

# Nevada's Overdose Landscape

July 7th, 2021



NV-OD2A

OVERDOSE DATA TO ACTION



**School of Community  
Health Sciences**

*Making Health Happen<sup>sm</sup>*



# Disclaimer

This presentation is supported by the Nevada State Department of Health and Human Services through Grant Number NU17CE925001 from the Centers for Disease Control and Prevention.

Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention.

# Meeting Objectives

- ▶ Review of trends for two most recent years of data from multiple sources.
- ▶ Review major policy and program efforts in Nevada
- ▶ Feedback on prevention and intervention priorities in Nevada.

# Meeting Run-Down & Reminders

- ▶ Data Presentations
- ▶ Review of State efforts
- ▶ Priority Polling
- ▶ Continued Conversation; July 7th
- ▶ Please stay on mute and utilize the chat!

# Outline of Data Sources

- ▶ Hospital-based sources
  - Billing, Syndromic, mandatory reporting
- ▶ Public Safety
  - Overdose Detection Mapping Application Program, Department of Public Safety arrests
- ▶ Prescription Drug Monitoring Program
- ▶ Mortality data
  - Coroner/Medical Examiner, vital statistics
- ▶ Treatment data
  - OpenBeds, Treatment Episode Data
- ▶ Harm Reduction
  - Syringe exchange service programs, fentanyl test strips

# Hospital, Prescription Drug Monitoring Program, & Public Safety Data Sources

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# Hospital-based Overdose Data

Data prepared/compiled by:  
Nevada Department of Health  
and Human Services  
Office of Analytics  
Nevada Overdose Data to Action

# Hospital-based sources

	Data Origin	Advantages	Disadvantages
<b>1. Hospital Billing Data (CHIA)</b>	Billing data from ED visits and inpatient admissions	Demographics and wide range of discharge diagnosis metrics available, all EDs report	Delayed 2-3 months Relies on ICD-10 codes only
<b>2. Syndromic Surveillance</b>	ED visits before confirmatory diagnosis	Most data available within 24 hours, 90%+ of emergency departments reporting	Sensitive case definitions Suspected visits – lack confirmatory drug testing
<b>3. 441A Mandated Hospital OD Reporting</b>	Hospitals self-report to CMO within 7 days of suspected OD patient discharge	Complete patient information included, additional surveillance data	Hospitals may report late or not at all



# Case Definitions for Hospital-Based Sources

## Hospital Billing (CHIA)

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- ICD-10-CM codes for opioid poisoning and opioid related disorders

## Syndromic Surveillance

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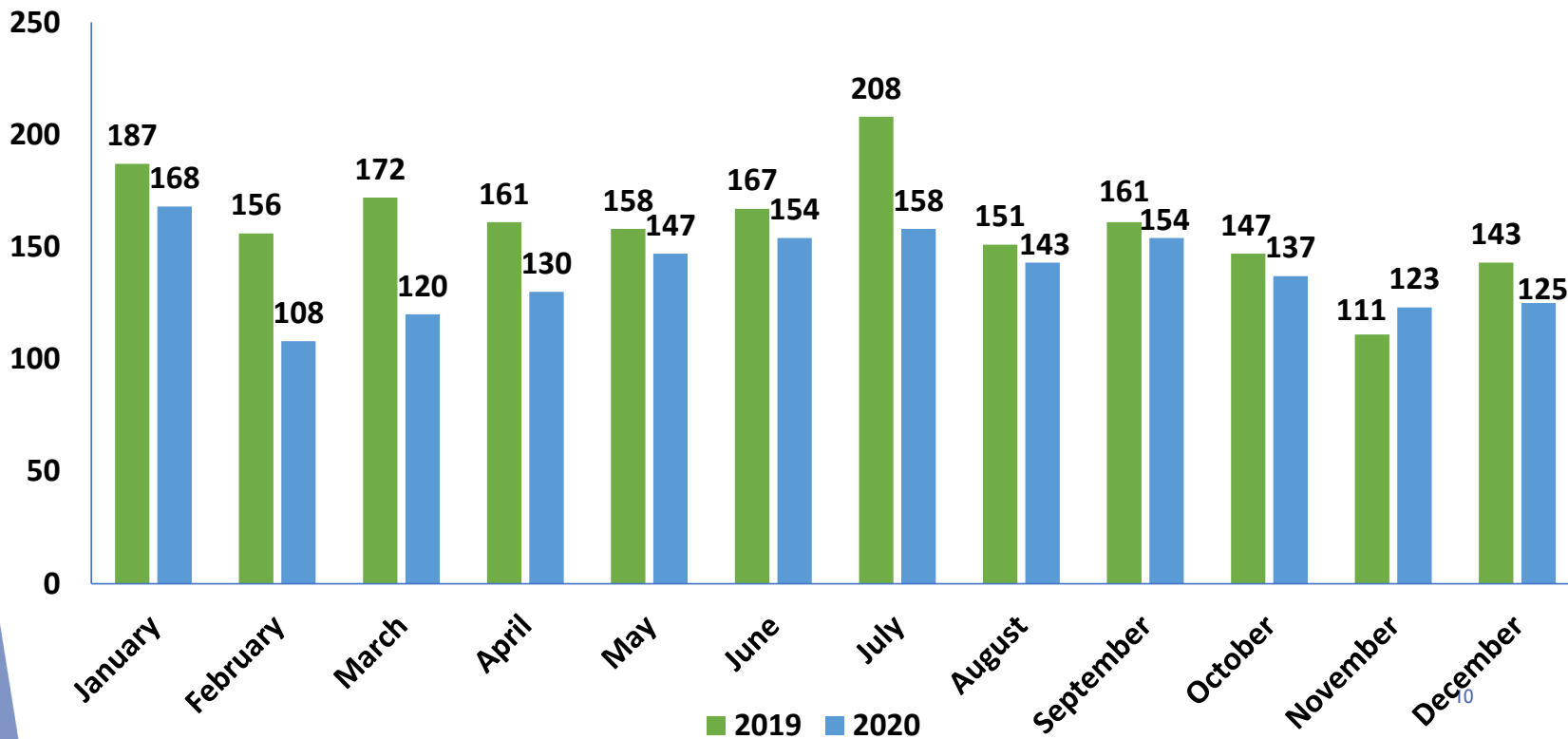
- ICD-10-CM Codes for poisoning, overdose, and abuse
- SNOMED Codes
- Chief complaint description

## 441A Mandated Hospital Reporting

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- ICD-10-CM Codes for opioid and other drug poisoning and overdose

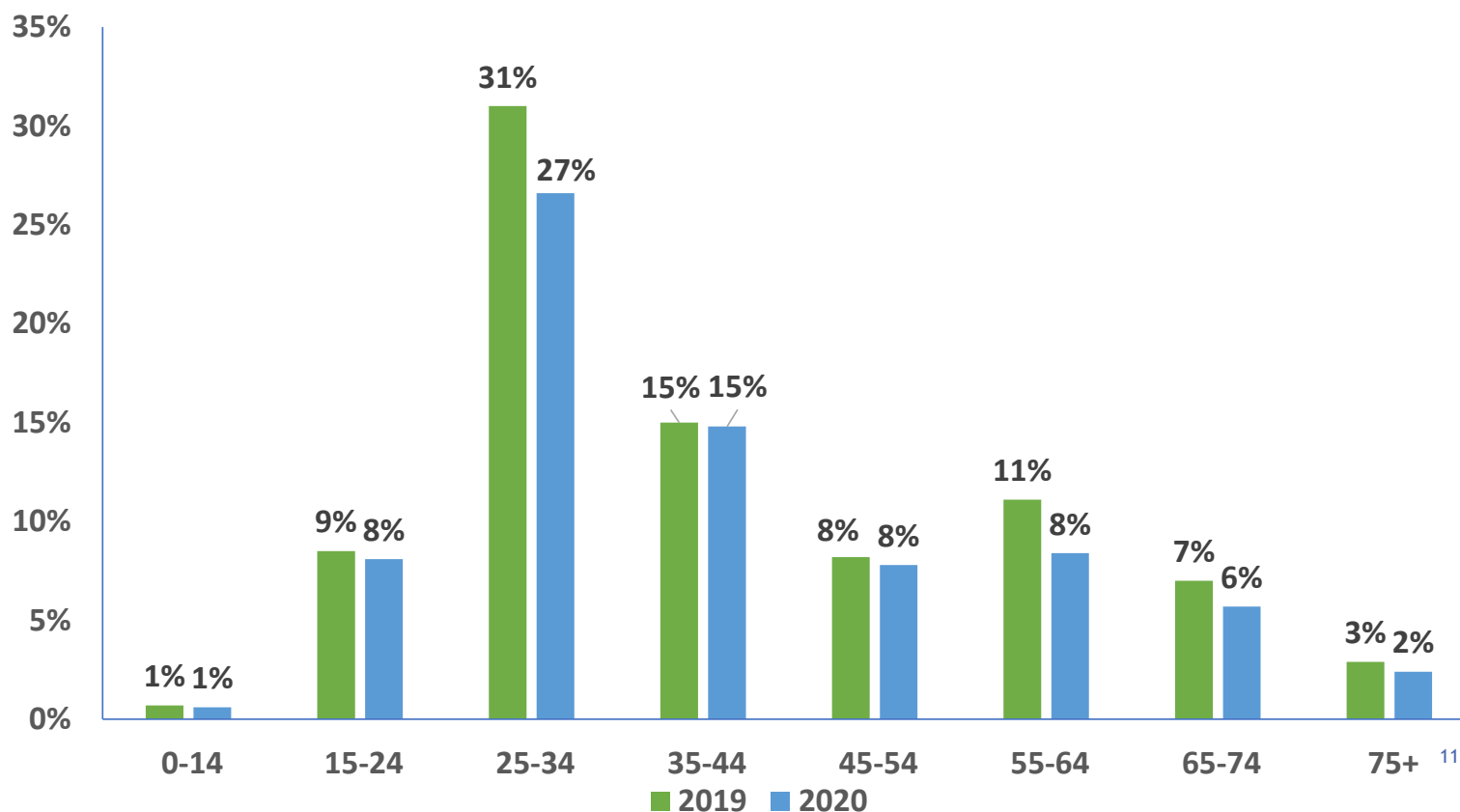
# Inpatient Admissions for Opioid-Related Conditions in NV from Billing Data, 2019-2020



**2019**  
1,922 opioid admissions  
340,214 total admissions  
(0.5% of inpatient visits)

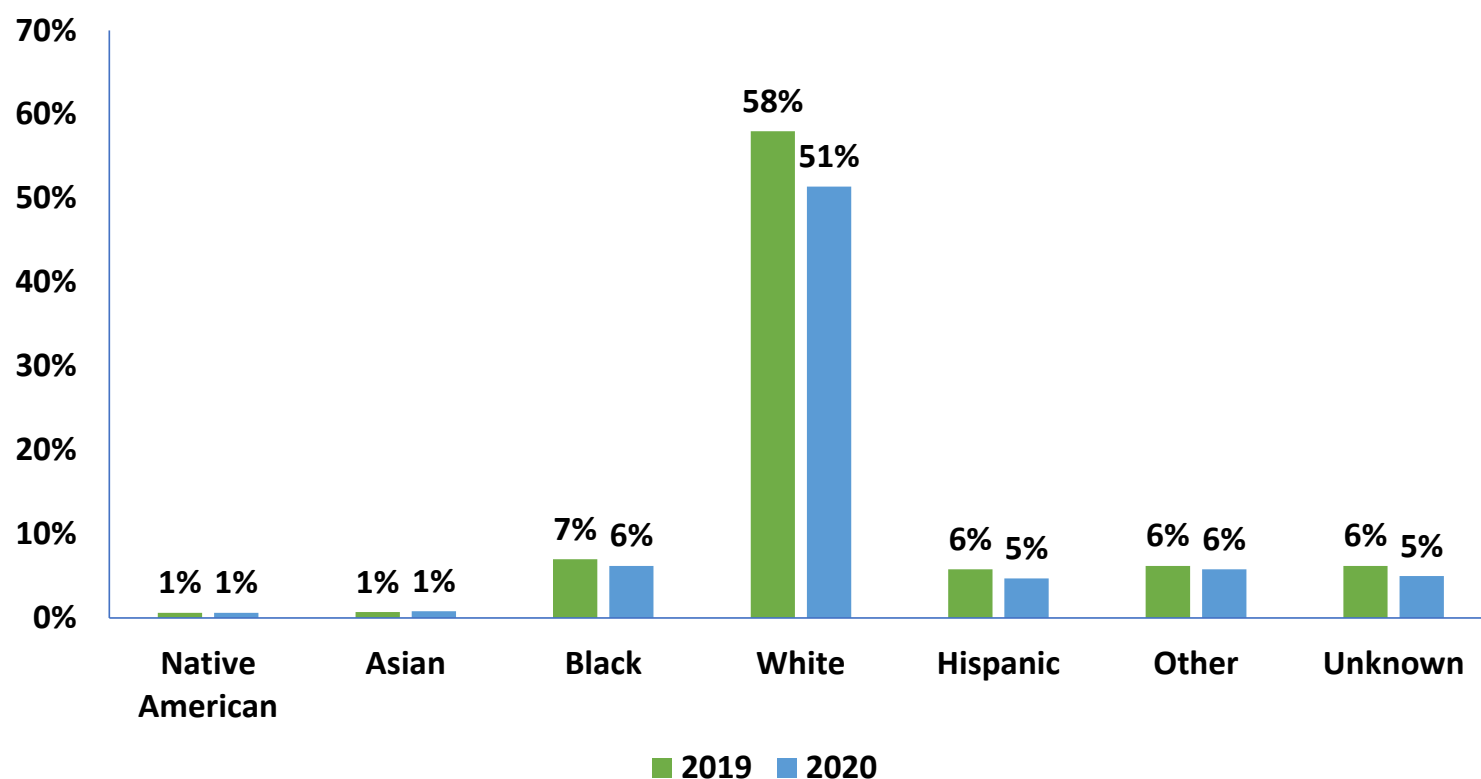
**2020:**  
1,667 opioid admissions  
318,680 total admissions  
(0.6% of inpatient visits)

# Age of Inpatient Admissions for Opioid-Related Conditions in NV from Billing Data, 2019-2020



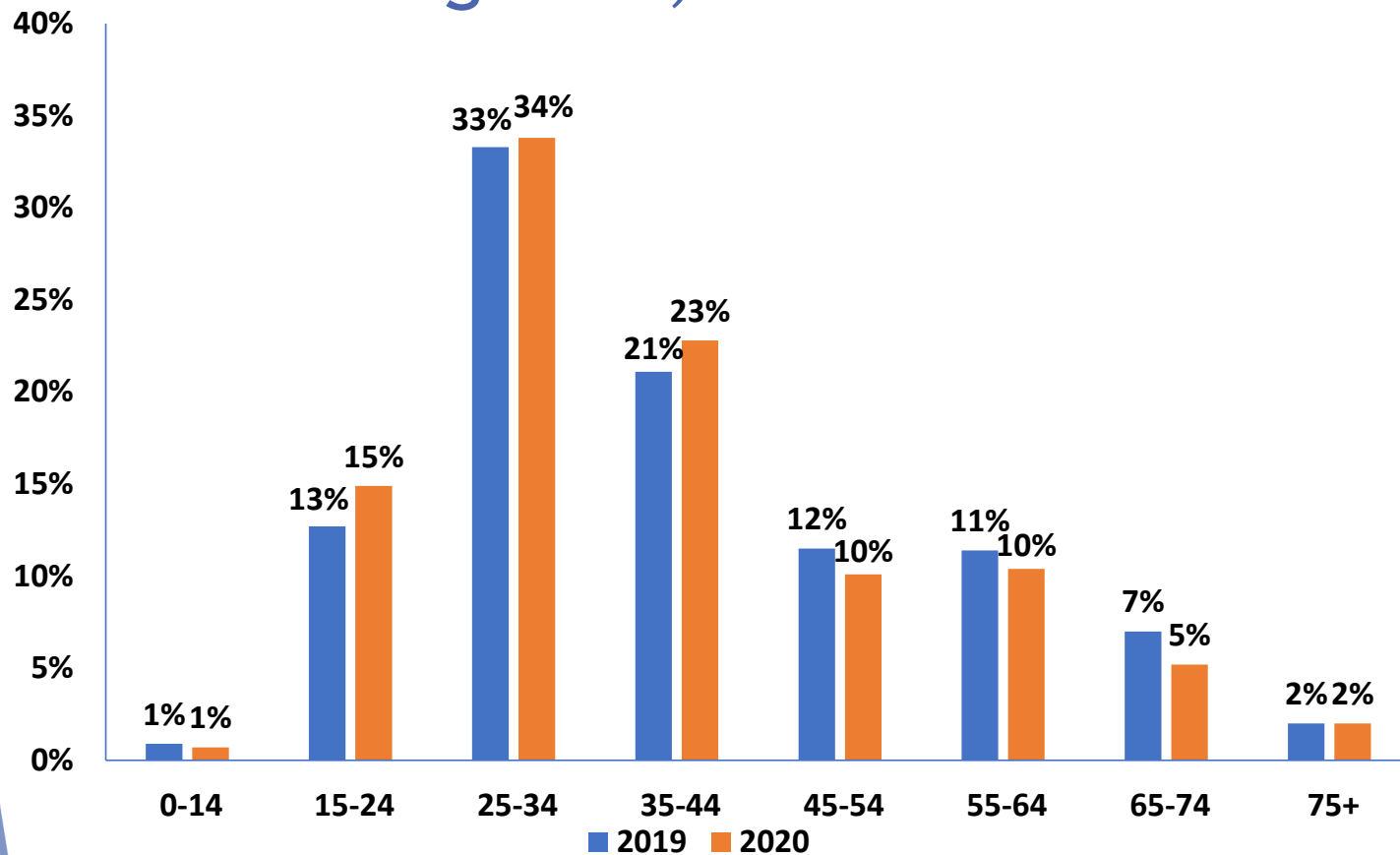
**Inpatient Admissions for Opioid-Related Conditions:**  
Highest among 25-34, 35-44 age groups in 2020.

## Race/Ethnicity of Inpatient Admissions for Opioid-Related Conditions in NV, Billing Data 2019-2020



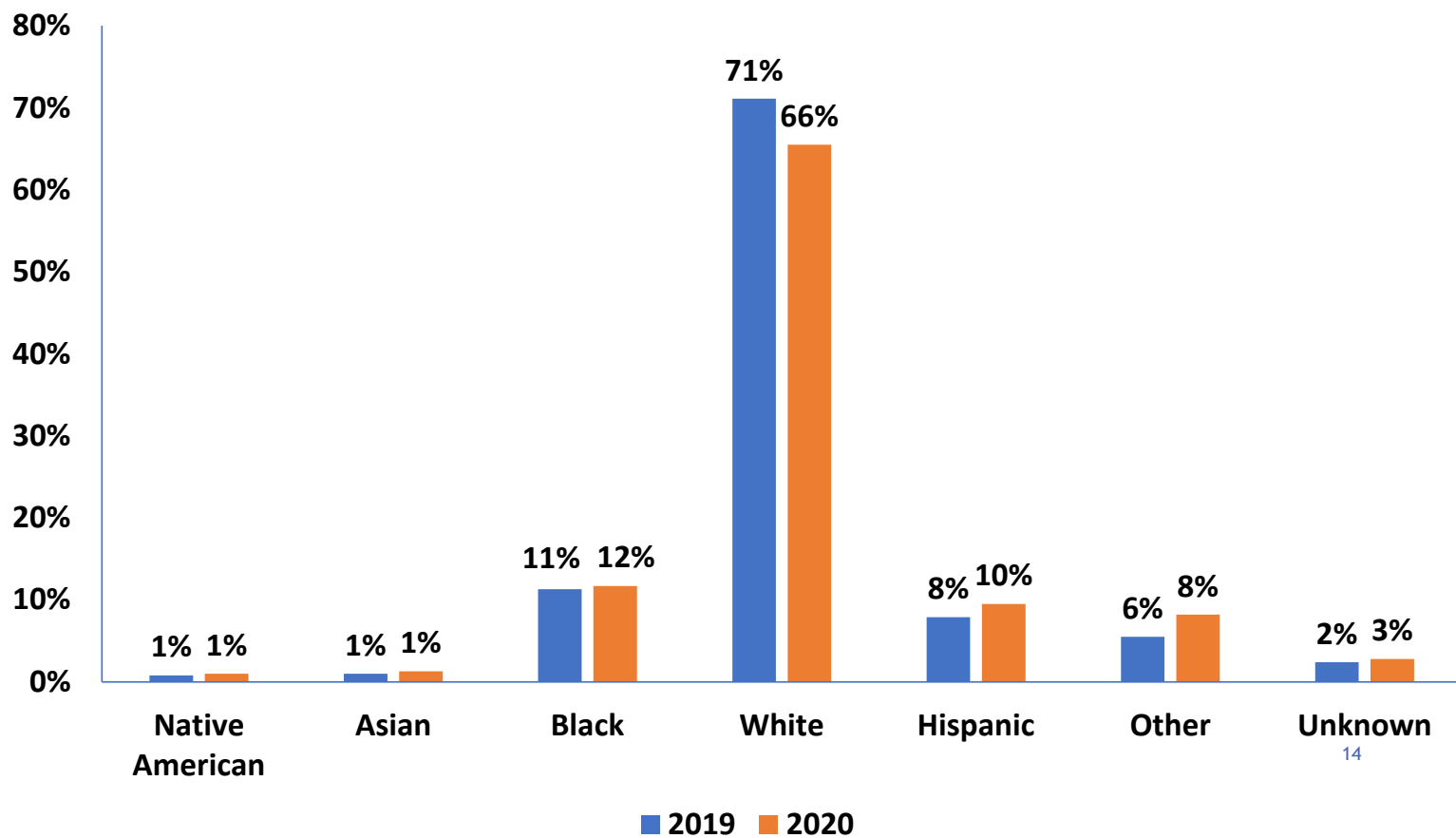
Inpatient Admissions for Opioid-Related Conditions: Highest among White (non-Hispanic), followed by Black (non-Hispanic).

# Age of Opioid-Related Poisonings in NV from Billing Data, 2019-2020



Emergency Department Encounters for Opioid-Related Poisonings: Highest among 25-34, 35-44 age groups in 2020.

# Race/Ethnicity of Opioid-Related Poisonings in NV from Billing Data, 2019-2020



Emergency Department Encounters for Opioid-Related Poisonings: Highest among White (non-Hispanic), followed by Black (non-Hispanic), and Hispanic.

# Opioid-related ED encounters from Syndromic Surveillance and CHIA in NV, 2019-2020

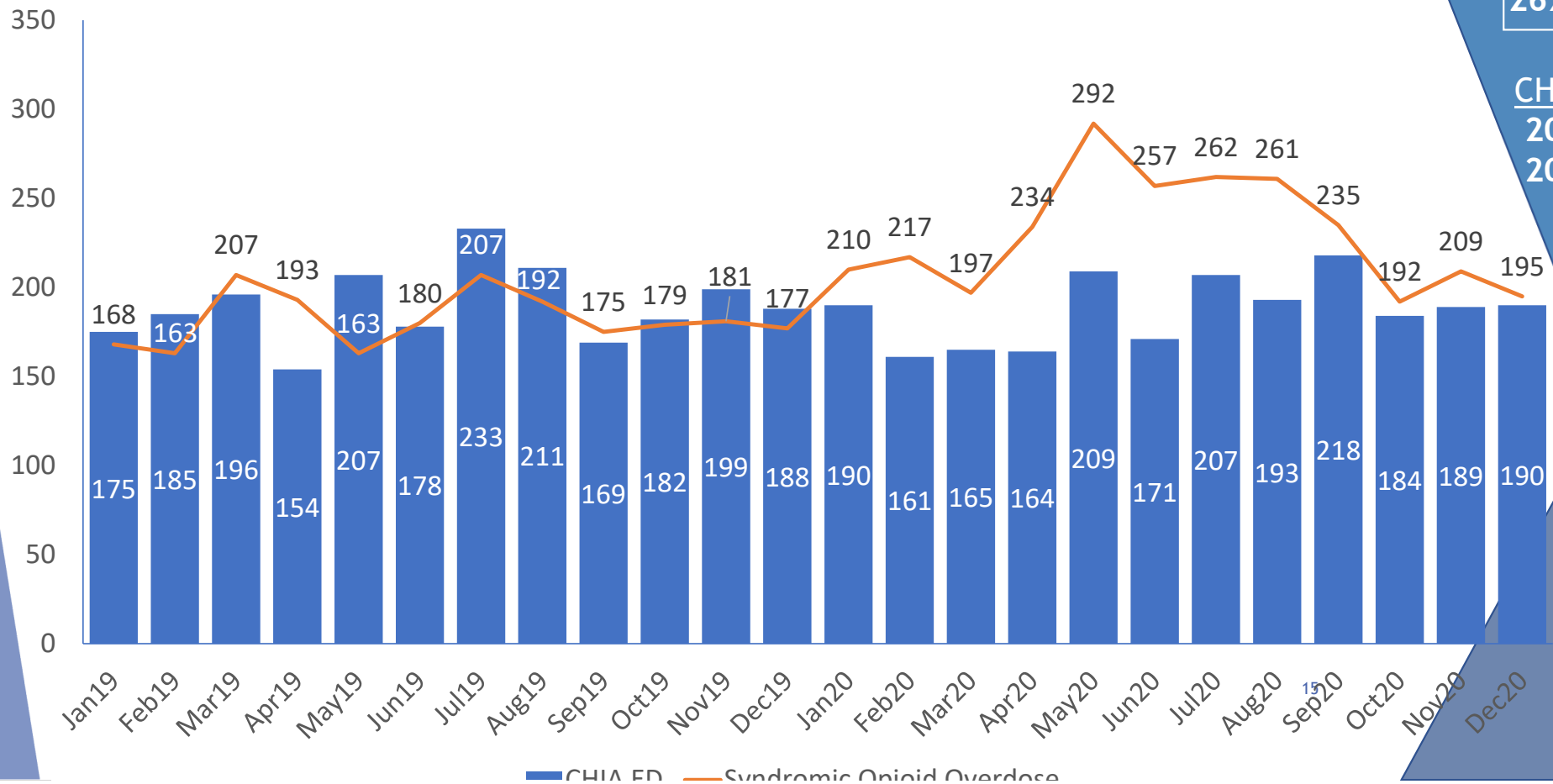
## Syndromic Counts

2019: 2185  
2020: 2761

26% Increase

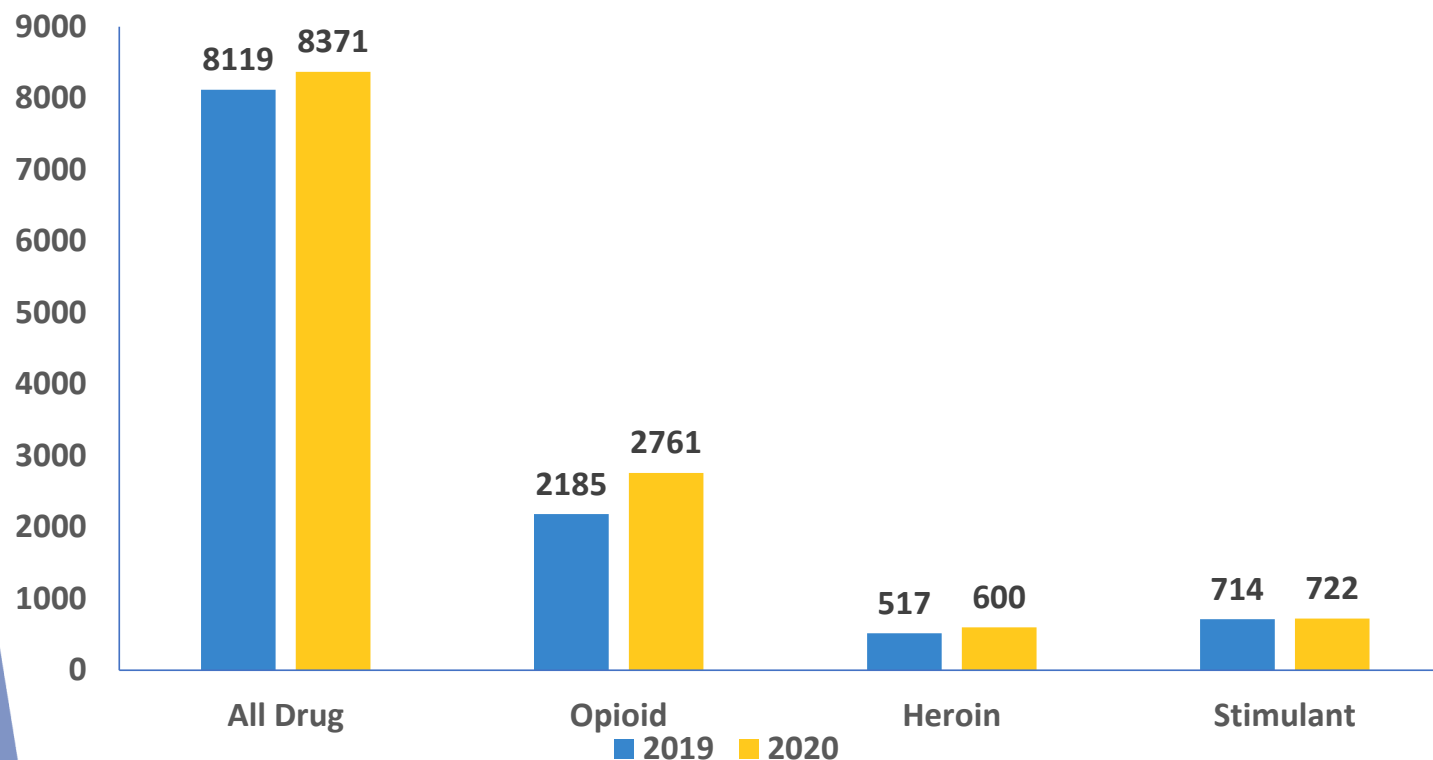
## CHIA ED Counts

2019: 2277  
2020: 2241



■ CHIA ED    — Syndromic Opioid Overdose

# Suspected all drug, opioid, heroin, and stimulant-related overdose ED encounters in NV from Syndromic Surveillance, 2019-2020



All Drugs  
3% Increase

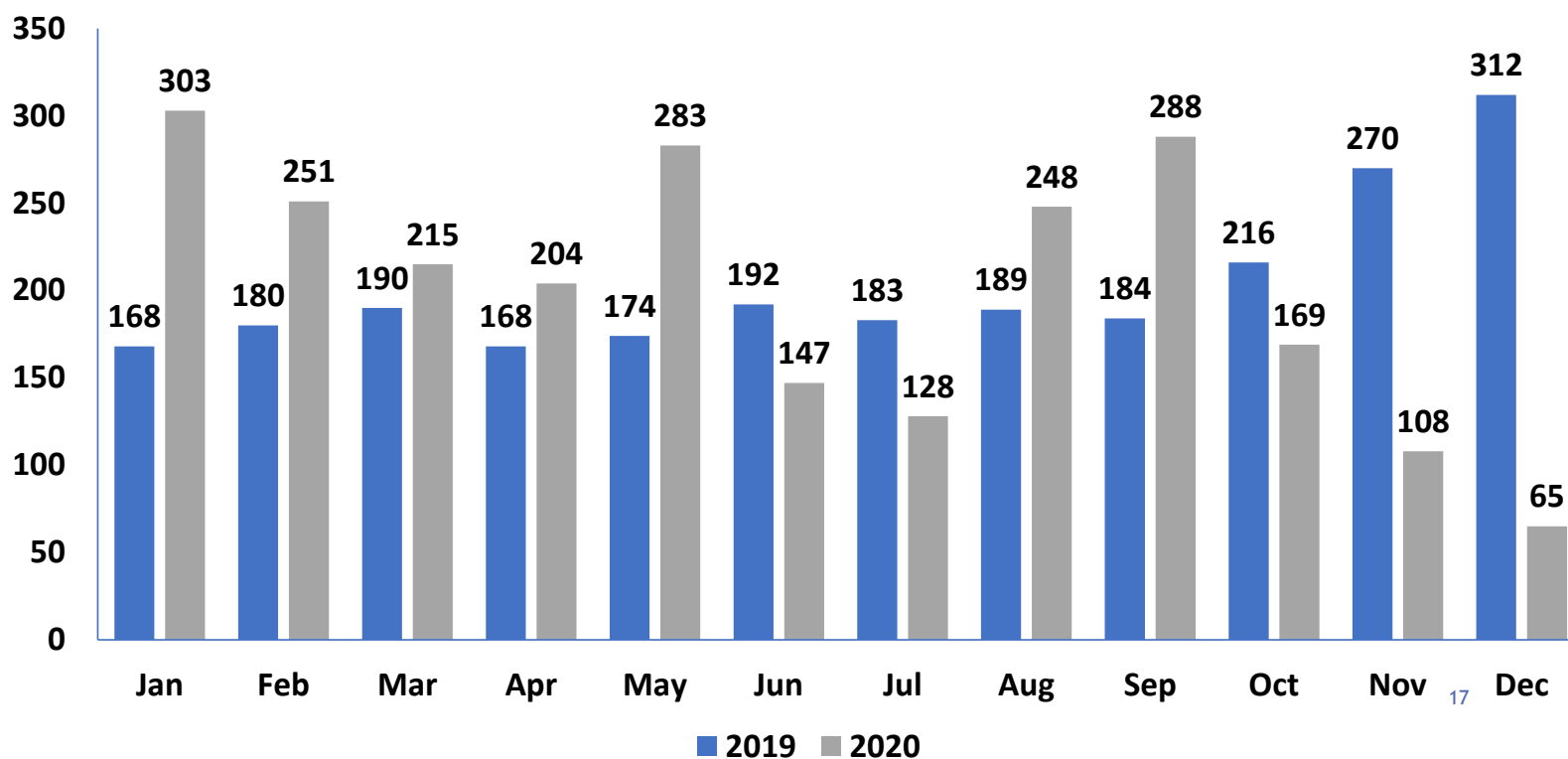
Any Opioid  
26% Increase

Heroin  
16% Increase

Stimulants  
1% Increase



# Mandated Hospital Reporting of Overdoses in Nevada by Month, 2019-2020

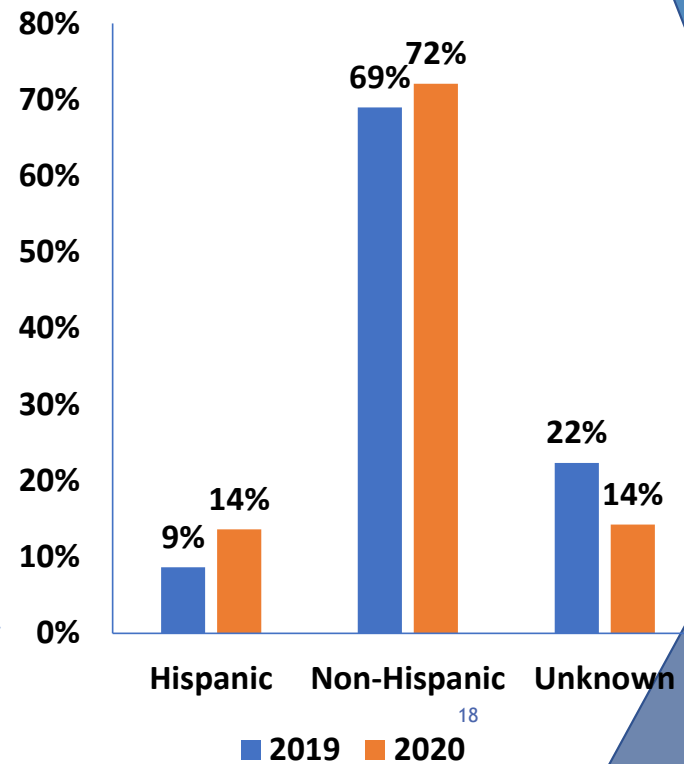
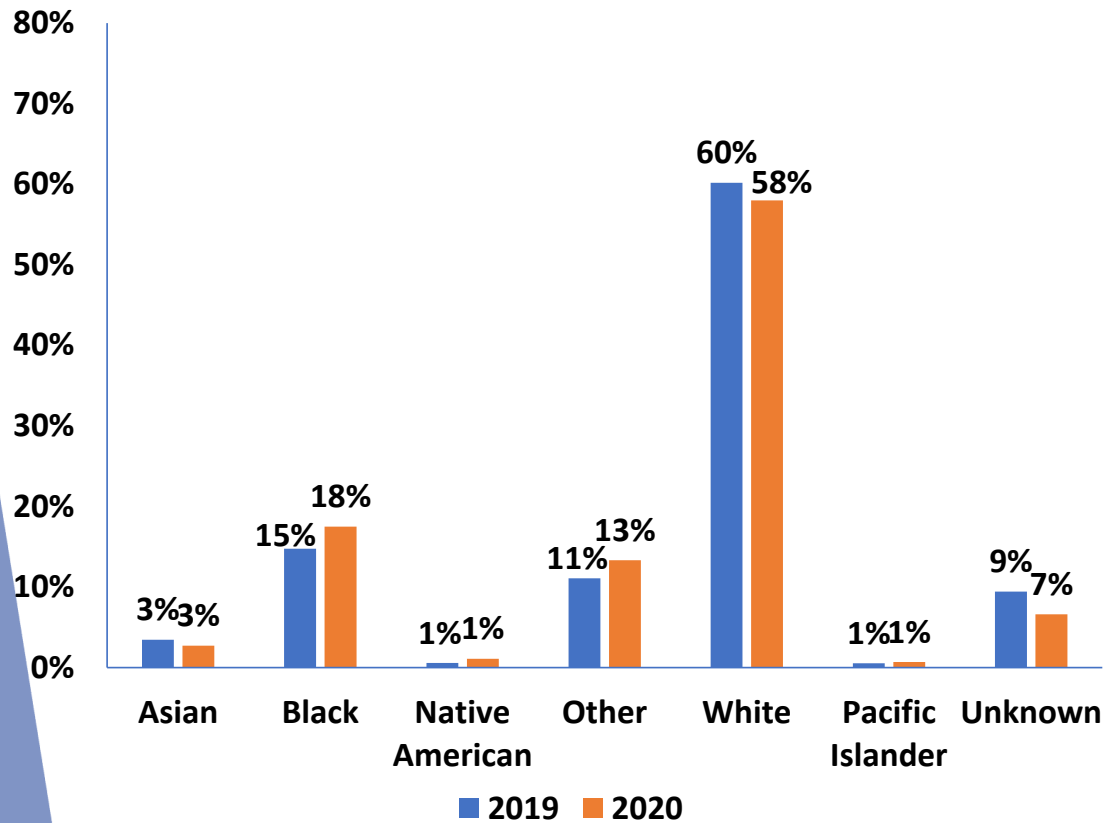


Total:  
2019: 2426  
2020: 2409

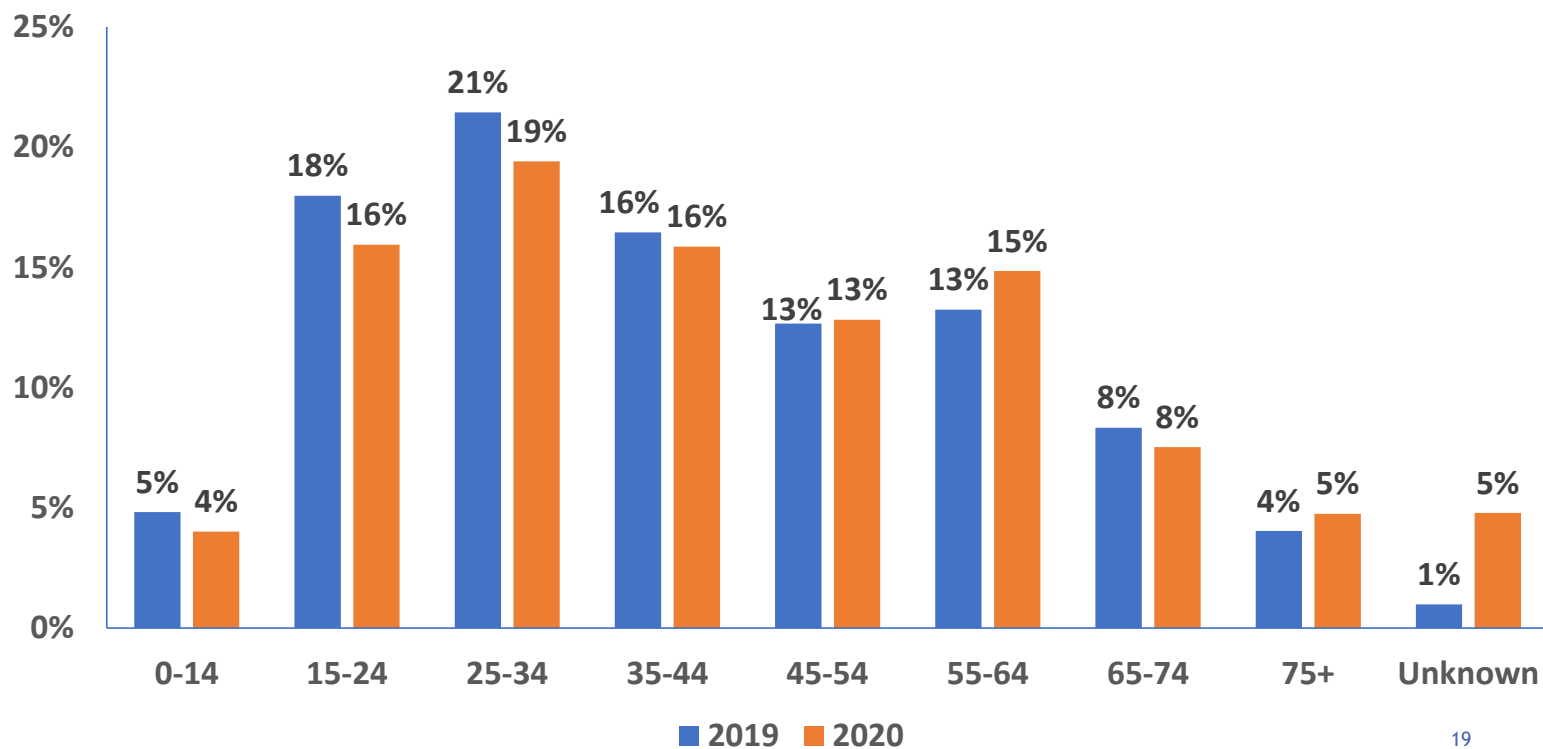
0.7%  
Decrease

# Race/Ethnicity of Mandated Hospital Reporting of Overdoses in Nevada by Month, 2019-2020

Mandated Hospital Reporting of Overdoses: Highest among Whites, followed by Blacks. Increase in Hispanics presenting for overdose from 2019 to 2020.



# Age of Mandated Hospital Reporting of Overdoses in Nevada by Month, 2019-2020



**Mandated Hospital Reporting of Overdoses:**  
Highest among aged 25-34. Decrease in 15-24 and 25-34, slight increase in 55-64 year age group.

# Hospital-based Data Sources - Key Takeaways

- ▶ Different systems with unique features
- ▶ CHIA and 441a
  - Not much change from 2019-2020
- ▶ Syndromic Surveillance: Increased from 2019 to 2020
  - Opioid overdose ED visits increased by 26%
  - Stimulant overdose ED visits increased by 16%
- ▶ In 2020: Patients receiving care for overdose most likely to be
  - Male
  - White (non-Hispanic)
  - between the ages of 25-44

# Questions?

Questions can be submitted through the chat.

*We will get to as many questions as possible. Any questions that we can't get to we will reach back to you with answers if you send us your email address.*

If you are on the phone, please take yourself off mute to ask your question.

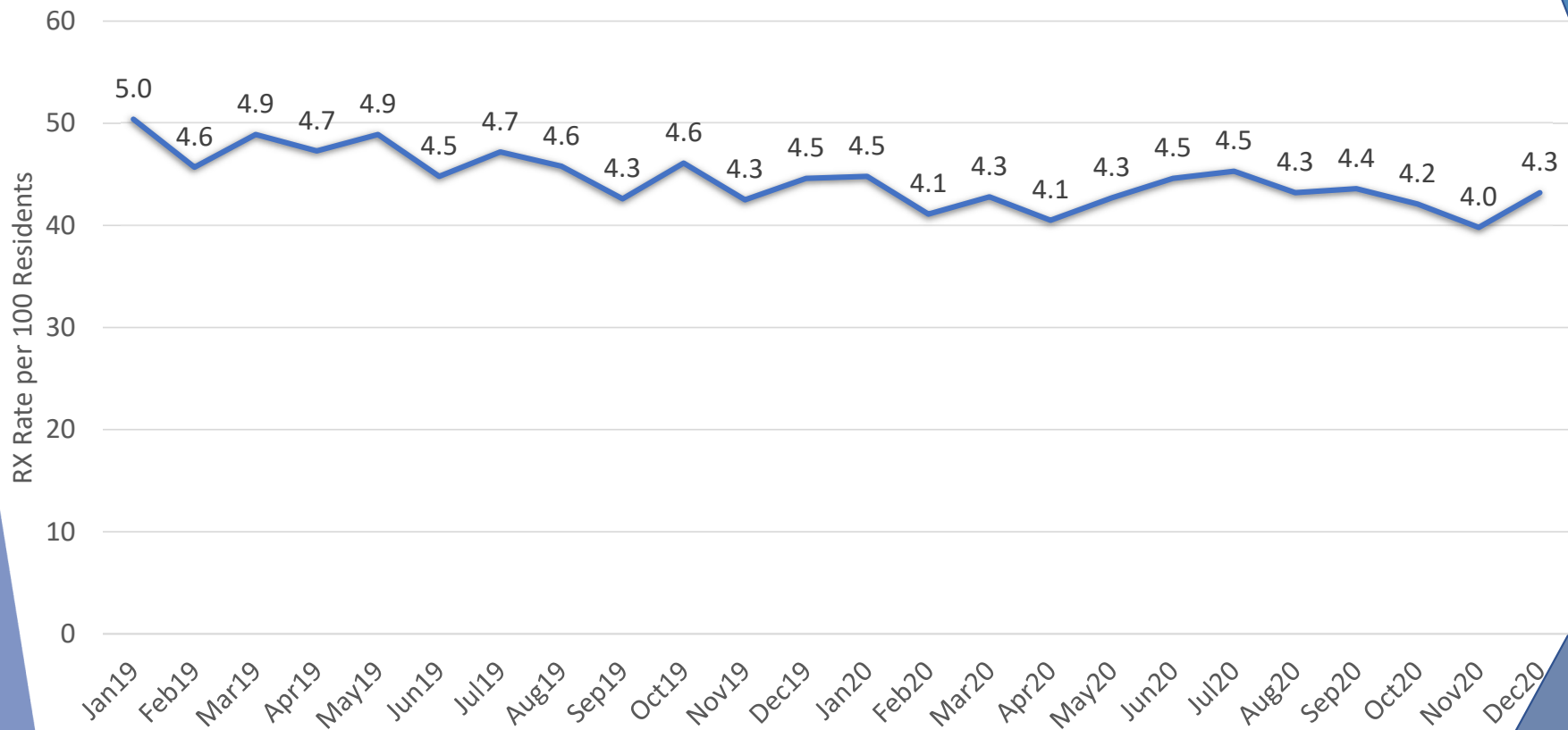
# Prescription Drug Monitoring Program

Data prepared/compiled by:  
Nevada Department of  
Health and Human Services  
Office of Analytics

# Prescription Drug Monitoring Program

- ▶ Stores comprehensive client record of reportable prescriptions across providers.
- ▶ Assists in improving patient care and reducing misuse of controlled substances
  - Prescribed opioids: opioid analgesic controlled substance prescriptions dispensed, including schedule II, III, IV prescription opioids dispensed to patients
- ▶ Limitations:
  - Data are total number of prescriptions filled to Nevada residents
    - Does not capture whether medications were taken as prescribed or taken by the prescribed patient
  - Counts are not mutually exclusive
    - A person can have more than one prescription

# Opioid prescriptions (rate per 100 residents), 2019-2020



Note that annual population estimates were used for the denominator each month because monthly populations are not available.<sup>24</sup>



## Opioid, Naloxone, and Co-prescriptions counts and rates per 100 NV residents, 2019-2020

	Opioid RX (Rate per 100 residents)	Naloxone RX (Rate per 100 residents)	Co-RX of Opioids and Naloxone (Rate per 100 residents)
2019	1,720,382 (46.2)	28,771 (0.93)	20,522 (0.66)
2020	1,617,664 (42.8)	16,247 (0.52)	12,078 (0.38)
<b>% Change</b>	<b>6% decrease</b>	<b>44% decrease</b>	<b>41% decrease</b>

## Opioid, Benzodiazepines, and Co-prescriptions counts and rates per 100 NV residents, 2019-2020

	Opioid RX (Rate per 100 residents)	Co-RX of Opioids and Benzodiazepines (Rate per 100 residents)
2019	1,720,382 (46.2)	174,552 (5.63)
2020	1,617,664 (42.8)	141,620 (4.50)
<b>% Change</b>	<b>6% decrease</b>	<b>19% decrease</b>

# Summary

- ▶ Opioid prescription rates have decreased from 2019 to 2020
- ▶ Co-prescriptions of Opioids + Benzodiazepines have decreased from 2019 to 2020
- ▶ Naloxone prescriptions and co-prescriptions of Opioids + Naloxone have decreased

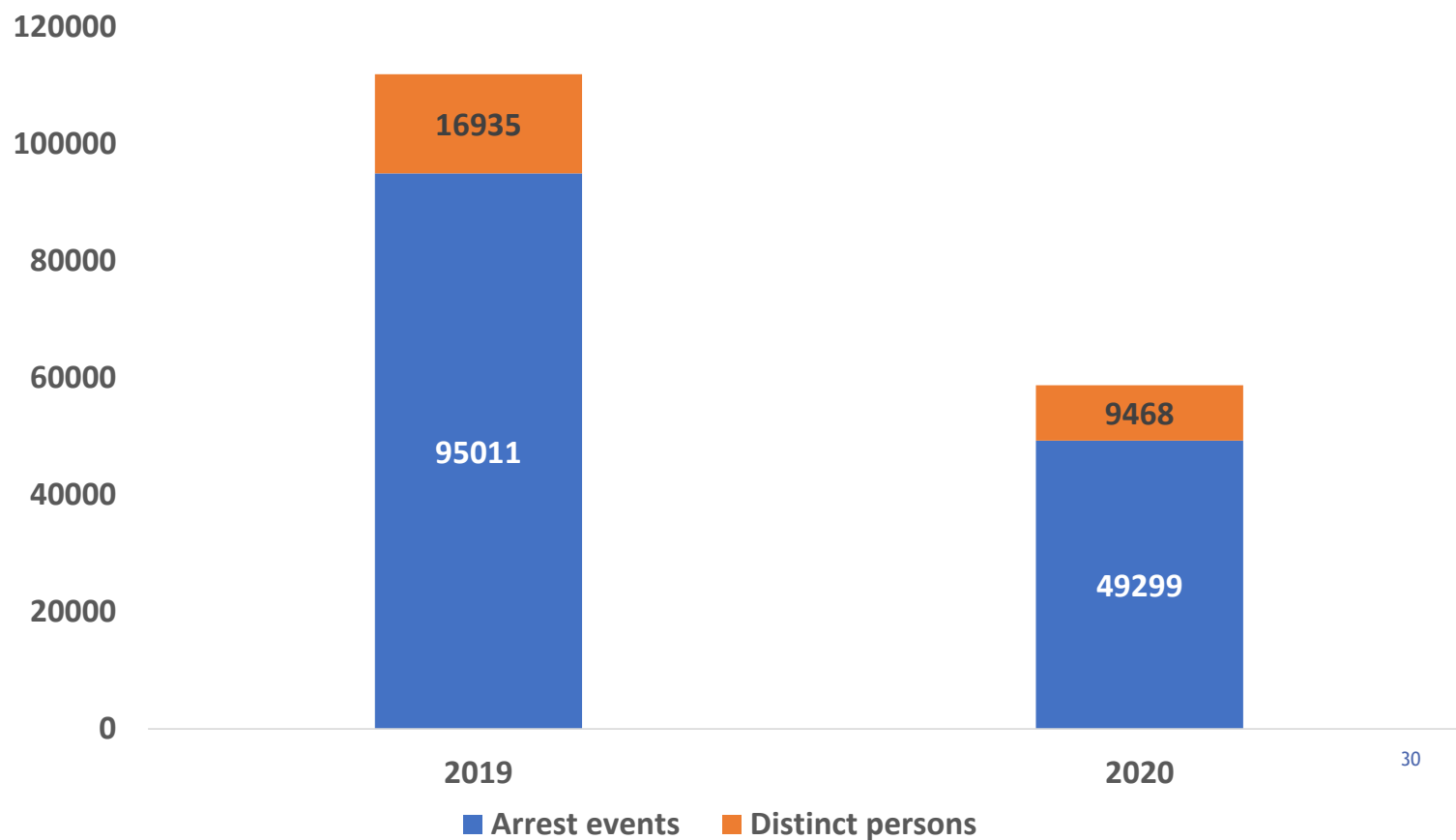
# Drug-related Arrests from Criminal History Repository

Data prepared/compiled by:  
Nevada Department of Health  
and Human Services  
Office of Analytics

# Criminal History Repository (CHR)

- ▶ The CHR is collected by the Department of Public Safety and provides personal criminal history information for the State of Nevada.
- ▶ It is designed to collect, maintain, and arrange information regarding records of criminal history.
- ▶ *Drug-related arrests determined by those arrests that had offenses related to NRS 453.*

# Number of Drug-related Arrests and Distinct Person in NV from the Criminal History Repository, 2019-2020

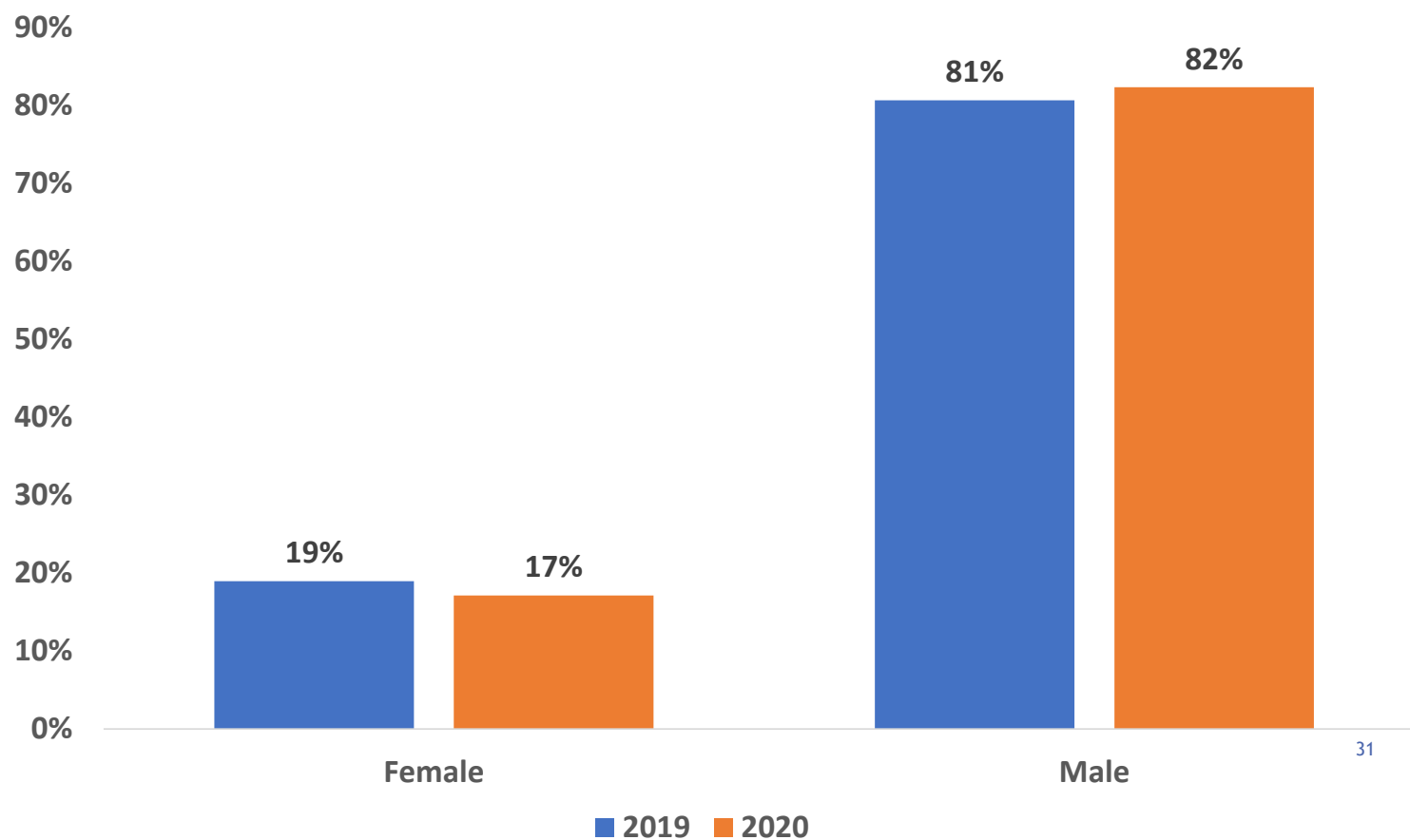


Arrest Events:  
48% Decrease

Distinct  
Persons:  
44% Decrease

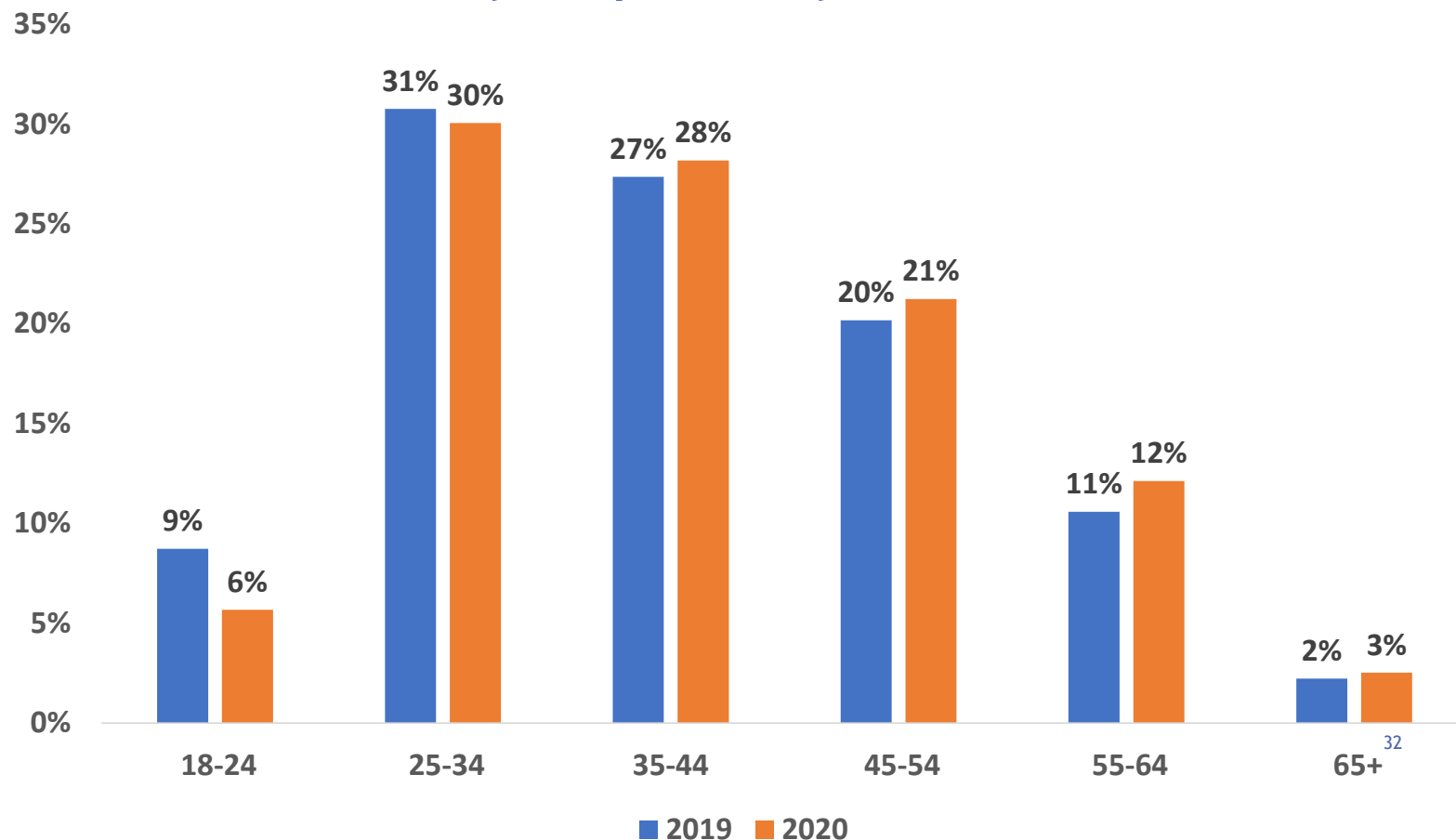
Percentage of  
total arrests:  
2019: 17.3%  
2020: 16.9%

## Sex of Drug-related Arrests in NV from the Criminal History Repository, 2019-2020



Arrestees  
mostly male.

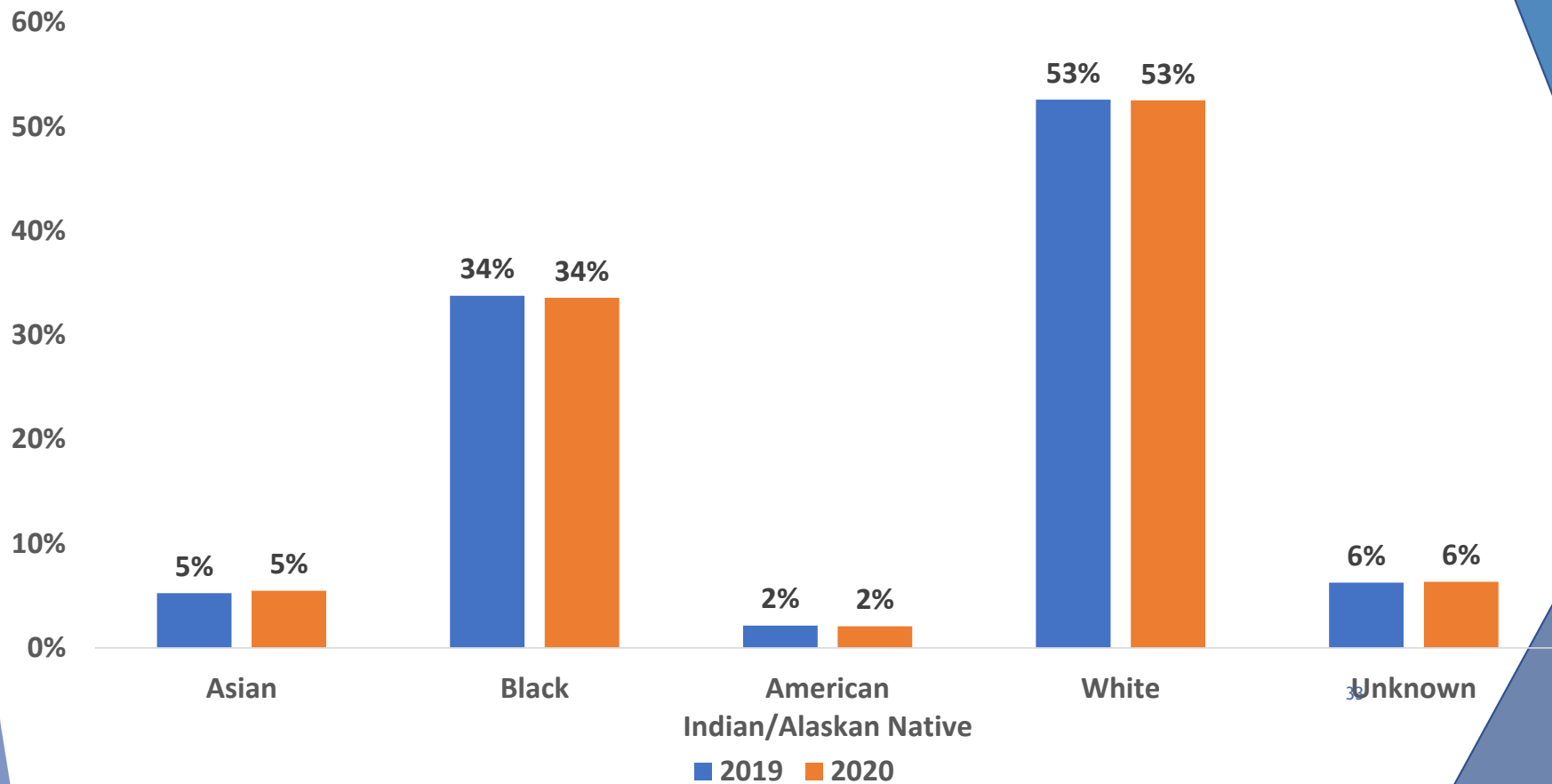
## Age of Drug-related Arrests in NV from the Criminal History Repository, 2019-2020



**Drug-related Arrests:**  
Most likely to be 25-34, followed by 35-44, and 45-54 years of age.



# Race of Drug-related Arrests in NV from the Criminal History Repository, 2019-2020



Drug-related Arrests:  
Most likely to be White, followed by Black.

# Summary

- ▶ Drug-related arrest incidents have decreased from 2019 to 2020
- ▶ Percentage of drug-related arrests out of the total number of arrests did not change much and declined only slightly
  - 17.3% in 2019 to 16.9% in 2020

# Overdose Detection Mapping Application Program

Data prepared by:  
Nevada Overdose Data to  
Action

# HIDTA's Overdose Data Mapping Application Program (ODMAP)

- ▶ System designed to provide vital information to relevant stakeholders in real time regarding overdose risk in a community.
- ▶ Incidents are logged either by first responders on scene or by analysts some time later. Four fields are required:
  - 1) date/time of suspected overdose
  - 2) approximate overdose location
  - 3) fatal or nonfatal overdose
  - 4) naloxone administration if applicable.
- ▶ At least one agency from each county registered for an ODMAP account. Currently there are 8 agencies manually entering data.

# ODMAP Suspected Overdoses Logged, 2019-2020

	Total Suspected Overdoses	Suspected Fatal Overdoses	Naloxone Administered
2019	165	14	80
2020	197	35	64
<b>Change</b>	<b>+19%</b>	<b>+150%</b>	<b>-20%</b>

Data are provisional and may be subject to change.

# ODMAP Suspected Overdoses Logged by Substance, 2019-2020

Year	Alcohol	Benzodiazepines	Stimulants	Fentanyl	Heroin	Rx Drugs	OTC Medications	Synthetic Marijuana	Other
2019	17	6	12	1	37	53	7	7	10
2020	16	2	8	9	17	57	4	1	33

Data are provisional and may be subject to change.

Note: Stimulants include methamphetamine and cocaine.

Other may include those where more than one substance may be involved.

Rx = prescription

OTC = Over the Counter

# Summary

- ▶ Overdoses logged have increased from 2019 to 2020
  - Increased participation over time
- ▶ Other substances, which may indicate multiple substances, have increased
- ▶ Other Work:
  - Attorney General's Office helped established automated application programming interface between Emergency Medical Services (ImageTrend) and ODMAP
  - Starting in May 2021, data on suspected overdoses began populating from ImageTrend into ODMAP

# National Forensic Laboratory Information System

Data prepared by:  
Nevada Overdose Data to  
Action



# National Forensic Laboratory Information System (NFLIS)

- ▶ Program of the Drug Enforcement Administration (DEA).
- ▶ Collects drug identification results and associated information from drug cases submitted to and analyzed by laboratories.
- ▶ Analyzes controlled and noncontrolled substances.
- ▶ In Nevada, the following three local forensic labs report into NFLIS:
  - Washoe County Sheriff's Office Crime Lab
  - Henderson City Crime Lab
  - Las Vegas Metro Police Crime Lab

## National Forensic Laboratory Information System (NFLIS) - Top 10 Reported Substances, 2018-2019

Substance	2018 Reports N=4813 (%)
Methamphetamine	1768 (36.7%)
Heroin	596 (12.4%)
Cannabis/THC	377 (7.8%)
Cocaine	300 (6.2%)
Alprazolam	228 (4.7%)
MDMA	165 (3.4%)
Acetaminophen	109 (2.3%)
Oxycodone	90 (1.9%)
Hydrocodone	89 (1.8%)
Dimethylsulfone	51 (1.1%)

Substance	2019 Reports N=6448 (%)	Change
Methamphetamine	2607 (40.4%)	+47%
Heroin	625 (9.7%)	+5%
Cannabis/THC	491 (7.6%)	+30%
Cocaine	283 (4.4%)	-6%
Alprazolam	239 (3.7%)	+5%
MDMA	212 (3.3%)	+28%
Acetaminophen	183 (2.8%)	+68%
Oxycodone	114 (1.8%)	+27%
Hydrocodone	102 (1.6%)	+15%
Fentanyl	83 (1.3%)	N/A

# Summary

- ▶ The Top 9 substances reported by Nevada toxicology labs into NFLIS remained the same over time
- ▶ Reports of methamphetamine have increased substantially from 2018 to 2019
- ▶ Fentanyl reached the top tenth place in reported substances in 2019

# Questions?

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*We will get to as many questions as possible. Any questions that we can't get to we will reach back to you with answers if you send us your email address.*

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# Mortality Data

Kathryn Barker, MPH  
Senior Epidemiologist  
Southern Nevada Health  
District  
Email: [barker@snhd.org](mailto:barker@snhd.org)

# What we will cover

- ▶ Death Certificates
  - Nevada Office of Analytics
- ▶ SUDORS
  - Nevada Overdose Data to Action
- ▶ Coroner/Medical Examiner Offices
  - Clark County
  - Washoe County via LVMPD HIDTA

# Death Certificates

Data prepared by:  
Nevada Department of  
Health and Human Services  
Office of Analytics

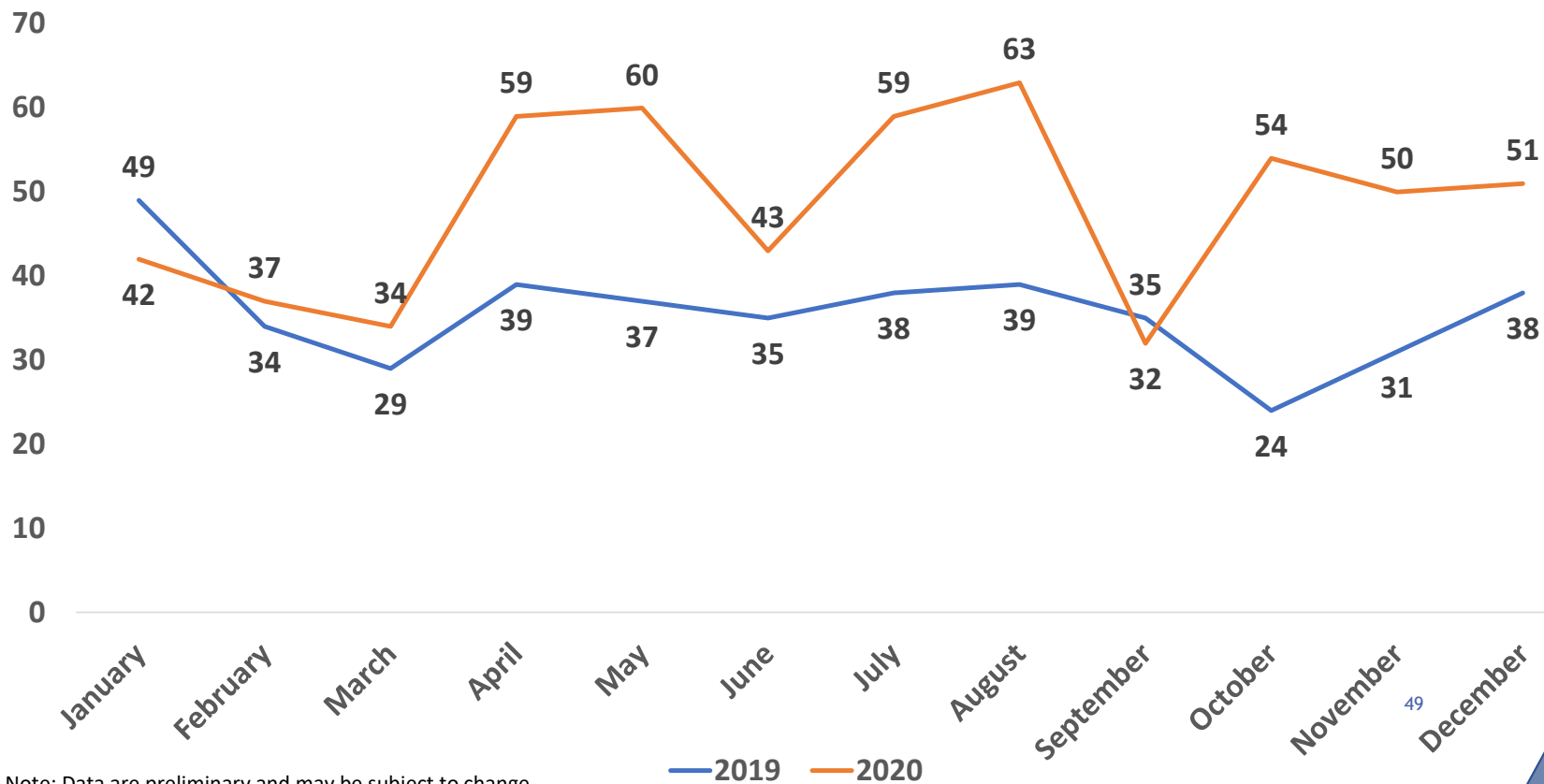
# Electronic Death Registry System (EDRS)

- ▶ EDRS is the State of Nevada, Office of Vital Statistics' electronic database containing information on deaths
- ▶ Overdose deaths can be identified based on ICD-10 codes
- ▶ Limitations:
  - Some ICD-10 codes group multiple opioids together
  - Data delayed 2-3 months due to lengthy death investigations



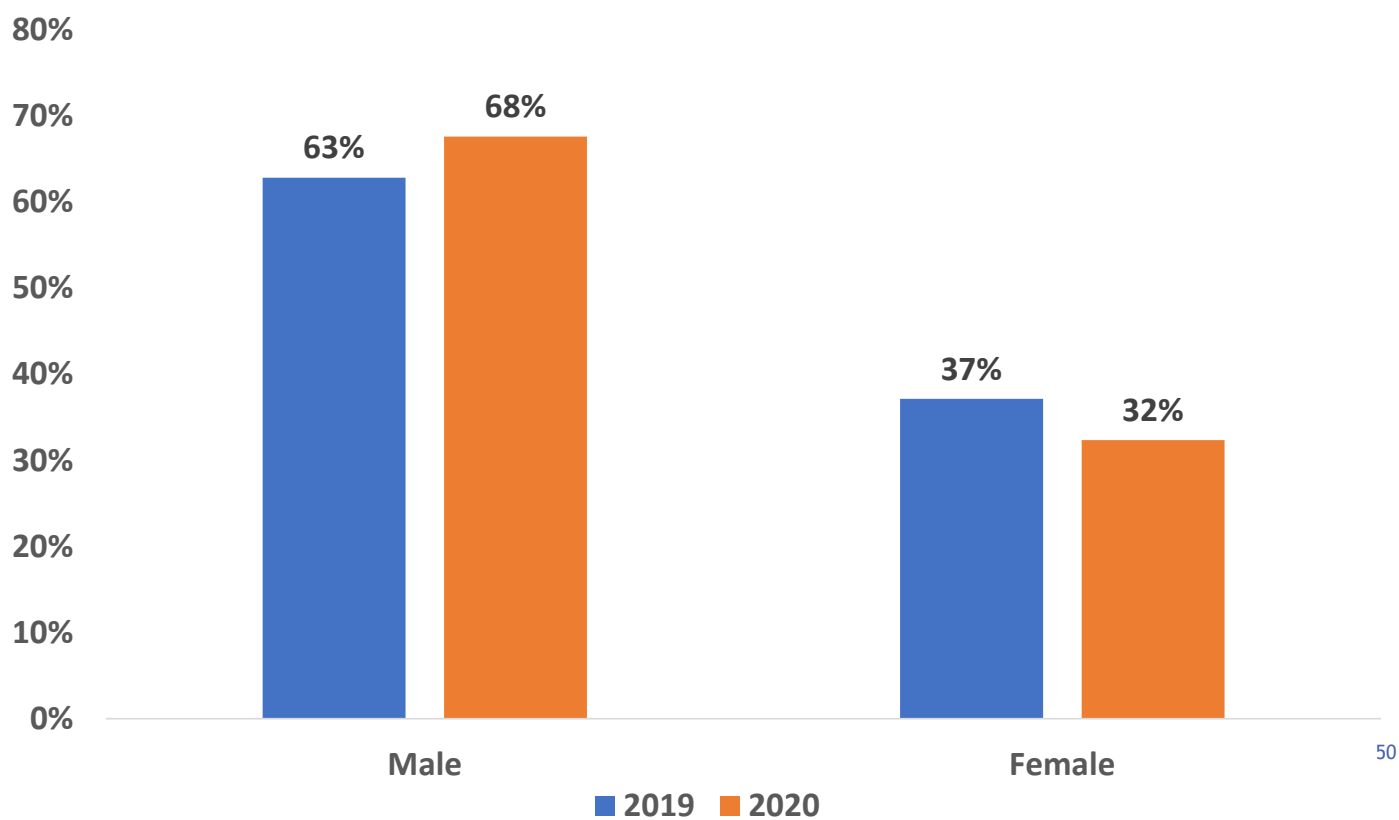
# Opioid-related Overdose Deaths of Any Intent in Nevada (2019-2020)

Total counts and rate per 100,000 population:  
2019: 428 (13.9)  
2020: 584 (18.8)

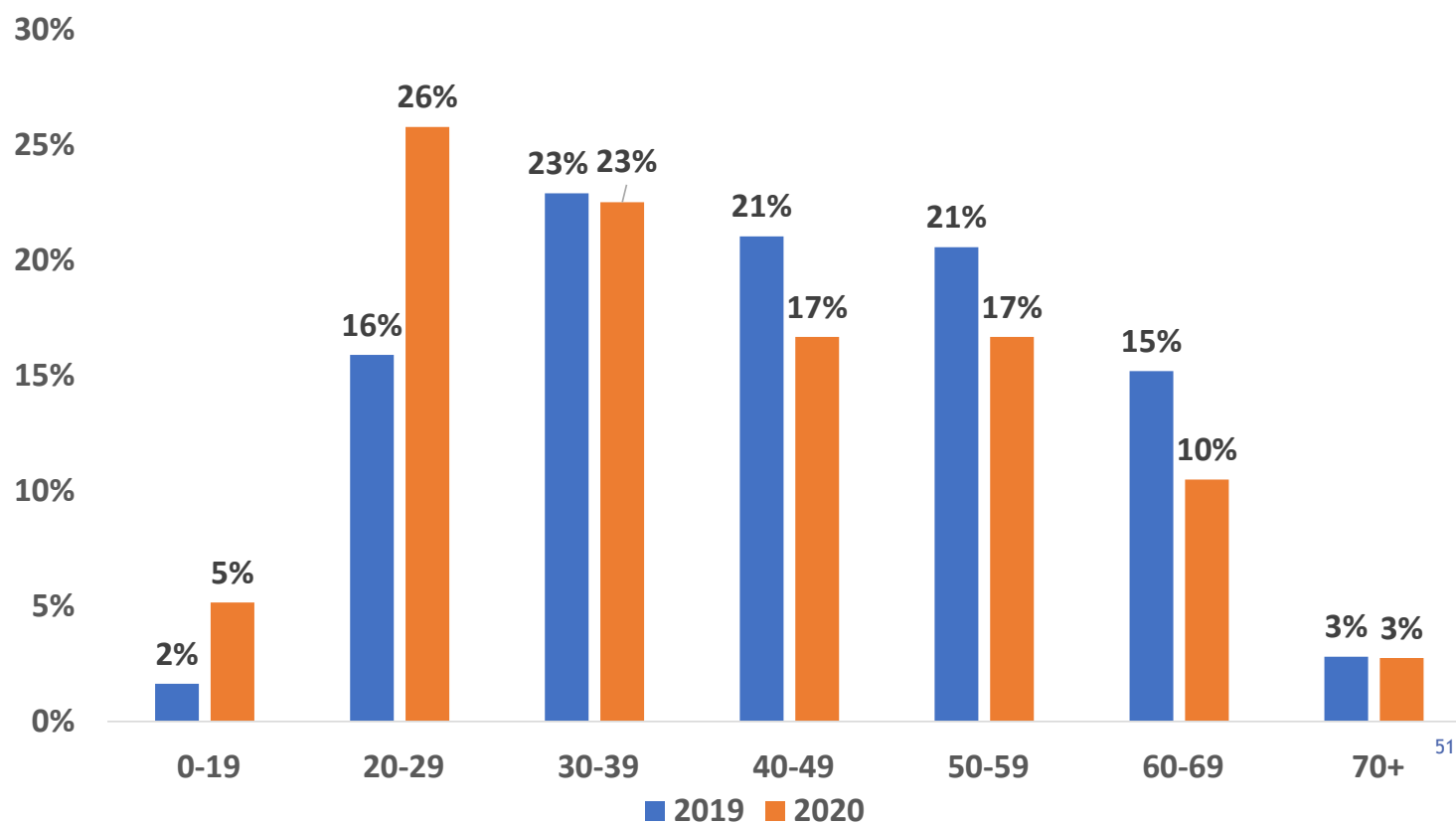


Note: Data are preliminary and may be subject to change.

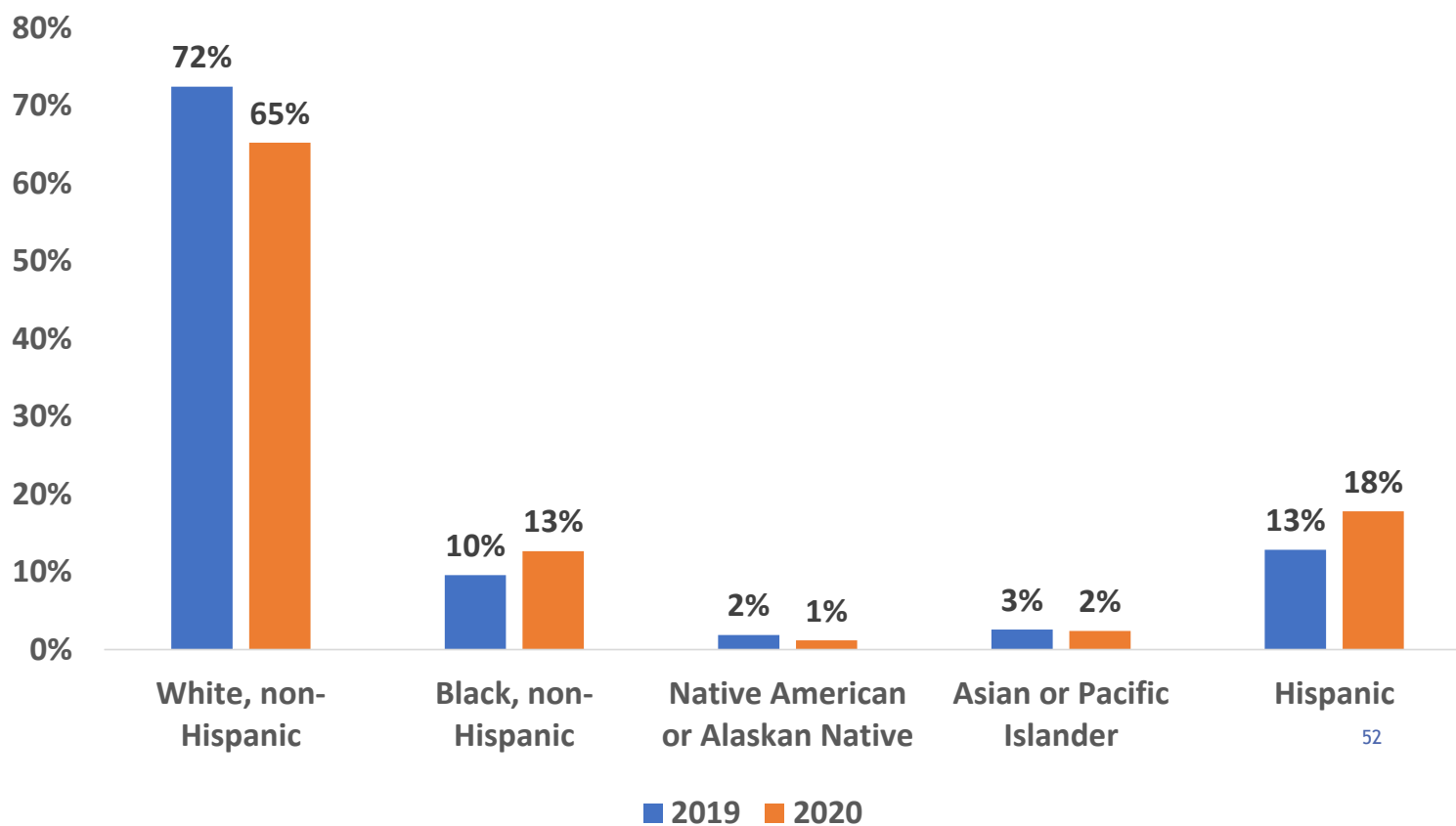
# Opioid-related Overdose Deaths of Any Intent in Nevada by Sex, 2019-2020



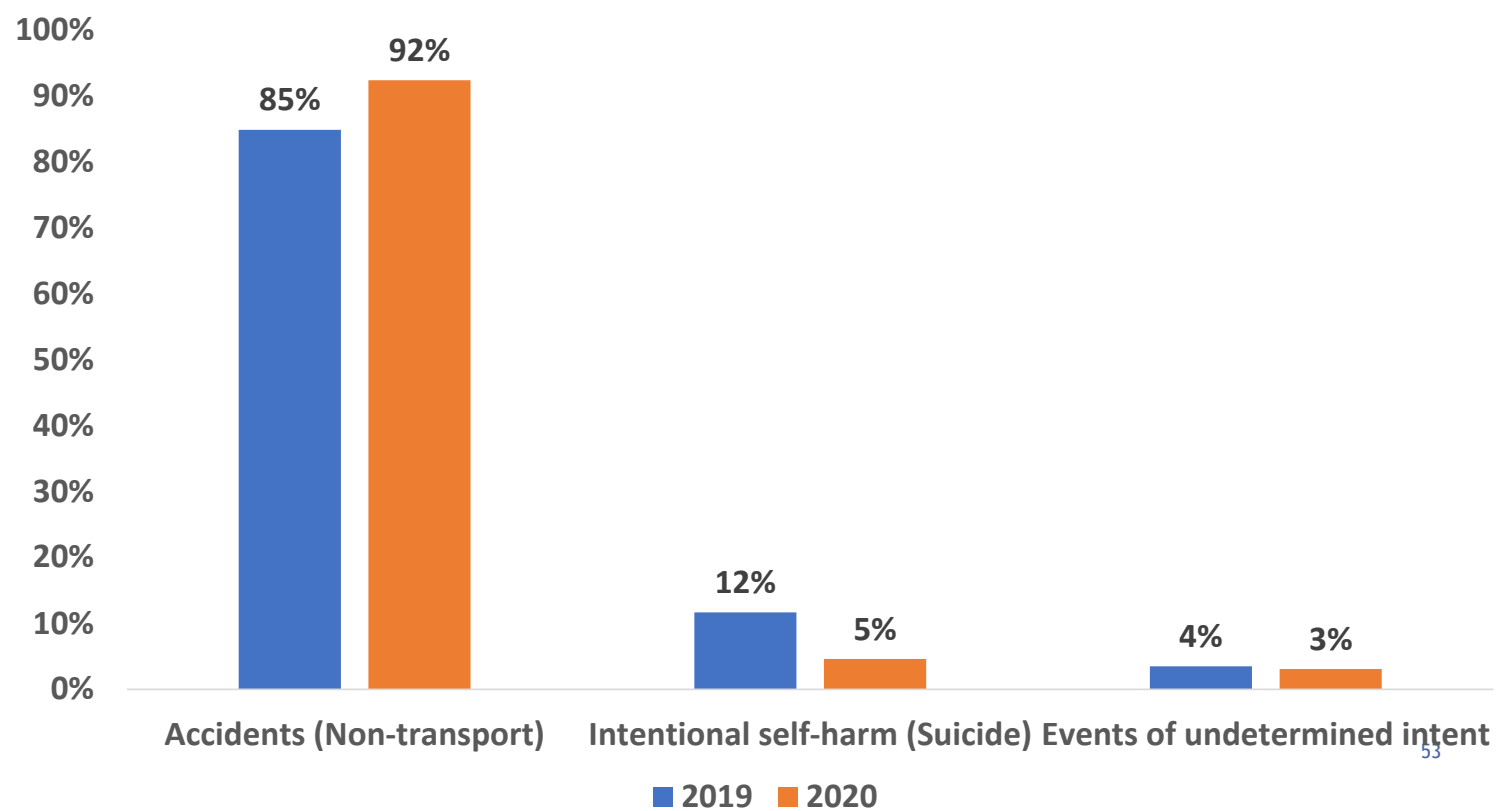
# Opioid-related Overdose Deaths of Any Intent in Nevada by Age, 2019-2020



## Opioid-related Overdose Deaths of Any Intent in Nevada by Race/Ethnicity, 2019-2020



## Opioid-related Overdose Deaths in Nevada by Intent, 2019-2020



# Summary

- ▶ Opioid overdose deaths of any intent have increased from 2019 to 2020
  - 2019: 13.9 deaths per 100,000 pop. vs. 2020: 18.8 deaths per 100,000 pop.
- ▶ This increase seems to be attributed to an increase in unintentional drug overdose deaths
- ▶ Increases in deaths seen in non-Hispanic Black pop. and Hispanic pop., as well as the 20-29 age group

# State Unintentional Drug Overdose Reporting System

Prepared by:  
Nevada Overdose Data to  
Action

# State Unintentional Drug Overdose Reporting System (SUDORS)

Death Investigation

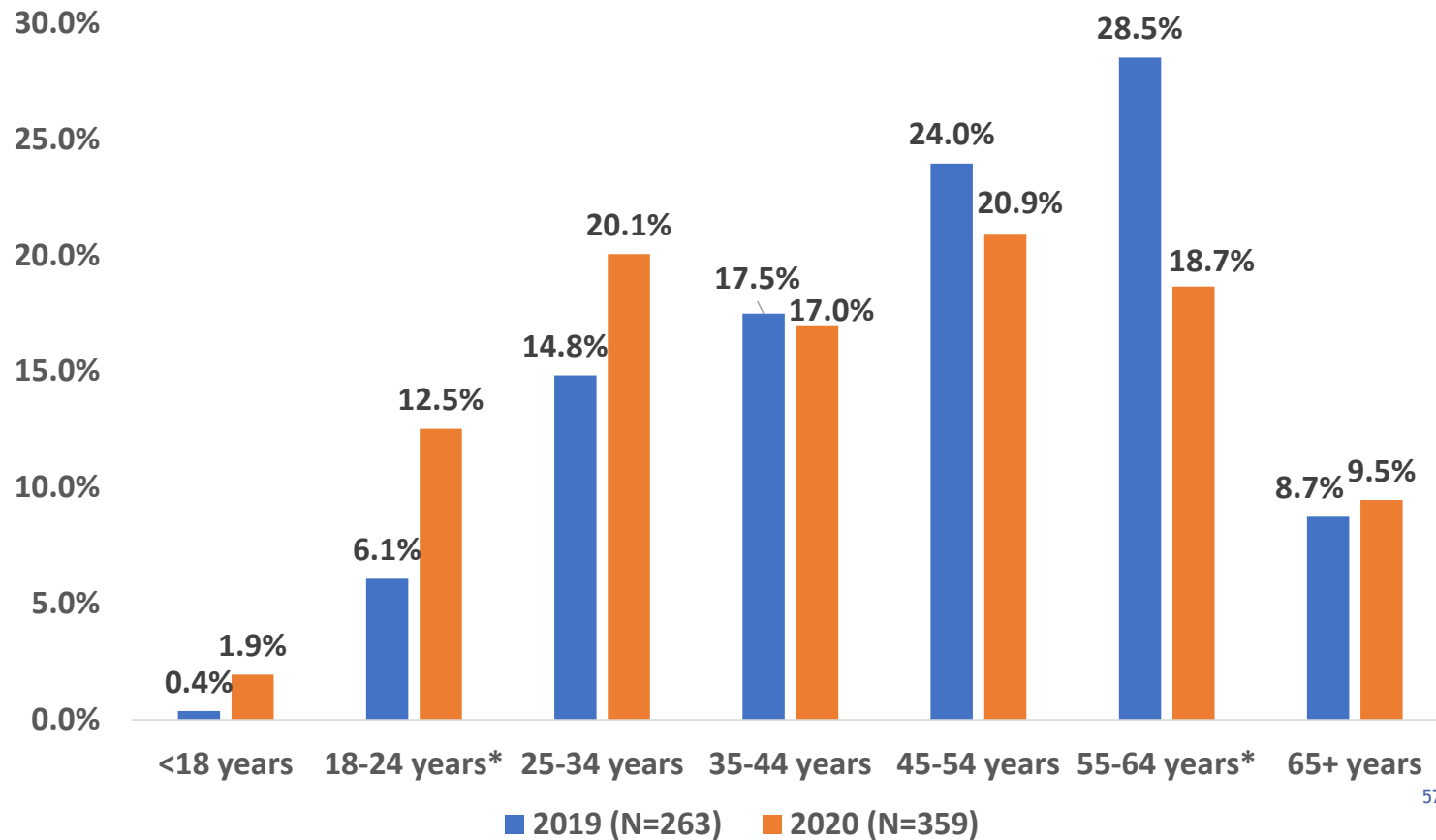
Toxicology

Death Certificate

- ▶ *Case definition: Unintentional/undetermined intent drug overdose among Nevada residents*
  - *January 1-June 30, 2019: 263 deaths*
  - *January 1-June 30, 2020: 359 deaths*
- ▶ *Limitations:*
  - *Data lag*
  - *Missing data*
  - *Witness report*



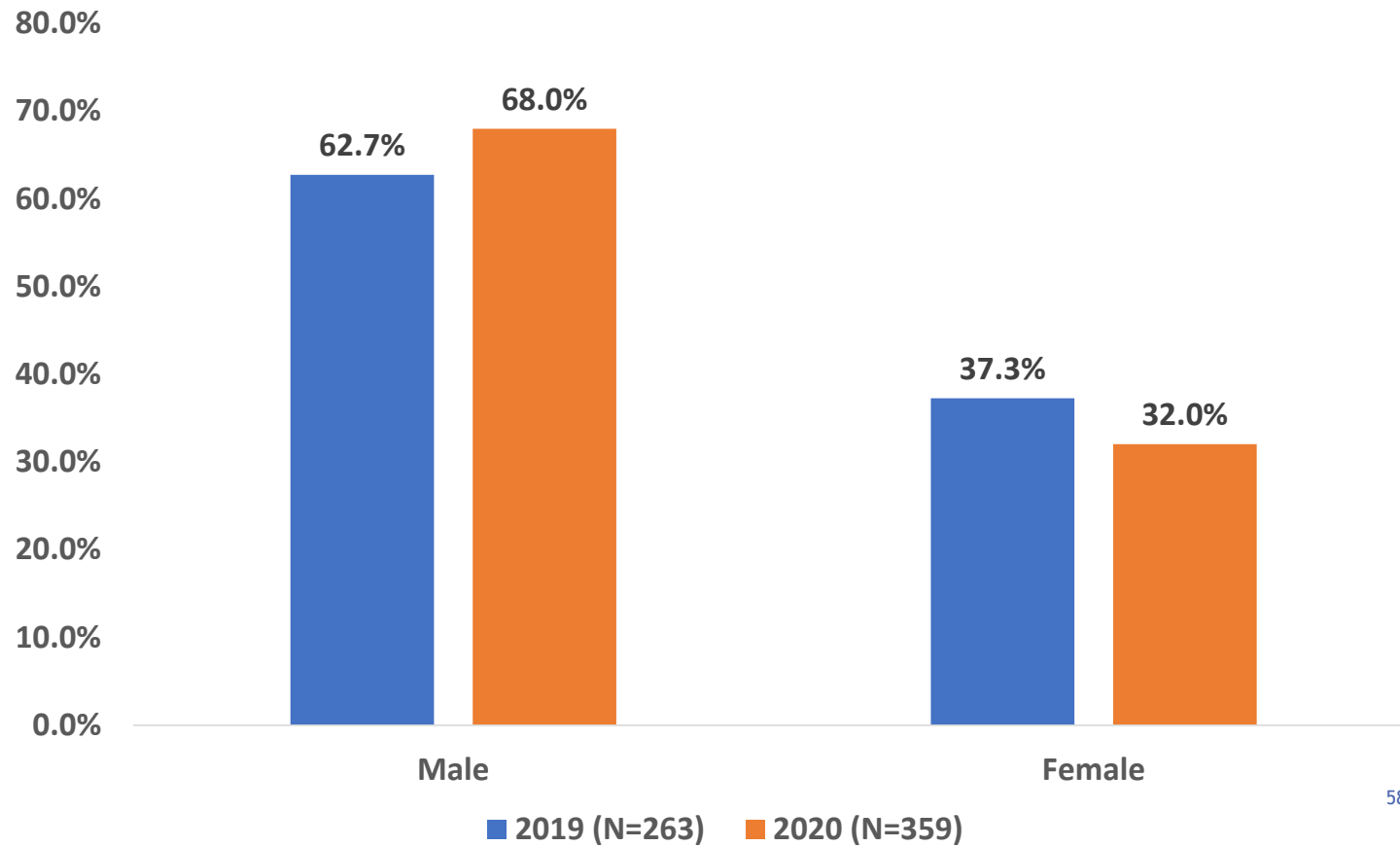
# SUDORS Demographics: Age



57

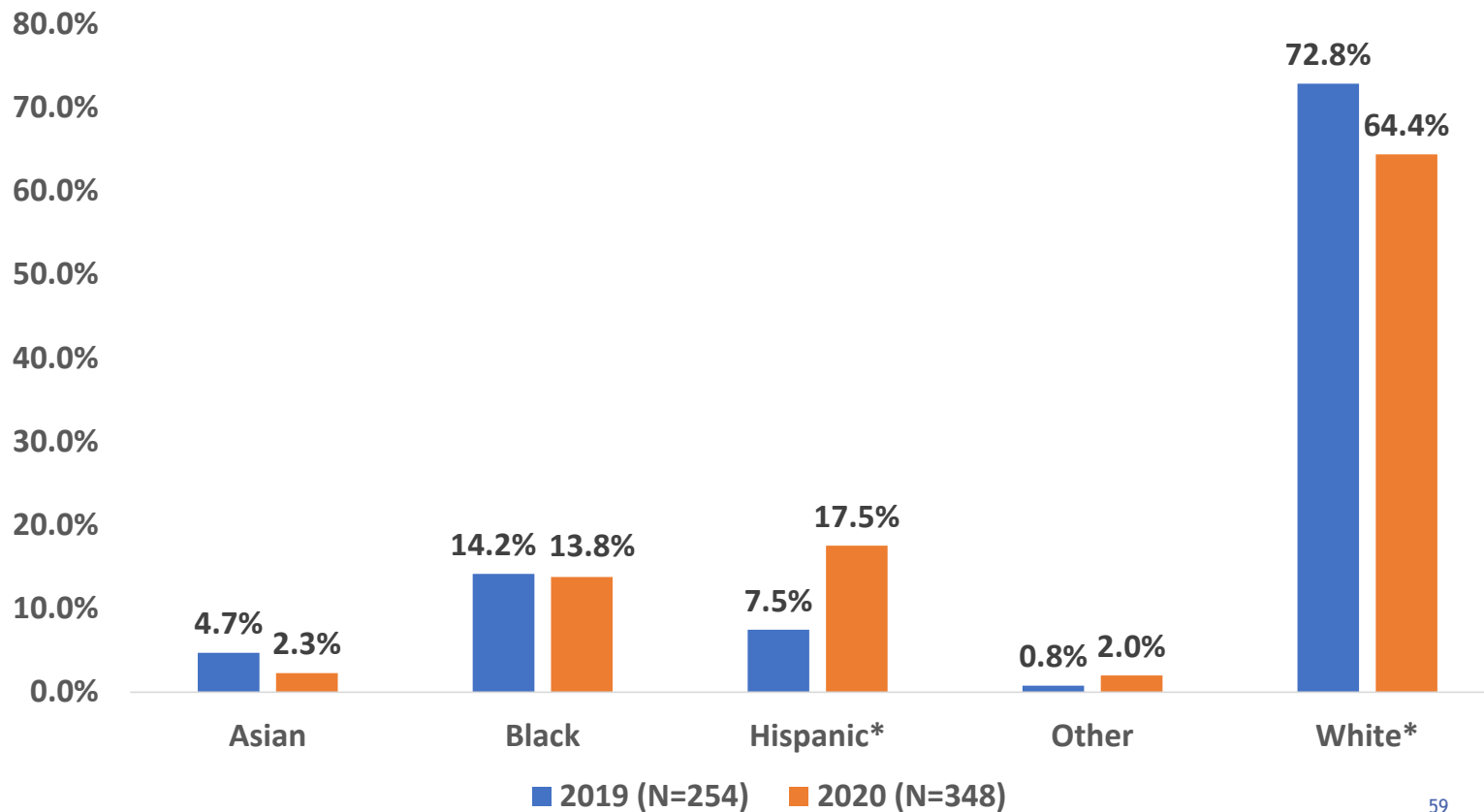
\*Indicates statistically significant difference in a specific characteristic between years (p-value<0.05).

# SUDORS Demographics: Sex



\*Indicates statistically significant difference in a specific characteristic between years (p-value<0.05).

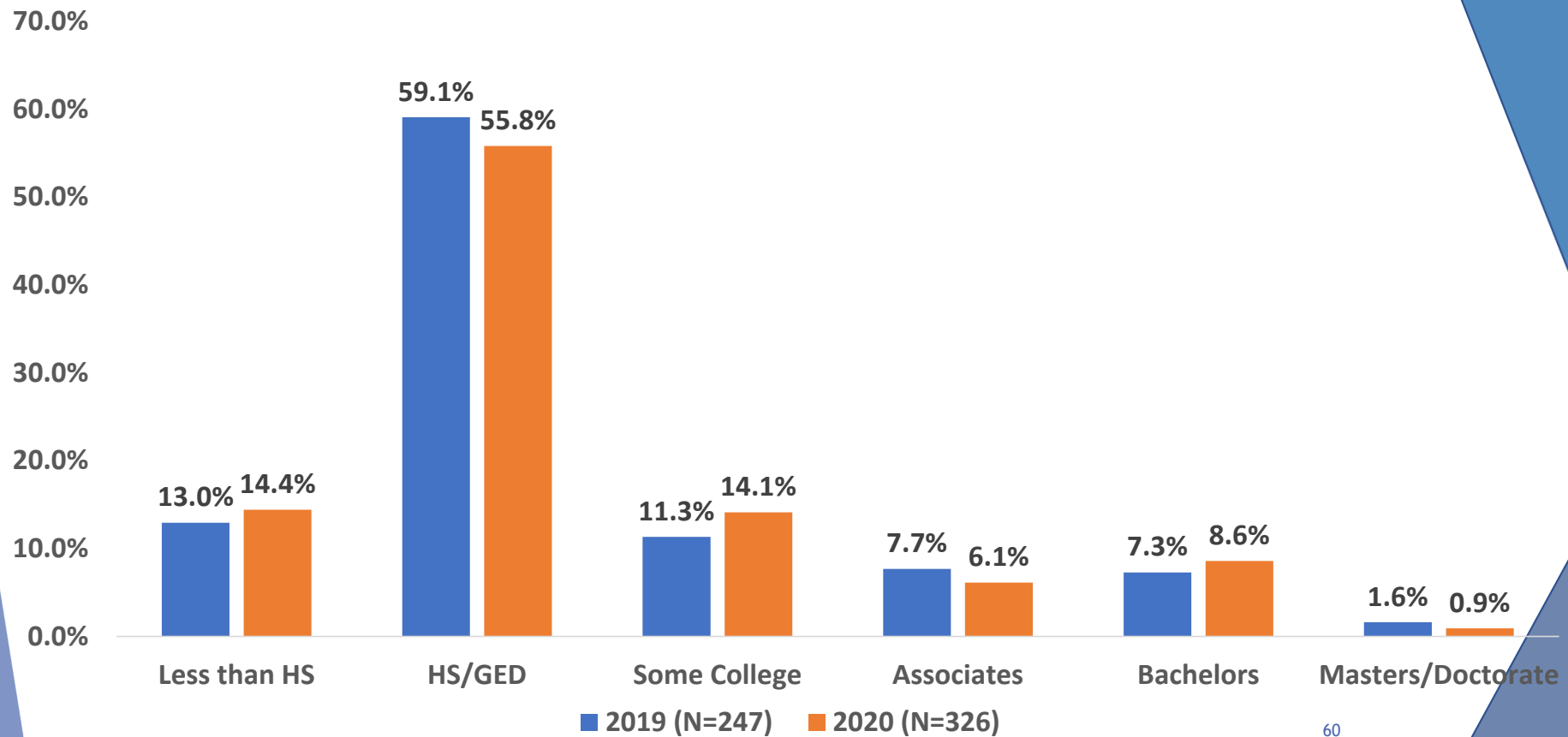
# SUDORS Demographics: Race/Ethnicity



59

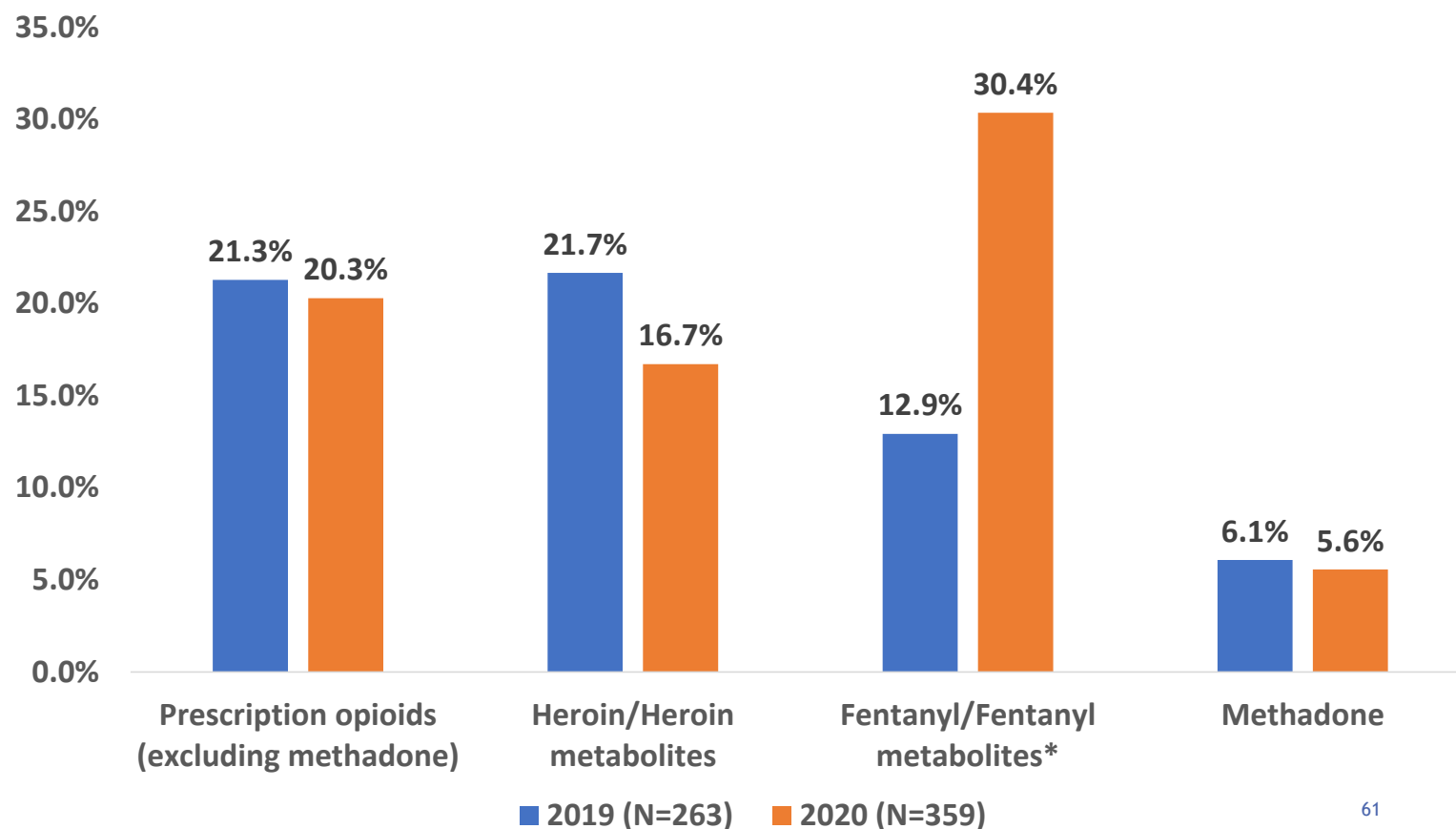
\*Indicates statistically significant difference in a specific characteristic between years (p-value<0.05).

# SUDORS Demographics: Education



\*Indicates statistically significant difference in a specific characteristic between years (p-value<0.05).

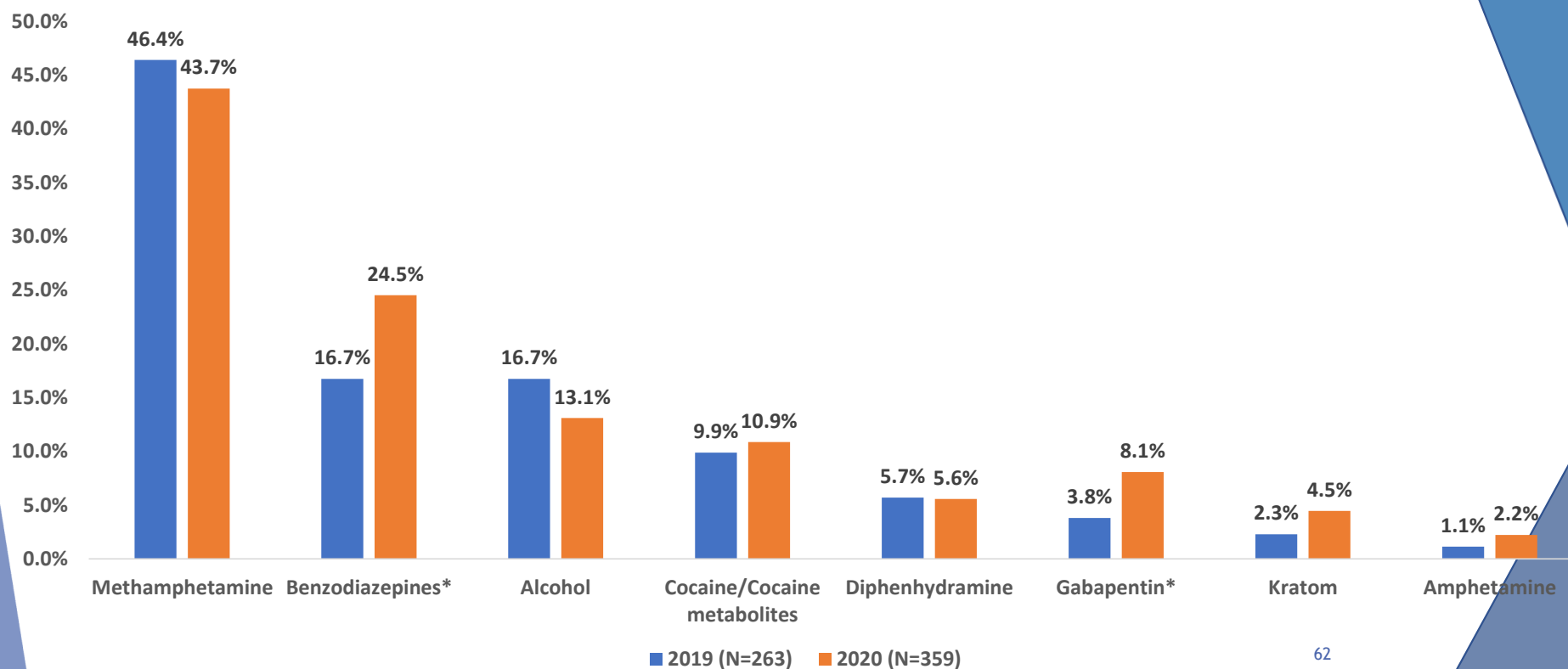
# SUDORS: Opioids Attributing to Death



\*Indicates statistically significant difference in a specific characteristic between years (p-value<0.05).

Note: Substances are not mutually exclusive, as decedents may have had multiple substances listed in the cause of death.

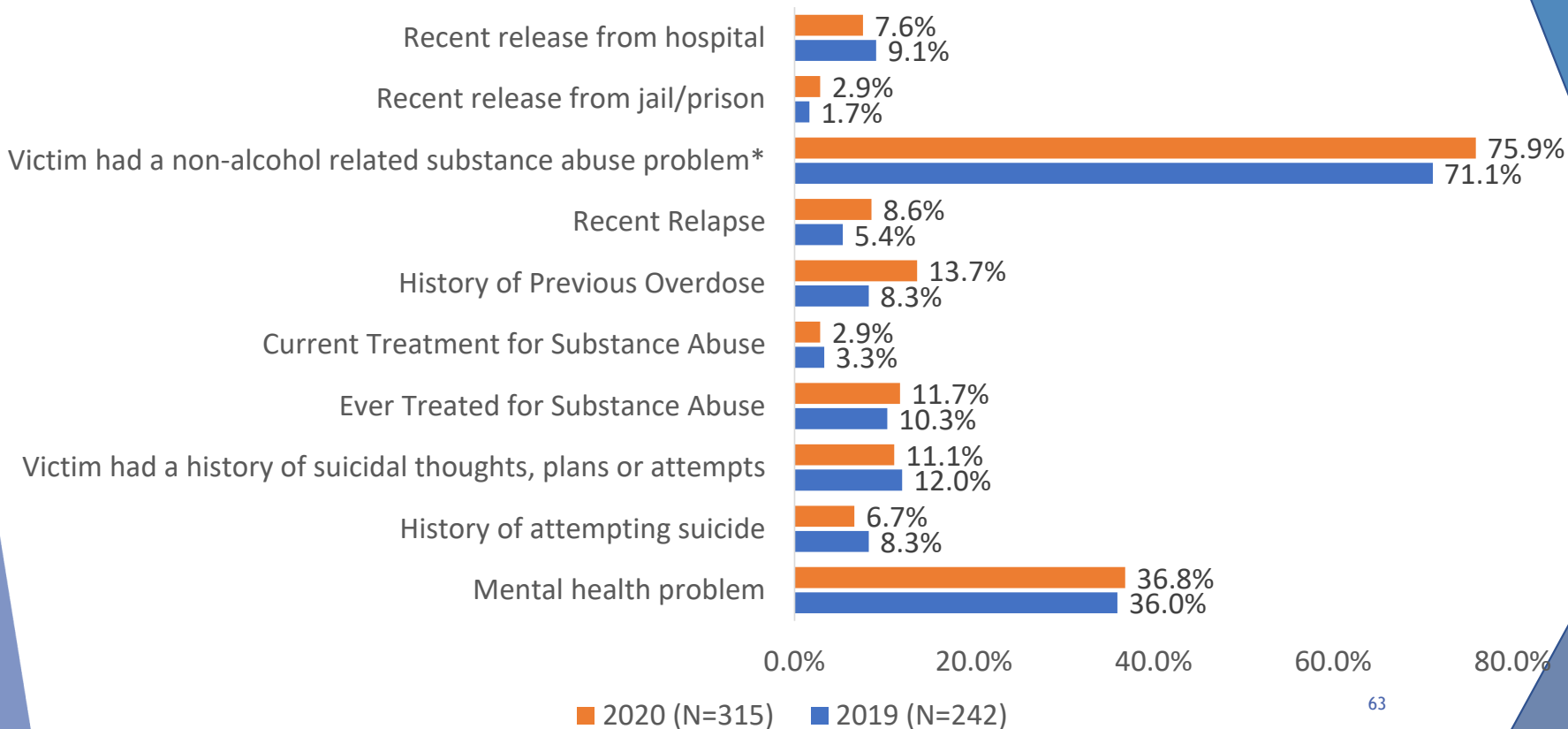
# SUDORS: Top Non-opioids Attributing to Death



\*Indicates statistically significant difference in a specific characteristic between years (p-value<0.05).

Note: Substances are not mutually exclusive, as decedents may have had multiple substances listed in the cause of death.

# Circumstances Preceding Death: Substance Abuse, Institutionalization, and Mental Health History



\*Indicates statistically significant difference in a specific characteristic between years (p-value<0.05).

Note: Circumstances prior to death were not available for all cases, so percentages exclude missing data and likely underestimate the true proportion of case characteristics.

# Summary

- ▶ Comparing the first half of 2019 to the same time period in 2020:
  - Increase in deaths in those aged 18-24 (181% increase)
  - Increase in deaths among Hispanic population (221% increase)
  - Increase in deaths attributed to fentanyl (221% increase)
  - Increase in deaths attributed to opioids and benzodiazepines (122% increase)



# Coroner/Medical Examiner Offices

Data compiled from:  
Clark County Office of the  
Coroner/Medical Examiner  
Washoe County Regional  
Medical Examiner's Office  
LVMPD HIDTA

# Coroner/Medical Examiners

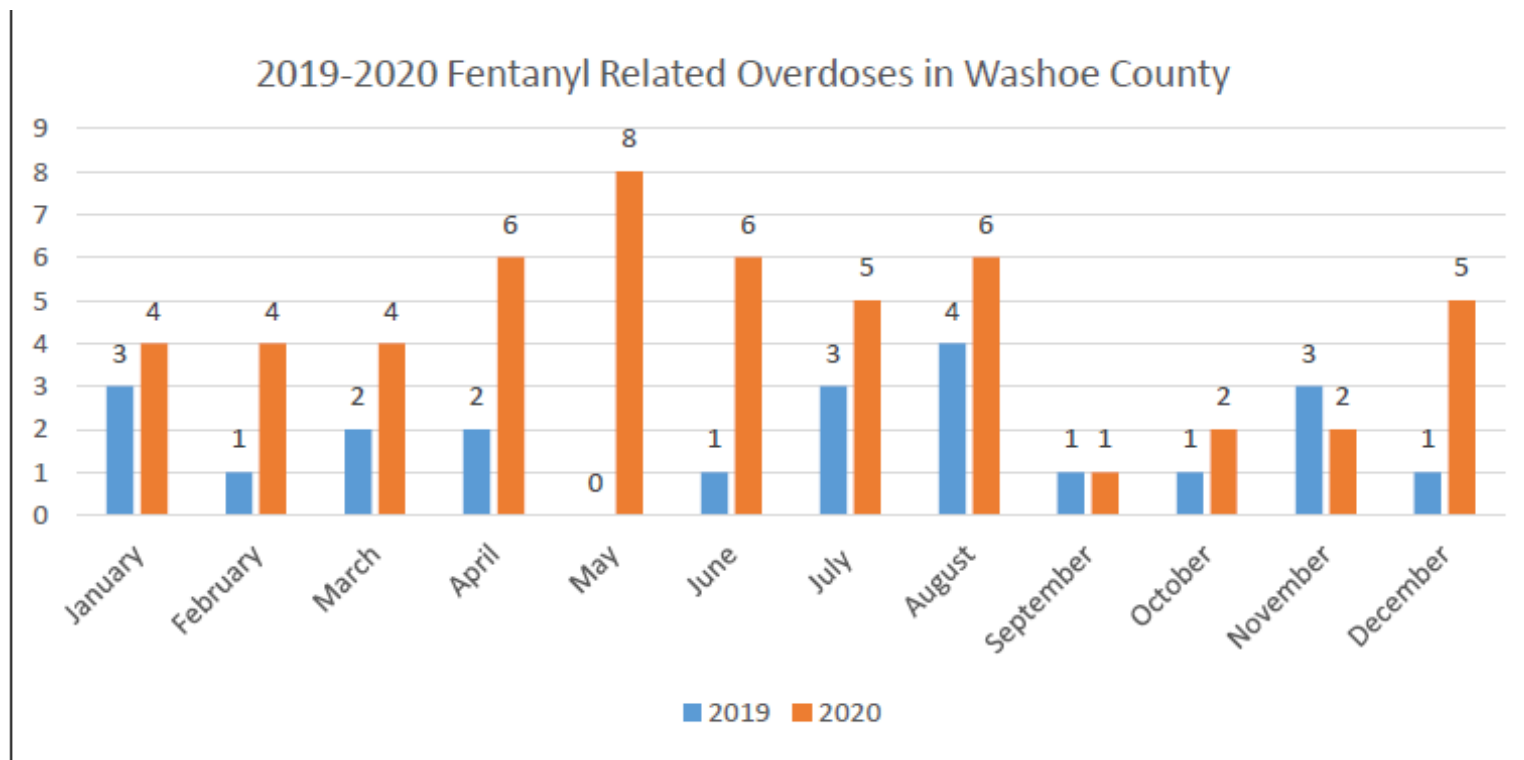
- ▶ Analysis is based on literal text from cause and manner of death
- ▶ Includes all deaths, regardless of residency (tourists, visitors, etc.)
- ▶ More timely than death certificates

# Clark County Office of the Coroner/Medical Examiner Drug Overdoses (2020)

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Total	2019 Total	% change
Fentanyl	15	8	8	16	25	13	21	31	15	24	15	18	209	71	194%
Opioid (non-fentanyl)	13	10	13	18	16	12	21	22	11	12	20	20	188	154	22%
All ODs (any drug)	46	37	49	50	57	52	52	95	42	53	55	55	661	530	25%

NOTE: All deaths were identified using the manner or manner type, with the following exceptions:  
 Fentanyl OD - "Fentanyl" in Cause of Death  
 Other Opioid OD - Any other non-Fentanyl Opioid in Cause of Death  
 All ODs - Deaths with "drug" or "medication" in the Manner of Death Type

# Washoe County Fentanyl Overdoses (2019-2020)



Source: FOUO Nevada HIDTA Investing in Partnerships to Build Safe and Health Communities, April 2021 Bulletin.  
Data provided by Washoe County Regional Medical Examiner's Office

# Summary

- ▶ Overdose deaths increased from 2019 to 2020 in Clark and Washoe counties
  - Clark
    - ▶ 194% increase in fentanyl overdoses
    - ▶ 22% increase in non-fentanyl opioid overdoses
    - ▶ 25% increase in overdoses (any drug)
  - Washoe
    - ▶ 126% increase in fentanyl overdoses
    - ▶ 21% increase in overdoses (any drug)

# Questions?

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- ▶ We will get to as many questions as possible. Any questions that we can't get to we will reach back to you with answers if you send us your email address.
- ▶ If you are on the phone, please take yourself off mute to ask your question.

# Treatment Data

Elyse Monroy

Program Manager

Nevada Overdose Data to Action

Email: [ecmonroy@unr.edu](mailto:ecmonroy@unr.edu)

Data compiled by:

Nevada Department of Health and  
Human Services

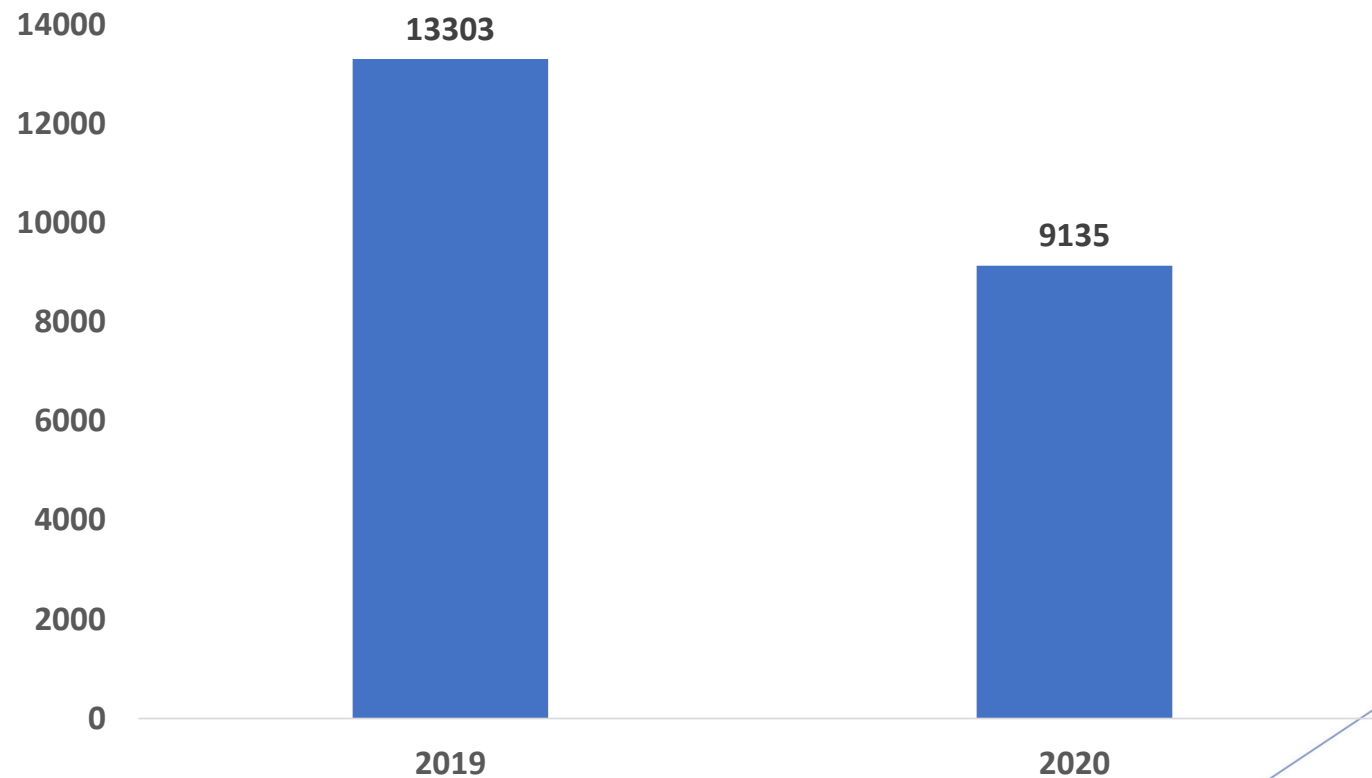
Office of Analytics

# Treatment Episode Data Set (TEDS)

- ▶ TEDS compiles client-level data for substance abuse treatment admissions from State Agency data systems.
  - Following slides show treatment admissions to SAPTA funded facilities
- ▶ TEDS is an admission-based system, but it does not include all admissions
- ▶ Includes demographic information and substance abuse characteristics
- ▶ Records are for an admission, not individual people.

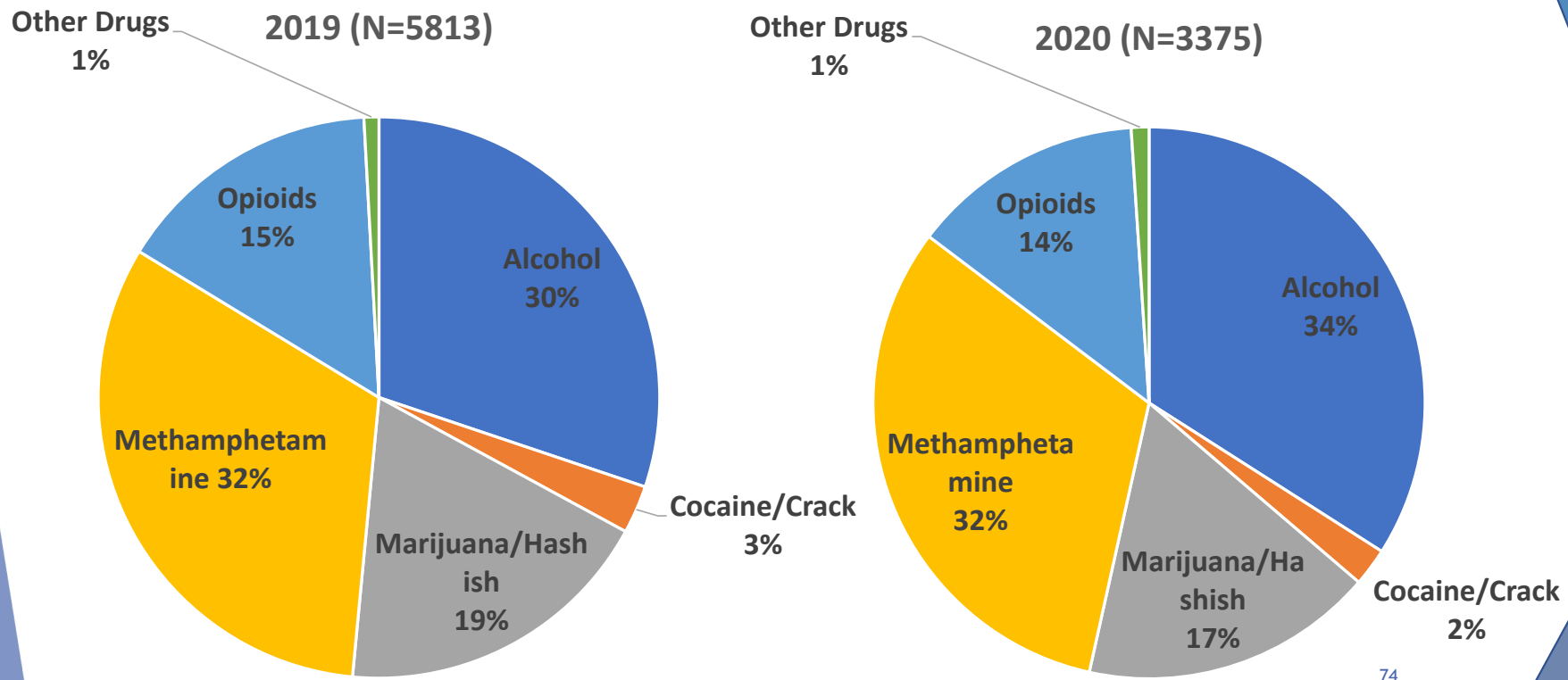


# TEDS: Number of Treatment Admissions in SAPTA-Funded Facilities, 2019-2020



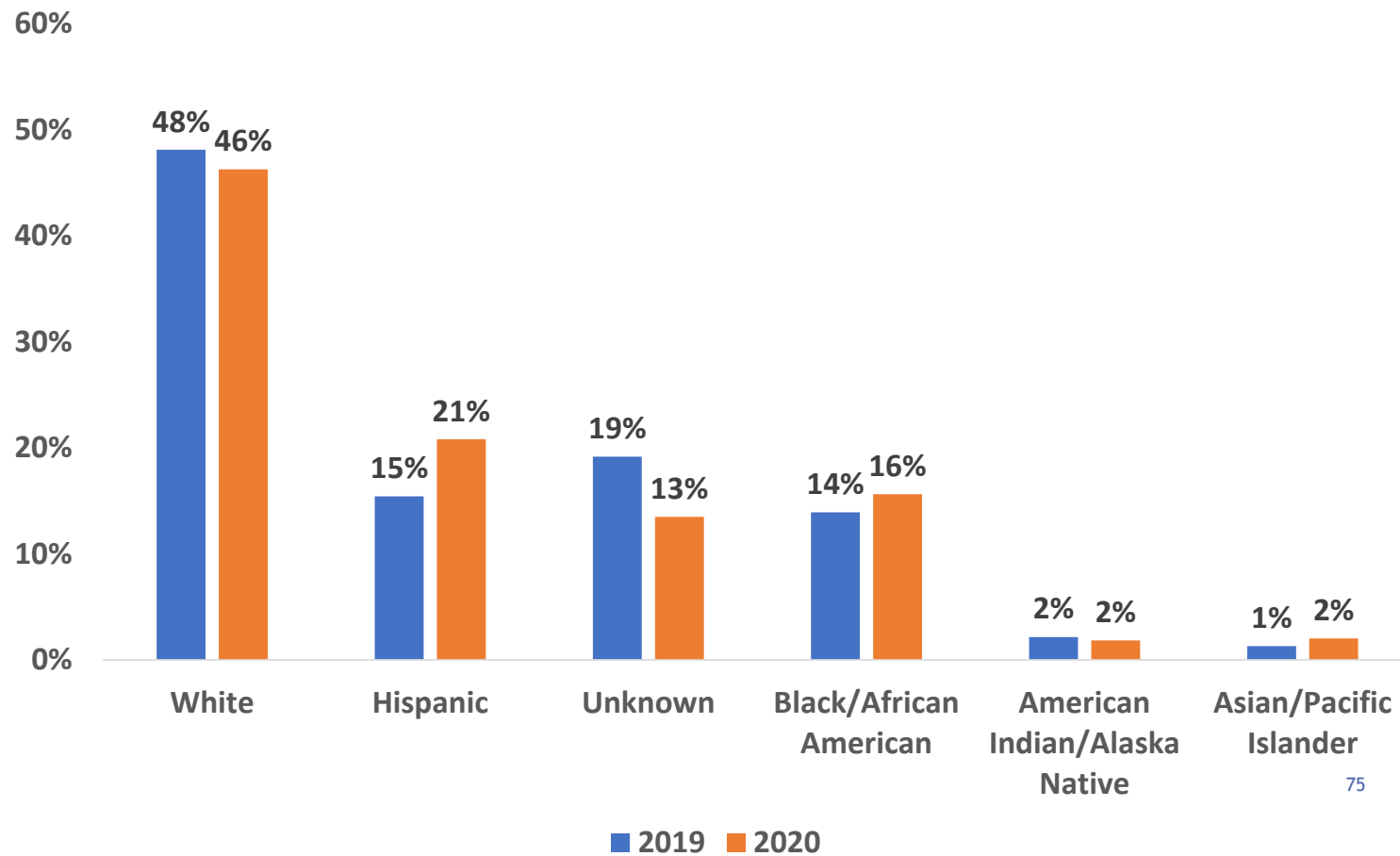
Treatment Admissions:  
31% Decrease

# TEDS: Primary Substance Used Upon Admission in NV Treatment Facilities, 2019-2020

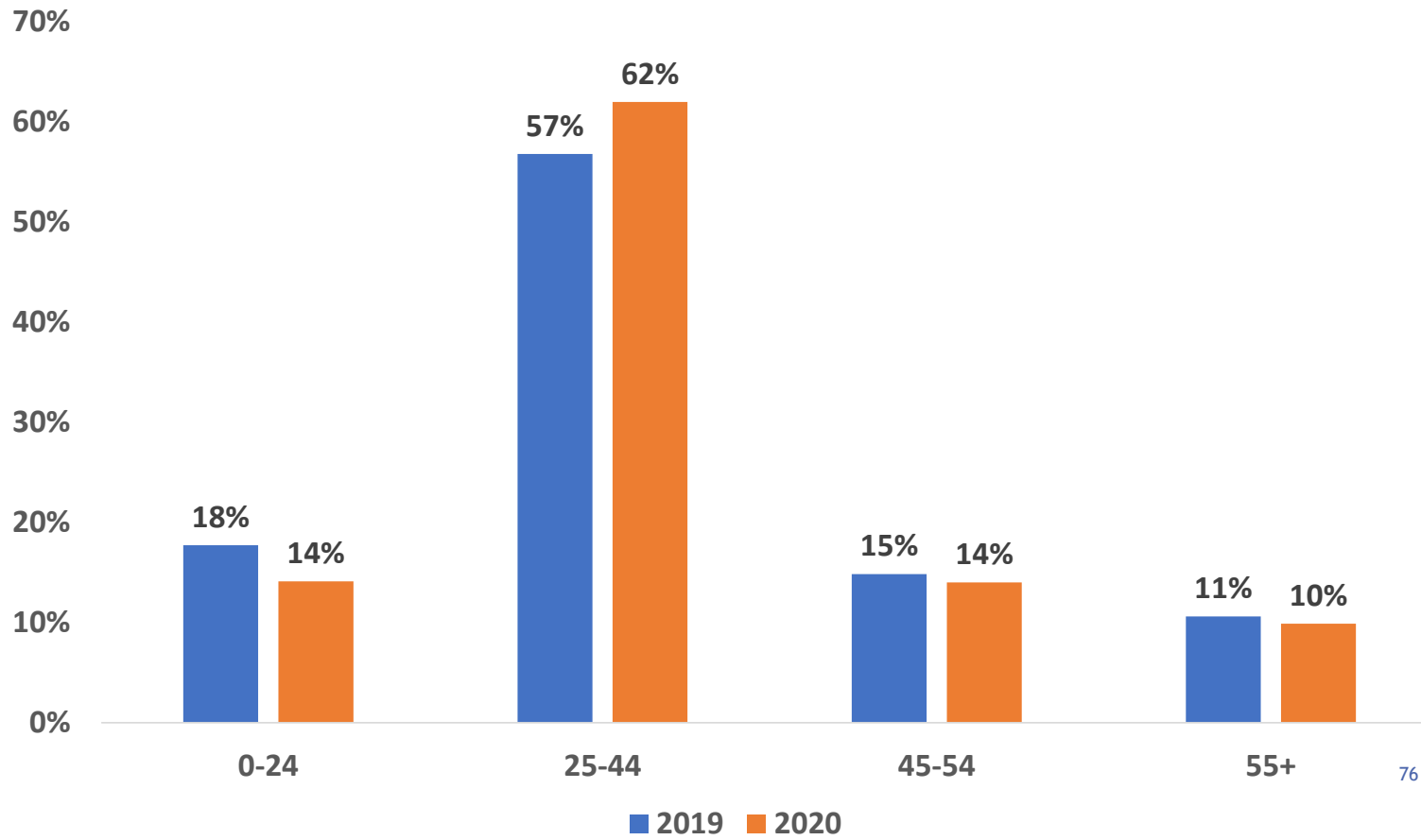


Note: Primary substance reportedly used upon admission. Percentages exclude missing data. Data reflect admissions and may not necessarily be distinct individuals.

# TEDS: Race/Ethnicity



# TEDS: Age



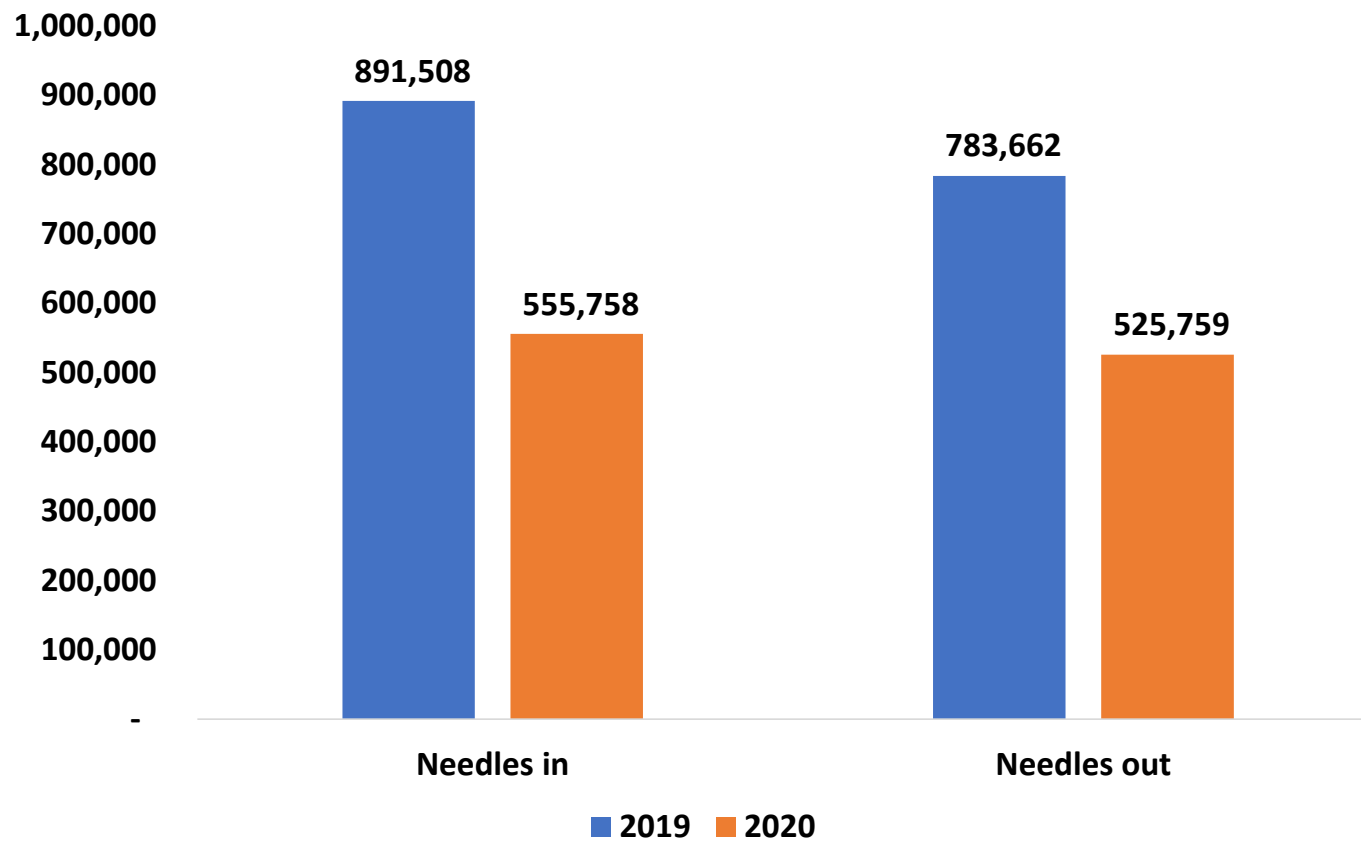
# Harm Reduction Services

Data compiled by:  
Trac-B, Southern Nevada  
Change Point, Northern Nevada

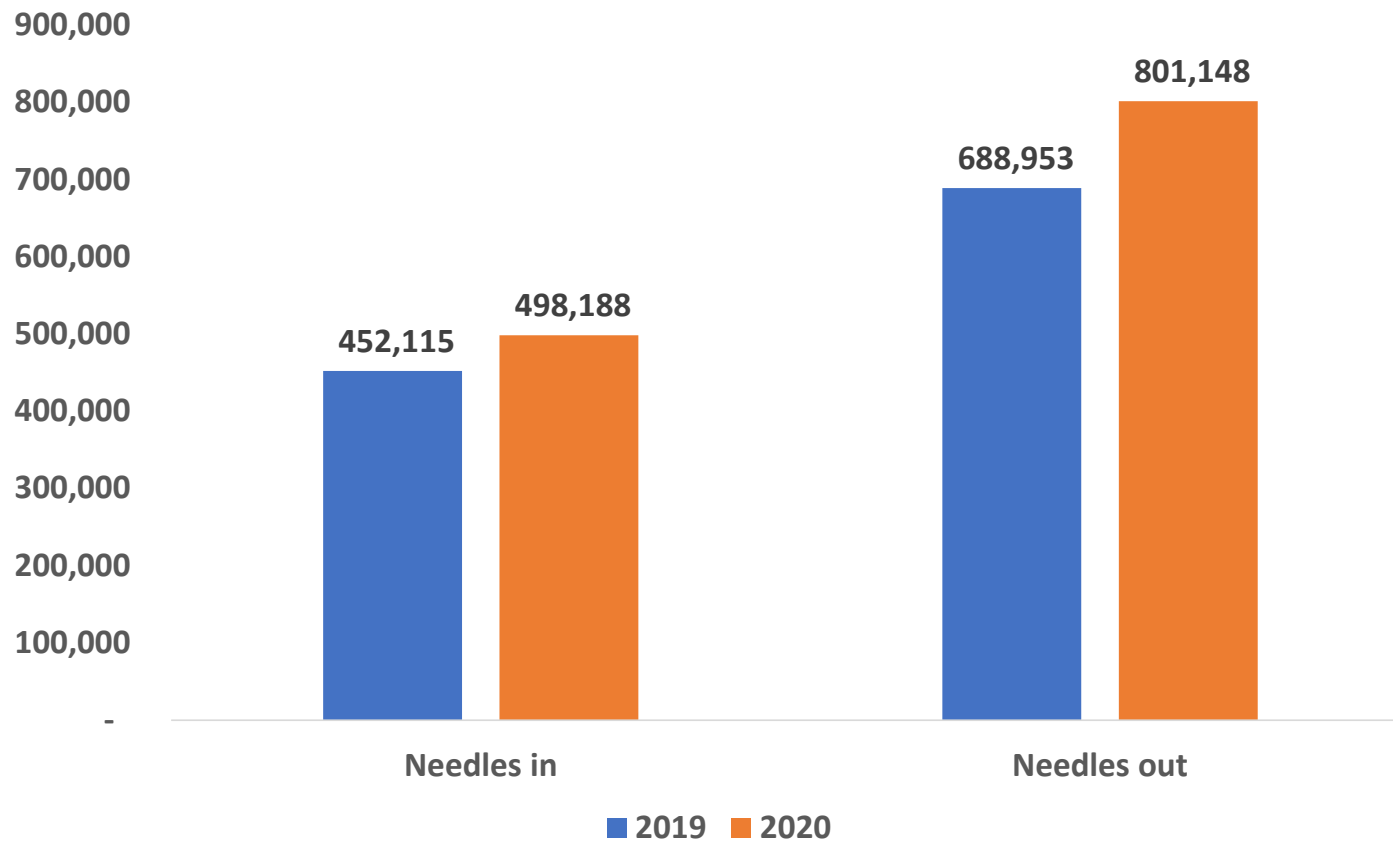
# Harm Reduction Organizations

- ▶ Northern Nevada
  - Change Point: syringe exchange services
- ▶ Southern Nevada
  - Trac-B Exchange: syringe exchange services, fentanyl test strips

# Change Point Syringe Data, 2019-2020



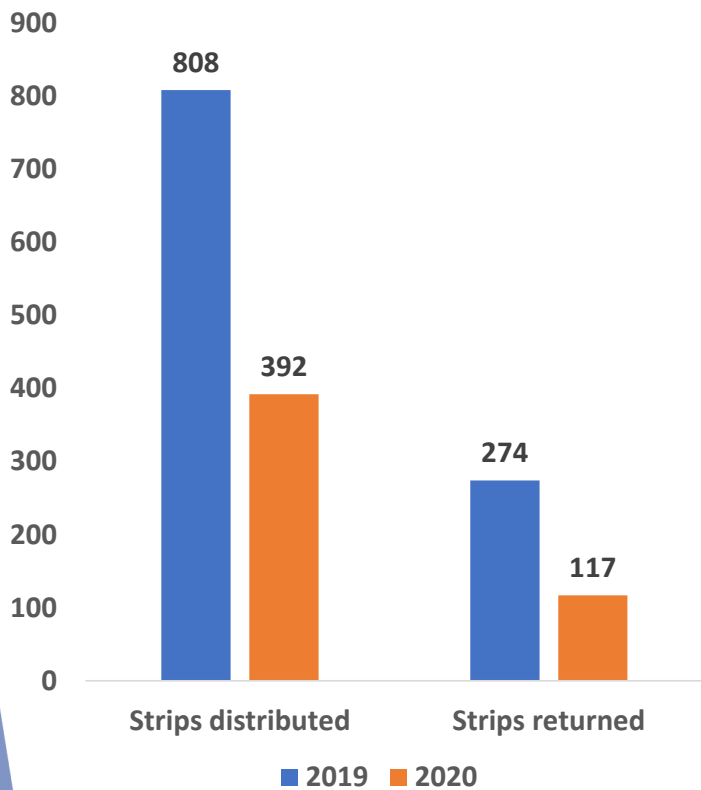
# Trac-B Syringe Data, 2019-2020



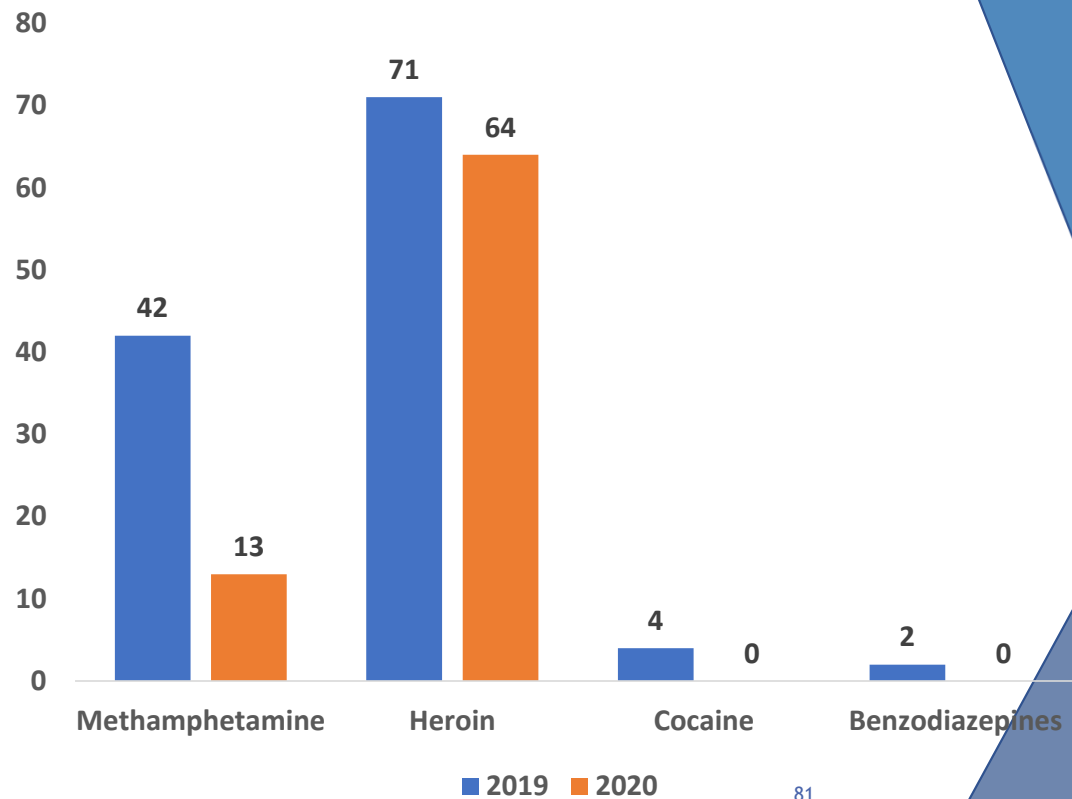


# Trac-B Fentanyl Test Strip Data

### Strips Distributed and Returned



### Strip Test Results



# Questions?

Questions can be submitted through the chat.

*We will get to as many questions as possible. Any questions that we can't get to we will reach back to you with answers if you send us your email address.*

If you are on the phone, please take yourself off mute to ask your question.

# Data Trends

# Data Trends, 2019 vs 2020

Source	Summary
<b>Hospital Data</b>	
Billing Data	<ul style="list-style-type: none"> <li>• Little change between years for suspected overdoses from billing data and 441A.</li> <li>• Increases in suspected opioid overdoses in ED from SyS (<b>23% increase</b>)</li> <li>• Population most effected: <i>male, White (non-Hispanic), 25-44 years of age.</i></li> <li>• Emerging populations: <i>Black, Hispanic</i></li> </ul>
Syndromic Surveillance (SyS)	
Hospital Reporting (441A)	
<b>Public Safety</b>	
Arrests (Drug-related)	<ul style="list-style-type: none"> <li>• 48% decrease in arrest events, 44% decrease in distinct persons</li> </ul>
ODMAP	<ul style="list-style-type: none"> <li>• <b>19% increase</b> in suspected overdoses</li> <li>• <b>150% increase</b> in suspected fatal overdoses</li> <li>• <b>20% decrease</b> in naloxone administered</li> </ul>
NFLIS Reports*	<ul style="list-style-type: none"> <li>• <b>36% increase</b> in methamphetamine</li> <li>• <b>30% increase</b> in cannabis/THC</li> </ul>
<b>Prescribing</b>	
PDMP	<ul style="list-style-type: none"> <li>• <b>6% decrease</b> in opioid prescriptions</li> <li>• <b>19% decrease</b> in co-rx of opioid+benzos</li> <li>• <b>44% decrease</b> in naloxone prescriptions</li> <li>• <b>41% decrease</b> in co-rx of opioids+naloxone</li> </ul>

# Data Trends, 2019 vs 2020

Source	Summary
<b>Mortality</b>	
Vital Records	<ul style="list-style-type: none"> <li>• 2019: 13.9 deaths per 100,000 vs. 2020: 18.8 deaths per 100,000</li> <li>• <b>Increase in deaths among those 20-29 years of age</b> (2019: 16% vs. 2020: 26%)</li> </ul>
SUDORS*	<ul style="list-style-type: none"> <li>• <b>37% increase</b> in unintentional/undetermined drug overdoses</li> <li>• <b>Increases among 18-34 year old population</b></li> <li>• <b>Increase among Hispanics</b> (2019: 7.5% vs. 2020: 17.5%)</li> <li>• <b>Increase in deaths attributed to fentanyl</b> (2019: 12.9% vs 2020: 30.4%)</li> </ul>
Coroner/ME	<ul style="list-style-type: none"> <li>• <b>194% increase</b> in fentanyl overdoses (Clark County)</li> <li>• <b>126% increase</b> in fentanyl overdoses (Washoe County)</li> </ul>
<b>Treatment</b>	
TEDS	<ul style="list-style-type: none"> <li>• 31% decrease in admissions to SAPTA-funded facilities</li> <li>• <b>Increase in Hispanics</b> (2019: 15% vs. 2020: 21%) <b>and Blacks</b> (2019: 14% vs. 2020: 16%)</li> <li>• 2020: Alcohol (34%), Methamphetamine (32%), Marijuana (17%).</li> <li>• Little change in proportions between years in primary substances used.</li> </ul>
<b>Harm Reduction</b>	
Syringe Exchange	<ul style="list-style-type: none"> <li>• Change Point: 38% decrease in needles in, 33% decrease in needles out.</li> </ul>
Fentanyl Test Strips	<ul style="list-style-type: none"> <li>• TracB: 10% increase in needles in, 16% increase in needles out.</li> <li>• Decreases in strips distributed and returned.</li> </ul>

\*Note data compared is the first half of 2019 to the first half of 2020.

# Prevention & Intervention Efforts in Nevada

# Timeline of Significant Substance Abuse Events and Efforts In Nevada

- ▶ **2011- 2015 Overdoses fueled by overprescribing**
  - ▶ **2<sup>nd</sup> Highest Prescribing Rates for Hydrocodone & Oxycodone**
  - ▶ **16.5 per 100,000 (age adjusted)**
- ▶ 2016 Major Pill Mill Break up in Washoe County

METH

- ▶ 2018 Fentanyl on the rise nationally,
- ▶ 2019 Attorney General Ford Launches Opioid Lawsuit efforts
- ▶ 2020 COVID and Polysubstance Overdose Spike

- ▶ **Nevada's Coalitions Lead Take Back Effort & support Evidence Based Prevention Efforts**
- ▶ **SB459 policy developed by local stakeholders and SMEs and championed by Sandoval Admin**

# Timeline of Significant Substance Abuse Events and Efforts in Nevada

- ▶ 2011 -2015 Overdoses fueled by overprescribing
- ▶ **2016 Major Pill Mill Break up in Washoe County**
  - METH
- ▶ 2018 Fentanyl on the rise nationally,
- ▶ 2019 Attorney General Ford Launches Opioid lawsuit efforts
- ▶ 2020 COVID and Polysubstance Overdose Spike
- ▶ **Statewide Opioid Conference aligned and focused response efforts across the state.**
- ▶ **AB474 developed by Sandoval Administration Prescribers and Health Care Providers to curb over/inappropriate prescribing**
- ▶ **Influx of federal funding supports systemic change in Nevada's treatment space**
  - CCBHC, IORTCs, SW Effort to expand Naloxone access (STR and NOOR)

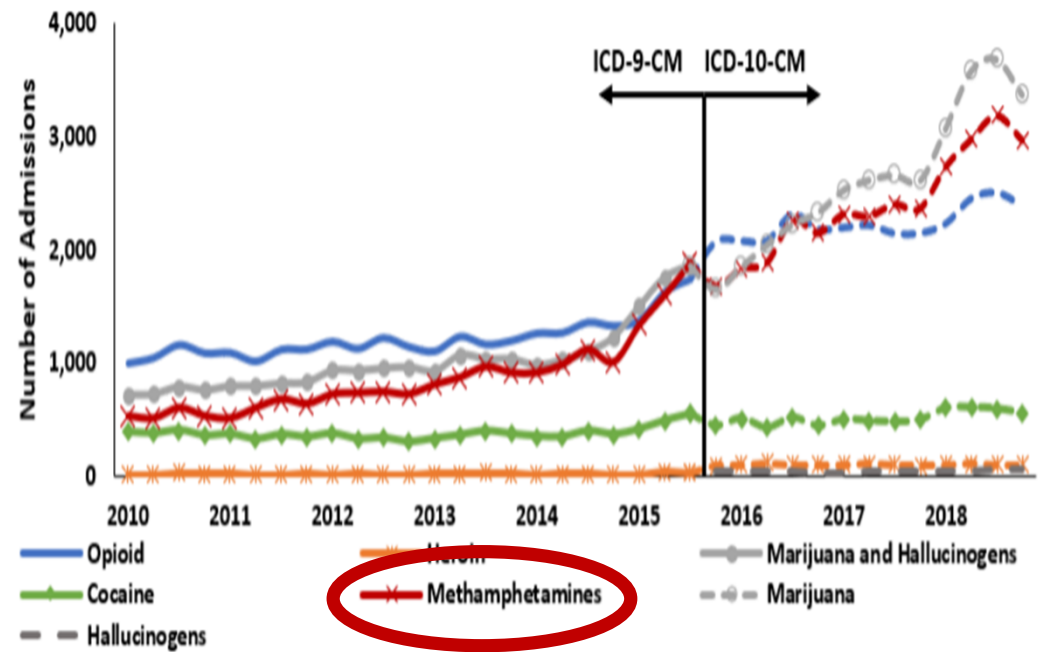


# Timeline of Significant Substance Abuse Events and Efforts In Nevada

- ▶ 2011 Overdoses fueled by overprescribing
- ▶ 2016 Major Pill Mill Break up in Washoe County

## METH

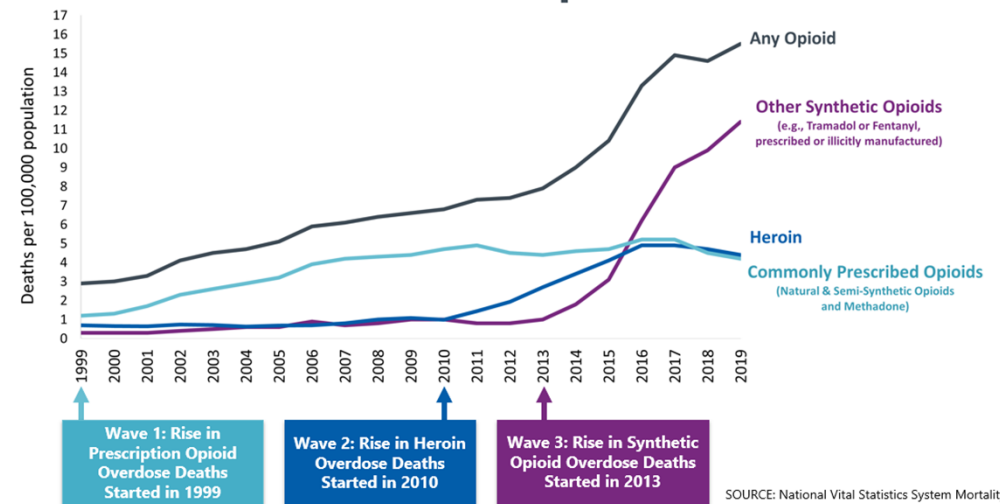
- ▶ 2018 Fentanyl on the rise nationally,
- ▶ 2019 Attorney General Ford Launches Opioid lawsuit efforts
- ▶ 2020 COVID and Polysubstance Overdose Spike



# Timeline of Significant Substance Abuse Events and Efforts In Nevada of Significant Opioid Events in Nevada

- ▶ 2011 Overdoses fueled by overprescribing
- ▶ 2016 Major Pill Mill Break up in Washoe County
- METH
- ▶ **2018 Fentanyl Rises, Nationally**
  - ▶ **3<sup>rd</sup> wave creeps into Nevada**
- ▶ 2019 Attorney General Ford Launches Opioid lawsuit efforts
- ▶ 2020 COVID and Polysubstance Overdose Spike

## Three Waves of the Rise in Opioid Overdose Deaths



# Timeline of Significant Substance Abuse Events and Efforts In Nevada

- ▶ 2011 Overdoses fueled by overprescribing
- ▶ 2016 Major Pill Mill Break up in Washoe County
- ▶ METH
- ▶ 2018 Fentanyl Rises, Nationally
- ▶ **2019 Attorney General Ford Launches Opioid Lawsuit efforts**
  - ▶ **Polysubstance (stimulant + opioid) overdose begins to climb**
- ▶ 2020 COVID and Polysubstance Overdose Spike



# Timeline of Significant Substance Abuse Events and Efforts In in Nevada

- ▶ 2011 Overdoses fueled by overprescribing
- ▶ 2016 Major Pill Mill Break up in Washoe County  
METH
- ▶ 2018 Fentanyl Rises, Nationally
- ▶ 2019 Attorney General Ford Launches Opioid lawsuit efforts

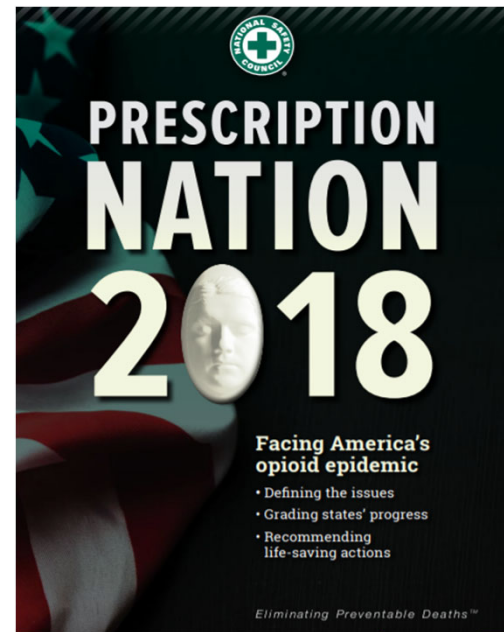
- ▶ **2020 COVID,**
  - ▶ **Polysubstance Overdose Spike**
  - ▶ **Increase in illicit pills**

# Following Best Practice

2014 National Safety Council  
“Lagging”

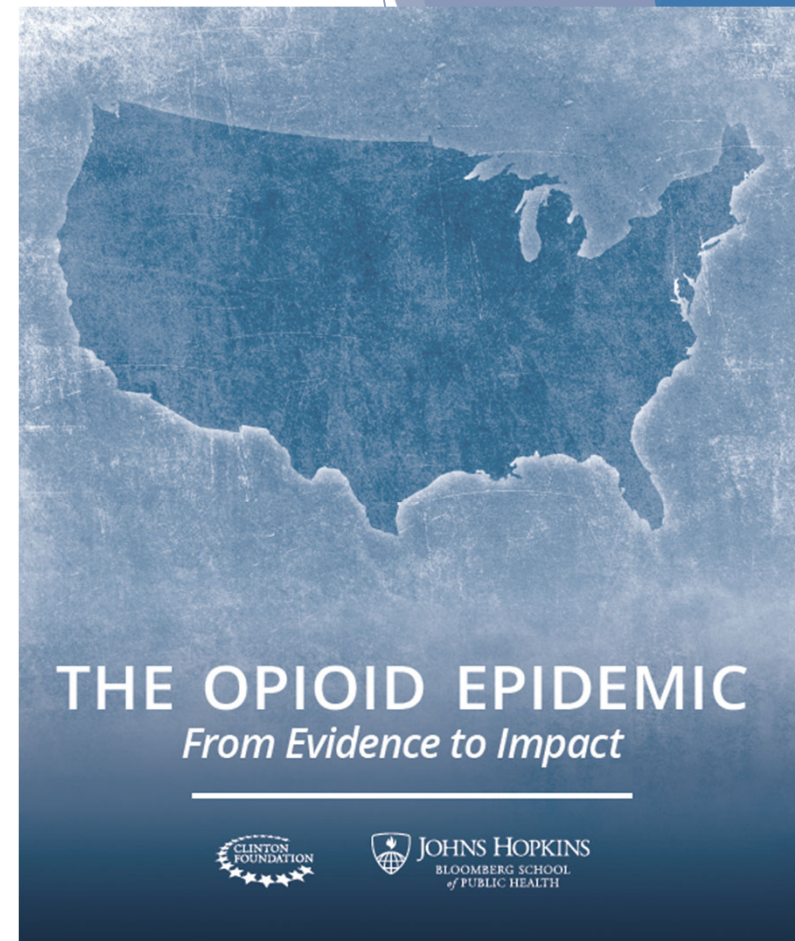


2018 National Safety Council  
“Improving”



# Following Best Practice

- 2017 John's Hopkins Bloomberg School of Public Health
- Recommendations and resources for Policy Makers in 10 Key areas
  - Optimizing the Prescription Drug Monitoring Program
  - Standardizing Clinical Guidelines
  - Engaging Pharmacy Benefit Managers and Pharmacies
  - Implementing Innovative Engineering Strategies
  - Engaging Patients and General Public
  - Improving Surveillance
  - Treating Opioid-Use Disorders
  - Improving Naloxone Access and use
  - Expanding Harm Reduction Strategies
  - Combating Stigma



# Nevada's Efforts

## SECTION 1: OPTIMIZING PRESCRIPTION DRUG MONITORING PROGRAMS

- 1.1 Mandate prescriber PDMP registration and use.
- 1.2 Proactively use PDMP data for education and enforcement.
- 1.3 Authorize third-party payers to access PDMP data with a plan for appropriate use and proper protections.
- 1.4 Empower law enforcement and licensing boards for health professions to investigate high-risk prescribers and dispensers.
- 1.5 Work with industry and state lawmakers to require improved integration of PDMPs into Electronic Health Records systems.
- 1.6 Engage state health leadership to establish or enhance PDMP access across state lines.

# Nevada's Efforts

## SECTION 2: STANDARDIZING CLINICAL GUIDELINES

- 2.1 Work with state medical boards and other stakeholders to enact policies reflecting the Centers for Disease Control and Prevention's (CDC's) Guideline for Prescribing Opioids for Chronic Pain.
- 2.2 Mandate electronic prescribing of opioids.
- 2.3 Standardize metrics for opioid prescriptions.
- 2.4 Improve formulary coverage and reimbursement for non-pharmacologic treatments as well as multidisciplinary and comprehensive pain management models.



# Nevada's Efforts

## SECTION 3: ENGAGING PHARMACY BENEFITS MANAGERS AND PHARMACIES

**3.1 Inform and support evaluation research of PBM and pharmacy interventions to address the opioid epidemic.**

**3.2 Continue the development and enhancement of evidence-based criteria to identify individuals at elevated risk for opioid-use disorders or overdose, and offer additional assistance and care to these patients.**

**3.3 Improve management and oversight of individuals who are prescribed opioids for chronic non-cancer pain.**

**3.4 Support restricted recipient (lock-in) programs among select high-risk patient populations.**

**3.5 Improve monitoring of pharmacies, prescribers, and beneficiaries.**

# Nevada's Efforts

## **SECTION 4: IMPLEMENTING INNOVATIVE ENGINEERING STRATEGIES -**

*These recommendations are for the Federal Drug Administration and the Pharmaceutical Industry.*

- 4.1 Continue to support stakeholder meetings to advance technological solutions.
- 4.2 Sponsor design competitions.
- 4.3 Secure funding for research to assess the effectiveness of innovative packaging and designs available and under development.
- 4.4 Use research to develop implementation strategies in advance of identification of effective products.
- 4.5 Work with industry and government agencies to identify opportunities for the development and rigorous evaluation of abuse-deterrent formulations of prescription opioids.

# Nevada's Efforts

## SECTION 5: ENGAGING PATIENTS AND THE GENERAL PUBLIC

5.1 Convene a stakeholder meeting with broad representation to create guidance that will help communities undertake comprehensive approaches that address the supply of, and demand for prescription opioids in their locales; implement and evaluate demonstration projects that model these approaches.

5.2 Convene an inter-agency task force to assure that current and future national public education campaigns about prescription opioids are informed by the available evidence, and that best practices are shared.

5.3 Provide clear and consistent guidance on safe storage of prescription opioids

5.4 Provide clear and consistent guidance on safe disposal of prescription opioids and expand take-back programs.

# Nevada's Efforts

## SECTION 6: IMPROVING SURVEILLANCE

6.1 Invest in surveillance of opioid misuse and use disorders, including information about supply sources.

6.2 Develop and invest in real-time surveillance of fatal and non-fatal opioid overdose events.

6.3 Use federal funding for interventions to address opioid-use disorders to incentivize inclusion of outcome data in those funded programs.

6.4 Support the linkage of public health, health care, and criminal justice data related to the opioid epidemic.

# Nevada's Efforts

## SECTION 7: TREATING OPIOID-USE DISORDERS

- 7.1 Provide a waiver from patient caps for buprenorphine treatment for clinics that implement evidence-based models of care.
- 7.2 Require all state-licensed addiction treatment programs that admit patients with opioid-use disorders to permit access to buprenorphine or methadone.
- 7.3 Require all Federally Qualified Health Centers to offer buprenorphine.
- 7.4 Allocate federal funding to build treatment capacity in communities with high rates of opioid addiction and limited access to treatment.
- 7.5 Develop and disseminate a public education campaign about the role of treatment in addressing opioid addiction.
- 7.6 Educate prescribers and pharmacists how to prevent, identify, and treat opioid addiction.
- 7.7 Establish access to opioid agonist treatment with buprenorphine and methadone maintenance in jails and prisons.
- 7.8 Incentivize initiation of buprenorphine in the emergency department and during hospital stays.

# Nevada's Efforts

## SECTION 8: IMPROVING NALOXONE ACCESS AND USE

8.1 Partner with product developers to design naloxone formulations that are easier to use by non-medical personnel and less costly to deliver.

8.2 Work with insurers and other third-party payers to ensure coverage of naloxone products.

8.3 Work with community-based overdose education and naloxone distribution programs to identify stable funding sources to ensure program sustainability.

8.4 Engage with the scientific community to assess the research needs related to naloxone distribution evaluations and identify high priority future directions for naloxone-related research.

8.5 Engage with the health care professional community to advance consensus guidelines on the co-prescription of naloxone.

8.6 Assess the effects of state laws expanding naloxone access to the general public.

# Nevada's Efforts

## SECTION 9: EXPANDING HARM REDUCTION STRATEGIES

- 9.1 Establish and evaluate supervised consumption spaces.
- 9.2 Work with state and local stakeholders to establish and support needle and syringe service programs.
- 9.3 Evaluate and disseminate the use of test kits for fentanyl-laced opioids.

# Nevada's Efforts

## SECTION 10: COMBATING STIGMA

10.1 Update employer human resources and benefits language to avoid stigmatizing language and include evidence about the effectiveness of treatment for opioid-use disorders.

10.2 Avoid stigmatizing language and include information about the effectiveness of treatment and the structural barriers that exist to treatment when communicating with the public about opioid-use disorders.

10.3 Educate health care providers about the benefits associated with destigmatizing language.





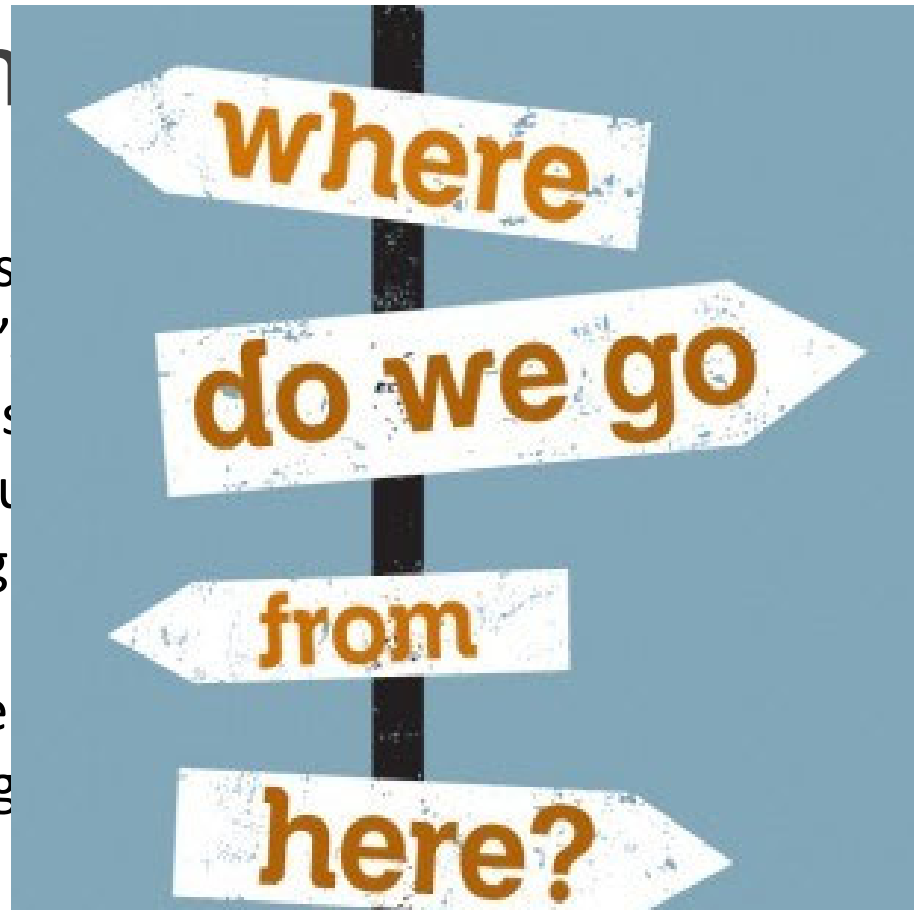
# What is on the Horizon for Nevada's Overdose Landscape?

# Same Problem, New Issues

- Overdoses are no longer fueled by overprescribing
- Nevada's "Meth Problem" never stopped
- Polysubstance exposure is a deadly risk- Naloxone is no longer just for people using opioids.
- Funding is still coming, and likely even to increase
- Renewed executive level leadership through AB345 Working Group

Sam

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Issues

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AB345

# Stakeholder Priorities

Zoom polling



# Stakeholder Polling Questions

- ▶ Which Behavioral Health Region are you in?
- ▶ Which Category would you place yourself?
- ▶ What is your number one priority when looking at the sections in the John's Hopkins Bloomberg School's Report, The Opioid Epidemic, From Evidence to Impact?
- ▶ What is your number two priority when looking at the section in the John's Hopkins Bloomberg School's Report, The Opioid Epidemic, From Evidence to Impact?
- ▶ What is your number one priority out of the following strategy areas?
- ▶ What is your number two priority out of the following strategy areas?
- ▶ What is your perception of the current capacity to respond to the current opioid crisis in Nevada?
- ▶ What is your perception of the current culturally competency to support the communities impacted by the current opioid substance abuse crisis?

## Next Steps

- ▶ Continue this conversation on July 21st
- ▶ Post Meeting Survey.
- ▶ Sign up to receive Monthly OD2A overdose surveillance reports by clicking the link that we have placed in the chat.