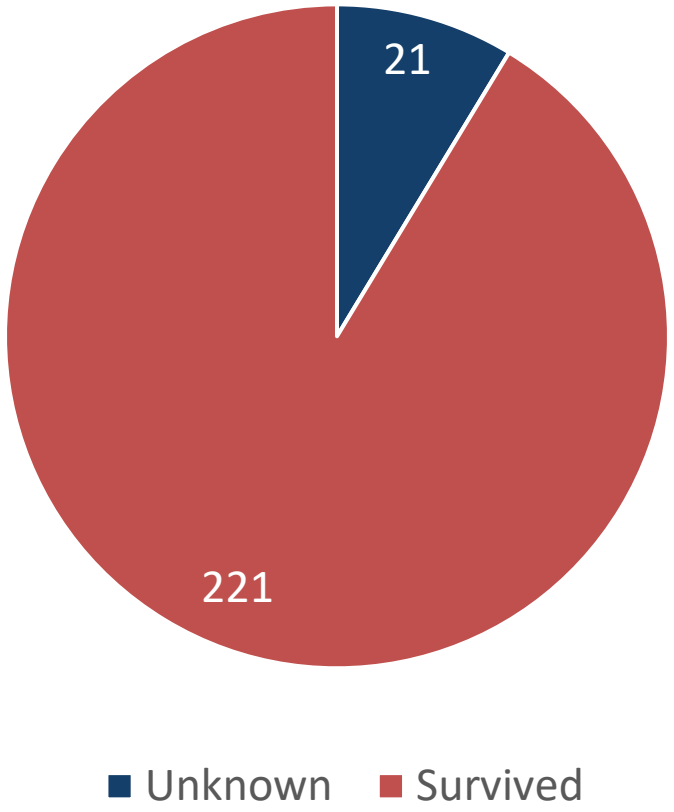
Data Source: Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry Social Vulnerability Index; Electronic Death Registry System

SECTION IV: NALOXONE INDICATORS

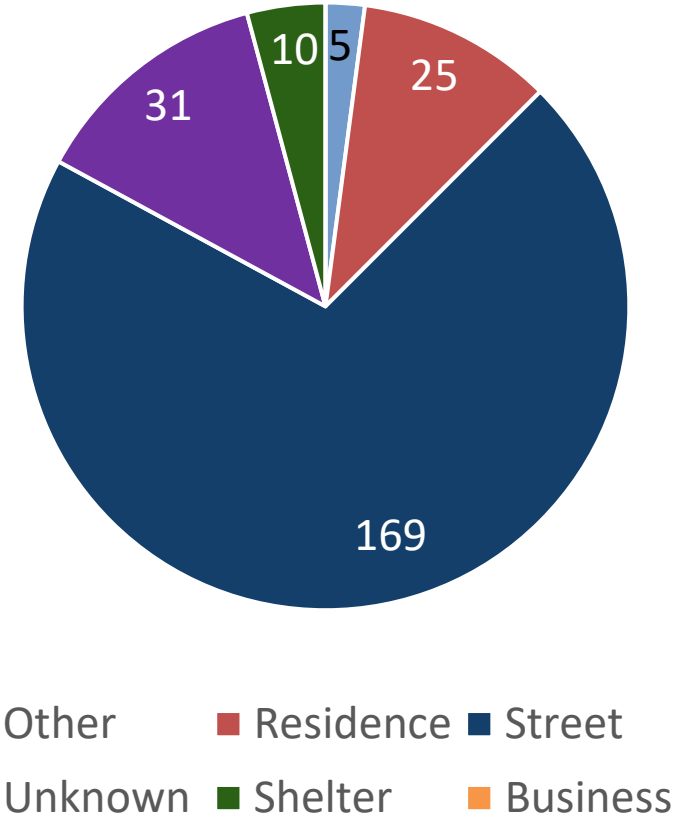
- L2A Naloxone Administration Surveys
- FR-CARA Post-Administration Surveys
- FR-CARA Naloxone Distribution Log

Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through SNHD's Linkage to Action (L2A) Team, 09/2022- 04/2023

L2A: The Outcome of the Individual Receiving Naloxone, 09/2022-04/2023



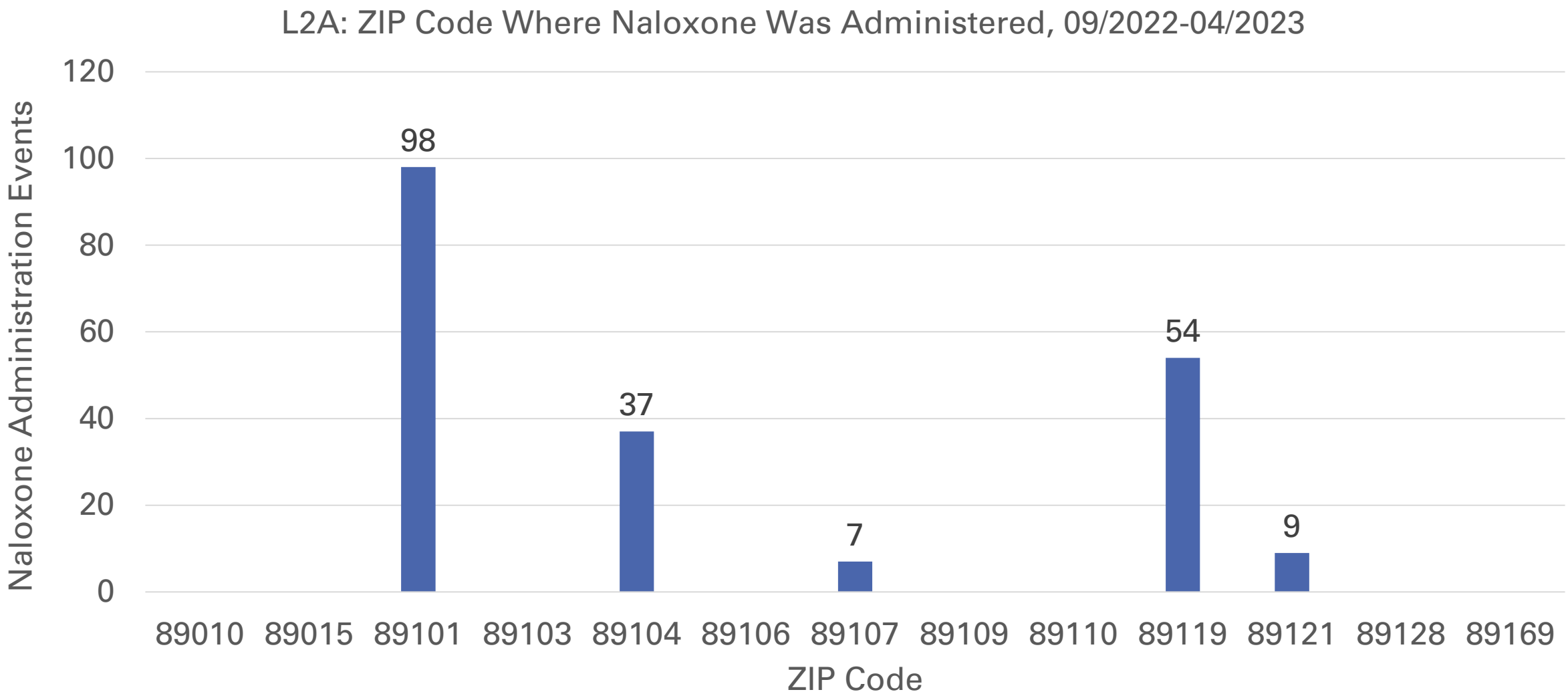
L2A: The Location Type Where the Naloxone Administration Occurred, 09/2022-04/2023



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: L2A Naloxone Administration Surveys.

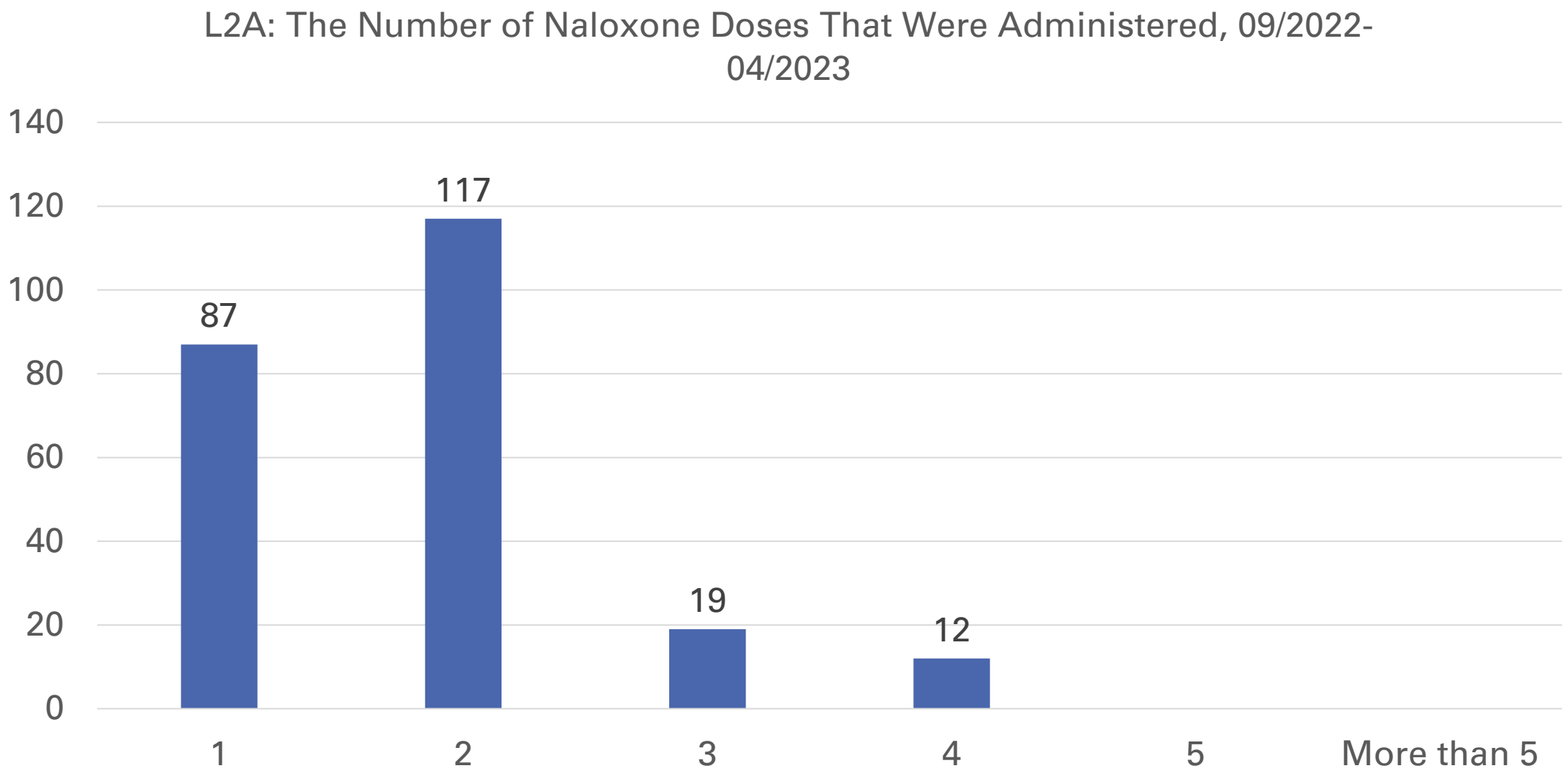
Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through SNHD's Linkage to Action (L2A) Team, 09/2022- 04/2023 (Cont.)



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: L2A Naloxone Administration Surveys.

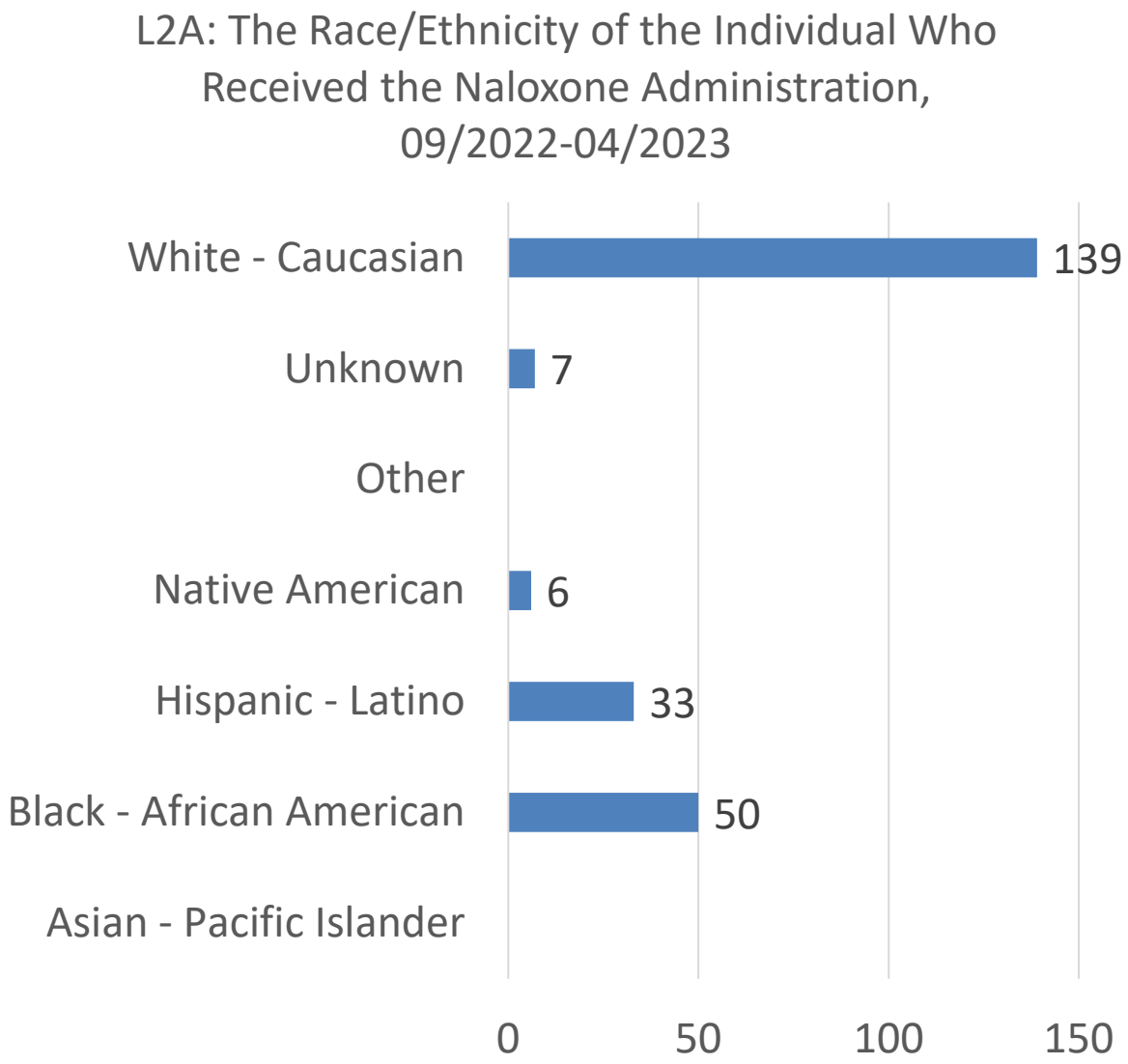
Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through SNHD's Linkage to Action (L2A) Team, 09/2022- 04/2023 (Cont.)

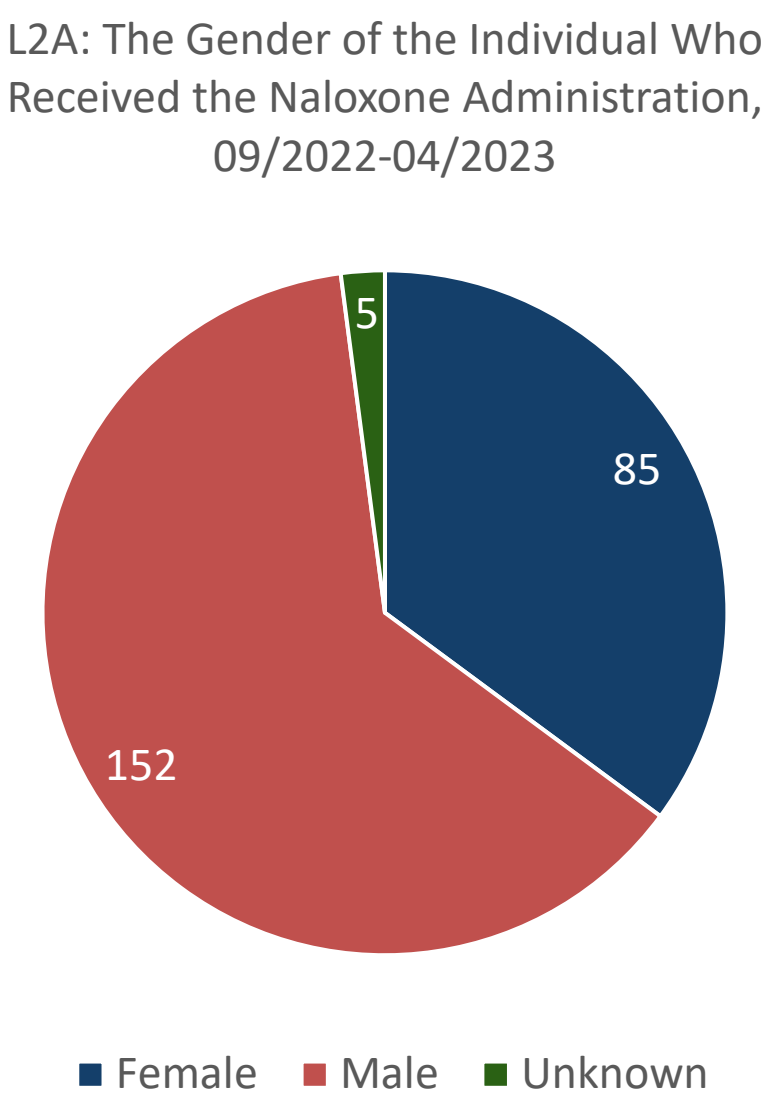


Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

Data Source: L2A Naloxone Administration Surveys.

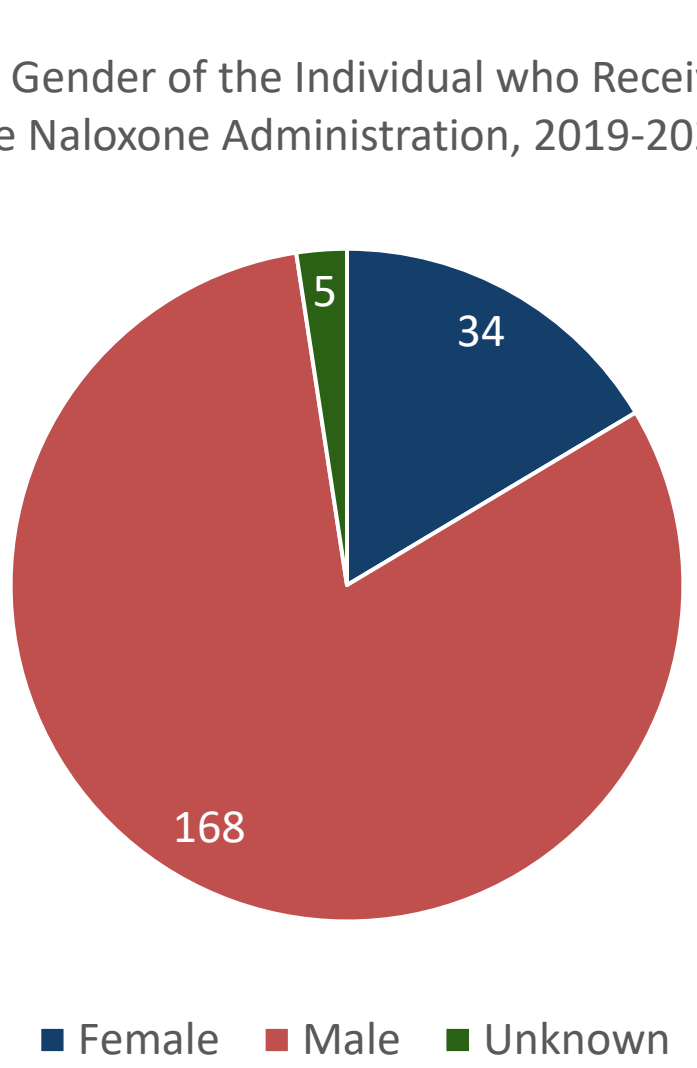
Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through SNHD's Linkage to Action (L2A) Team, 09/2022- 04/2023 (Cont.)

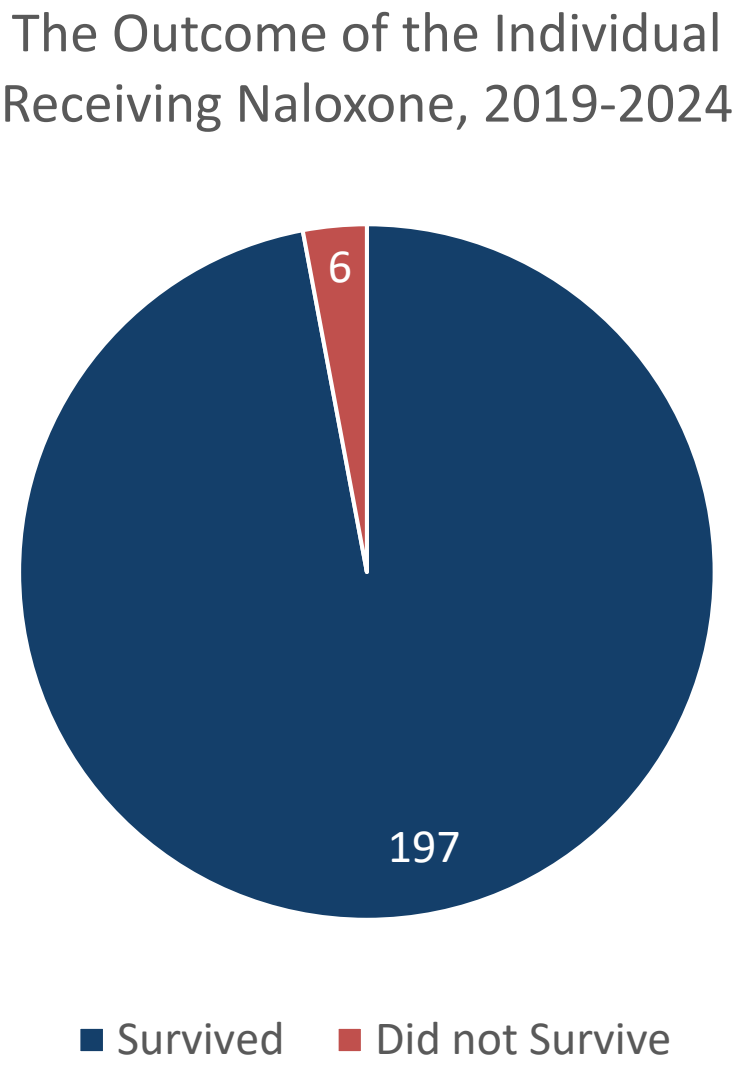




Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.
Data Source: L2A Naloxone Administration Surveys.

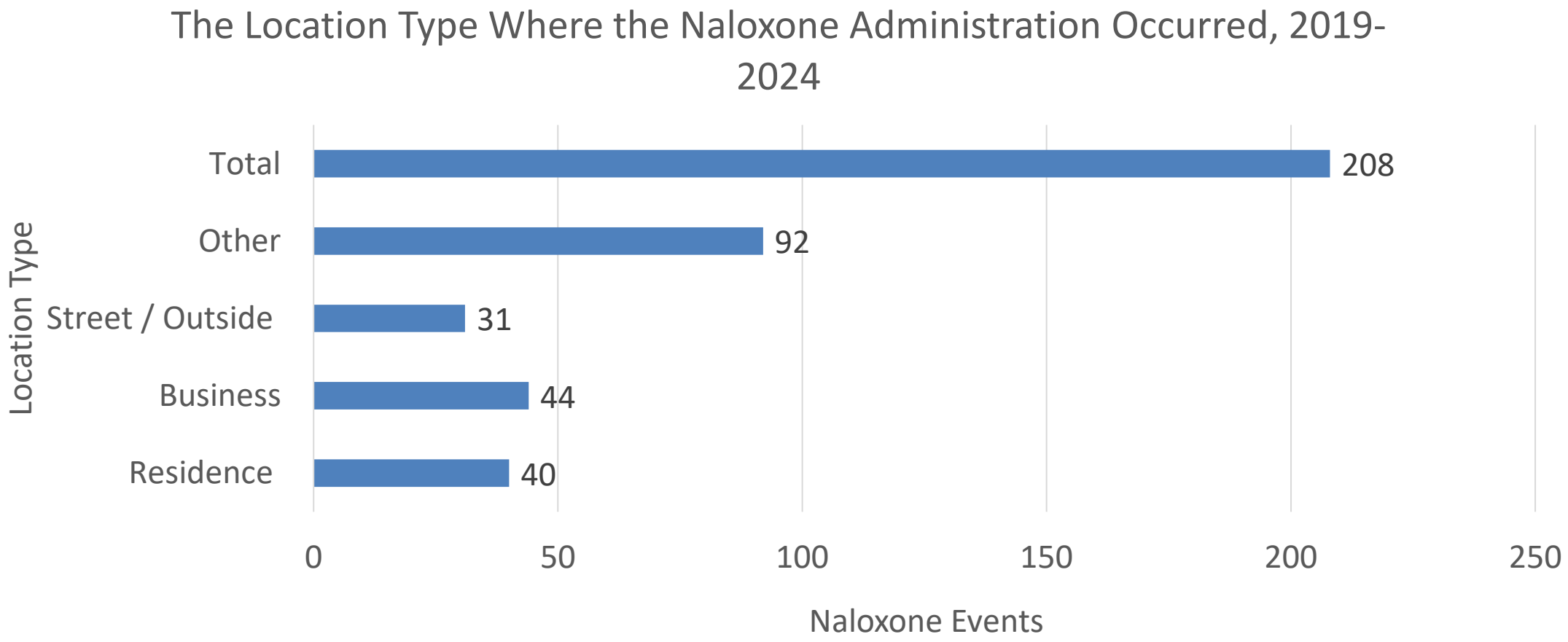
Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through FR-CARA and SOR Funds, 2019-2024





Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.
Data Source: FR-CARA Post Administration Surveys.

Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through FR-CARA and SOR Funds, 2019-2024 (Cont.)

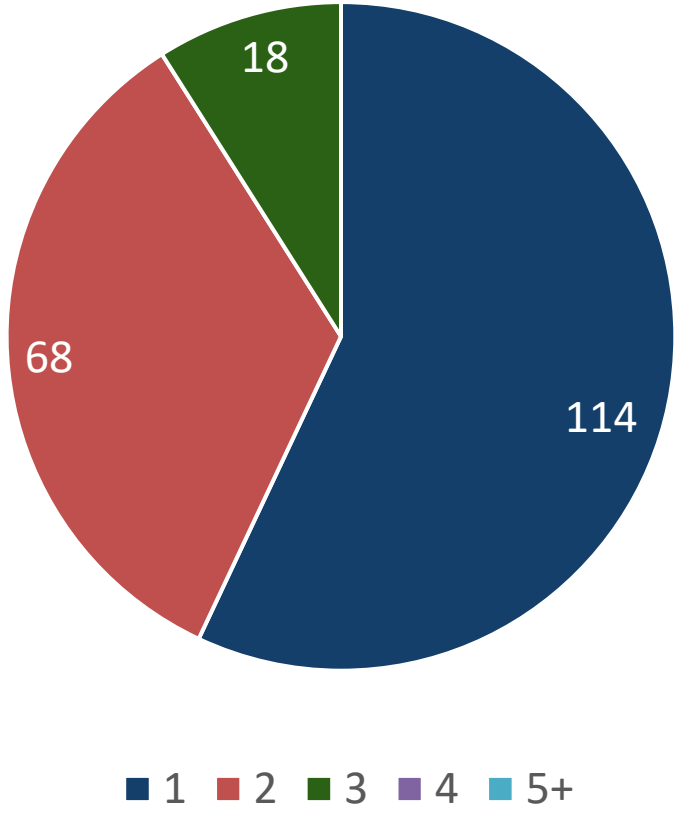


Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

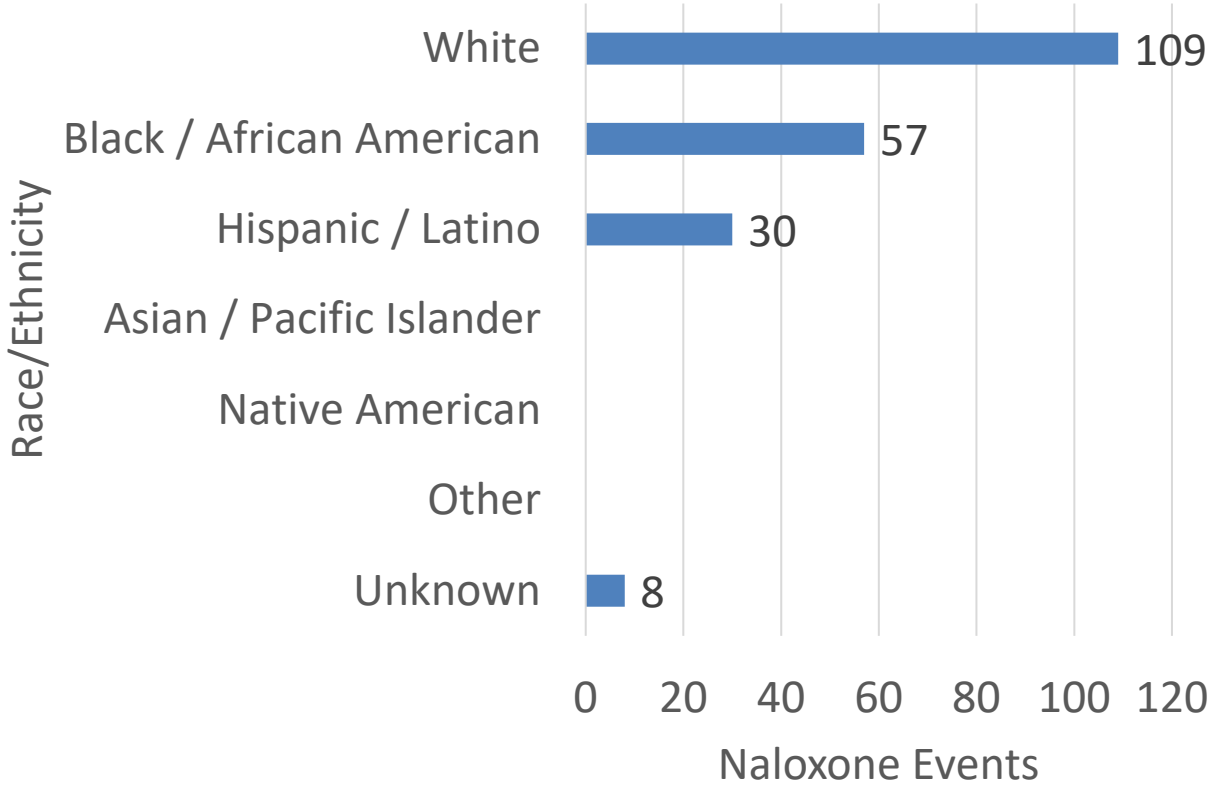
Data Source: FR-CARA Post Administration Surveys.

Descriptive Statistics of Naloxone Administrations from Naloxone Distributed Through FR-CARA and SOR Funds, 2019-2024 (Cont.)

The Number of Naloxone Doses That Were Administered, 2019-2024



The Race/Ethnicity of the Individual Who Received the Naloxone Administration, 2019-2024



Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.
Data Source: FR-CARA Post Administration Surveys.

Gaps

- PDMP
- Wastewater
- ODMAP
- Health Disparities
- Comprehensive Substance Use Data
- Timely Data
- Data Suppression

Summary: Fatal Data

1. **Demographics:**
    a. Target individuals who are men, employed, White, and not married since these individuals have a higher odds of dying from an opioid overdose in 2023 (Slide 19).
    b. Target men as they have a much higher opioid overdose death rate compared to women in 2023 (Slide 14).
    c. Target individuals who are Black and individuals who are White as these race groups have a much higher opioid overdose death rate compared to other race groups in 2023 (Slide 14).
    d. Target individuals who are 35-39, 30-34, and 45-49 as these are the three age groups with the highest opioid overdose death rates in 2023 (Slide 15).
    e. Target individuals who are White, male, and individuals aged 35-39 as these groups have higher opioid death counts compared to other groups in 2023 when factoring in the Social Vulnerability Index and Opioid Overdose Mortality (90th percentile in each) (Slide 36, Slide 37). Data in Slide 36 and Slide 37 are derived from count data; therefore, need to be interpreted with caution.
2. **Substance:**
    a. From 2018-2023, the overdose death rate involving fentanyl increased 544.68% (Slide 6) while the death rate involving heroin and Rx opioids decreased 37.5% and 45.34% respectively during the same time period (Slide 5, Slide 7).
    b. In 2023, fentanyl accounts for 77.8% of opioid overdose deaths which is much higher than prescription opioids (20.88%) and heroin (10.05%) (Slide 12).
    c. In 2023, stimulants are frequently present fentanyl overdose deaths (Slide 13).
    d. The amount of fentanyl seizures in kilograms is associated with the number of overdose deaths involving fentanyl from 2018-2022 (Slide 20).

Summary: Fatal Data Continued

3. Location:

a. Target those residing in 89101, 89145, 89169, 89104, and 89119 ZIP codes (Slide 8) or 3200300302 and 32003001200 Census Tracts (Slide 32) as these are the locations where a high proportion of individuals lived who have died from an opioid overdose in 2023.
   i. Target those living downtown, Washington & H St, and UNLV (Flamingo & Paradise) as these are the locations where a high proportion of individuals resided who have died from an opioid overdose in 2023 (Slide 10).

b. Target downtown, 13th & Stewart, Naked City/Arts District, and UNLV as these are the overdose locations where a high proportion of fatal opioid overdoses occurred in 2023 (Slide 11).

c. Target people residing in homes/residences as these are the locations where the majority of opioid overdose deaths occurred in 2023 (Slide 16).

d. Target 32003001200 Census Tract (Charleston & LV Blvd) as this is the location that Incorporate Social Vulnerability Index and Opioid Overdose Mortality (90^{th} percentile in each) in 2023 (Slide 33).

4. Time:

a. Target initiatives/interventions on Saturday & Sunday around 2:00 PM as those days/times register the most opioid overdose deaths in 2023 (Slide 18). It's important to note that it may take many hours before an individual is pronounced dead.

b. Target Thursday (across the week) as the day with the highest frequency of fatal opioid overdoses in 2023, when factoring in the Social Vulnerability Index and Opioid Overdose Mortality (90th percentile in each) (Slide 35). It's important to note that it may take many hours before an individual is pronounced dead.

Summary: Non-Fatal Data

1. **Demographics:**
    a. Target individuals who are men and reside in the city of Las Vegas since these individuals have a higher odds of dying from an opioid overdose in 2023 (Slide 28).
    b. Target individuals who are men (Slide 22, Slide 24), people who are White (Slide 22), American Indian/Alaskan Native (Slide 25), non-Hispanic (Slide 23), and individuals aged 25-34, 35-44, and 45-54 (Slide 23) as these groups have much higher opioid ED visits compared to other groups in 2023. Note: Data in Slide 22 and Slide 23 are derived from count data; therefore, need to be interpreted with caution.
2. **Location:**
    a. Target individuals who reside in Las Vegas as this group has much higher rate for opioid ED visits compared to other groups in 2023 (Slide 24).
    b. Target the downtown, Rainbow & Charleston, Arts District/Naked City, and Boulder Highway as these are the locations where clusters of non-fatal opioid overdose occurred in 2023 (Slide 27).
3. **Time:**
    a. Target initiatives/interventions on Tuesdays as this is the day throughout the week with the highest frequency of non-fatal opioid overdose throughout 2023. Additionally, target initiatives/interventions around 1:00 PM and 3:00 PM (Slide 26).

Summary: Naloxone Data

a. Due to the fact that men have a higher burden of opioid overdose compared to women (Slide 14, Slide 19, Slide 22, Slide 24, Slide 28), naloxone is being used on men more frequently than women.
b. SNHD's outreach team distributes naloxone to populations that administer naloxone primarily to people on the street/outside whereas SNHD's distribution to first responders and community agencies administer naloxone to people in residences, businesses, and people on the street/outside. As a result, it is essential to distribute naloxone across diverse agencies, organizations, and outreach teams to effectively reach a broad spectrum of populations requiring naloxone (Slide 39, Slide 44).
c. From the data collected by SNHD, greater than 84% of opioid overdose events requiring naloxone needed 1-2 4mg doses of naloxone (Slide 41, Slide 45).

References

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6. PLANNING FOR 2024 PREVENTION SUBCOMMITTEE MEETINGS

Chair Johnson

Rescheduling May Meeting

- May 15 meeting was cancelled due to a lack of quorum.
- Working to identify a date that works for subcommittee members and presenters.

August 7th Meeting

- Focus on harm reduction recommendations, and may include:
  - Comparison of Nevada Good Samaritan Drug Overdose Law and Maryland's STOP Act.
  - Review and revision of harm reduction shipping supplies recommendation as well as other harm reduction recommendations.

September 4th Meeting

- This will be the last subcommittee meeting before the full SURG considers preliminary subcommittee recommendations at the October 9th meeting.

LAPPA Recommendation

- During April SURG Meeting, discussed LAPPA recommendation to: *Require all public high schools to store Naloxone on site for responding to overdoses at school and at school sponsored events.*
- This was considered during the 2021 session (AB205).
- Does this subcommittee want to proceed with a recommendation?

Potential Subcommittee Recommendations & Presentations

- Potential Recommendations:
  - Student ID Card
  - Any additional recommendations?
- Potential Presentations:
  - Boys and Girls Club
  - Cannabis Youth Prevention Efforts
  - Any additional presenter suggestions?

7. DISCUSS REPORT OUT FOR JULY 10, 2024 SURG MEETING

Chair Johnson

8. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

- If you are dialing in from a telephone:
  - Dial 253-205-0468
  - When prompted enter the Meeting ID: 825 0031 7472
  - Please press *9 so the host can prompt you to unmute.

9. ADJOURNMENT

ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/

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