



# **Preliminary Findings: Overdoses in Clark County, NV (Epi Aid)**

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Southern Nevada District Board of Health

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Public Health Evaluator

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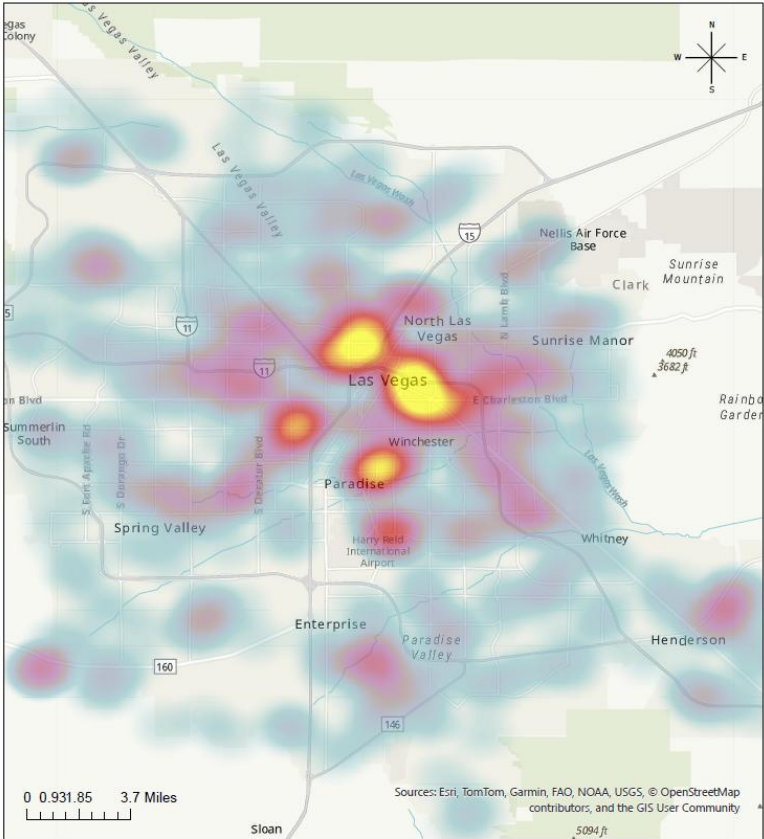
# Epi Aid Project Overview (5/18-29/2026)

- **Overdose deaths** have been **declining nationally**
- **Nevada overdose deaths are not declining at the same rate** as the rest of the US (2.2% in Nevada vs. 15.9% reduction nationally)
- Findings from this project will inform prevention and response activities to best suit Clark County

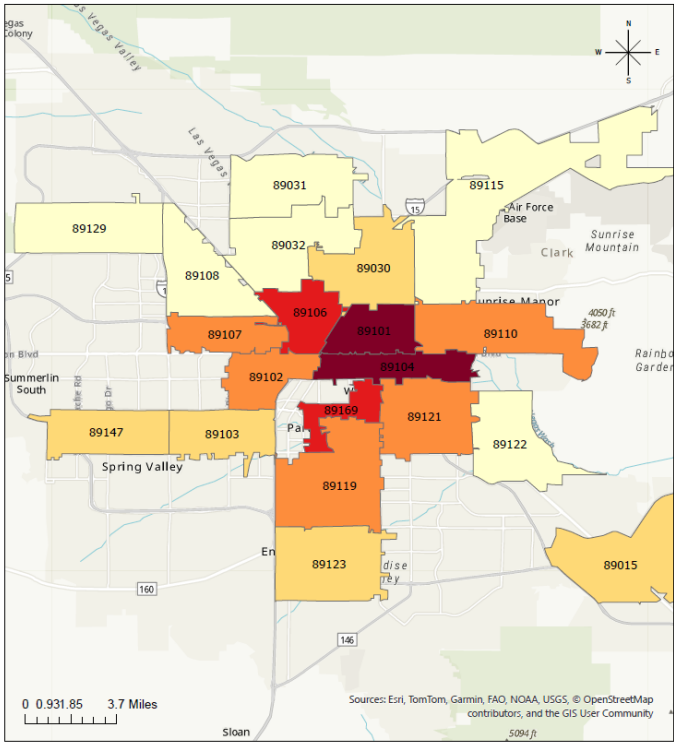


# Resident Overdose Deaths by ZIP Code, 2025

Resident Overdose Death Heat Map, 2025



All ZIP Code Death Rates With Numerator >=12



Resident ZIP Death Rate selection

rate_current
22.269511 - 28.715004
28.715005 - 38.623460
38.623461 - 60.199864
60.199865 - 86.124402
86.124403 - 115.047780

# Study Objectives and Methods

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## Primary Objectives

1. **Develop novel interventions** for people at risk of overdose
2. **Characterize** fatal and nonfatal overdose trends in Clark County, NV
3. **Evaluate** knowledge, beliefs, and behaviors among those at risk of overdose
4. **Identify** barriers and facilitators among those who provide services to people at risk of overdose

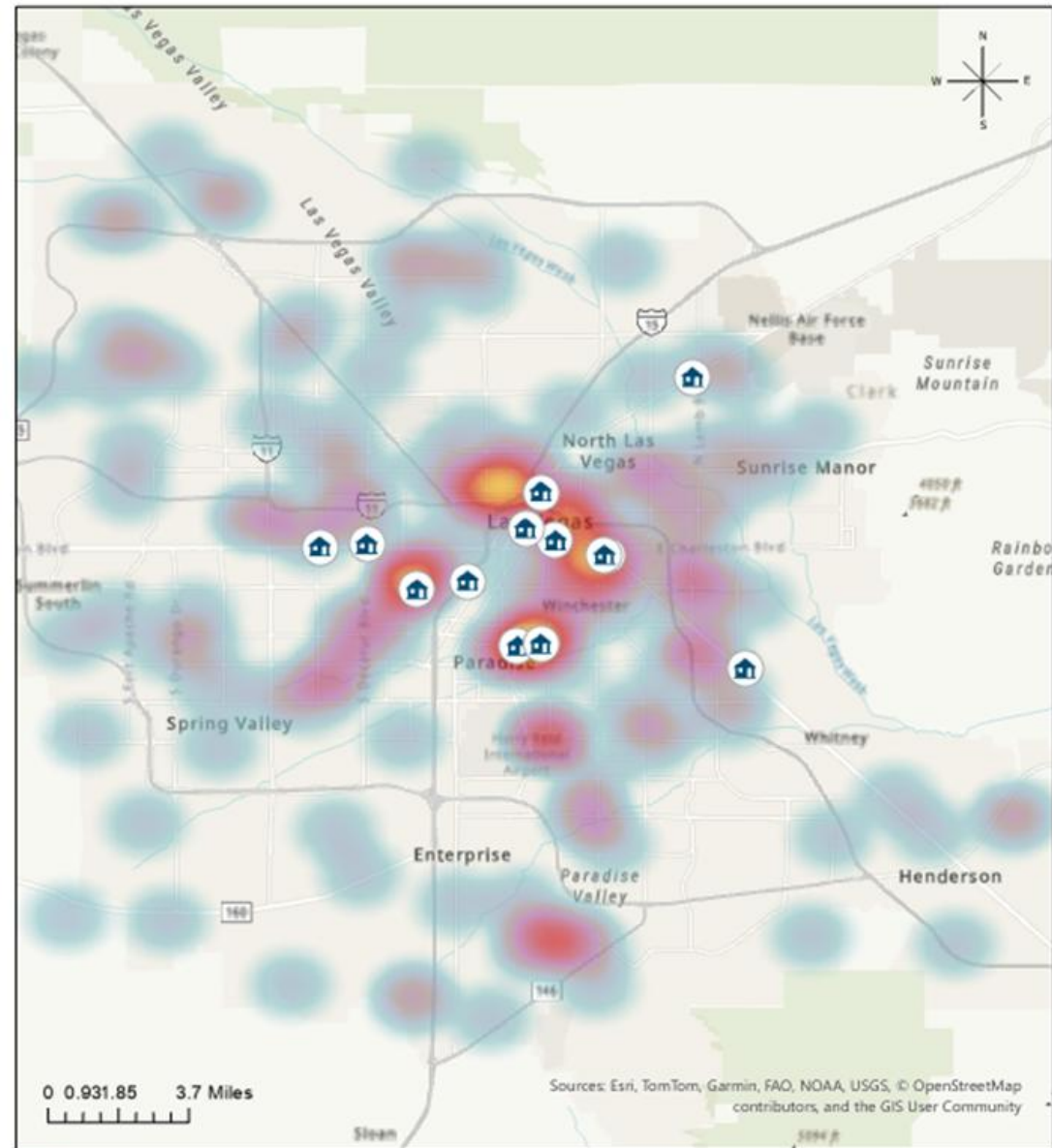
## Investigation Methodology

- Respondents had to **have used a substance other than alcohol or marijuana in the past 6 months**
- **Semi-structured interviews** with people at risk of overdose and service providers
  - Interviews lasted 30-60 minutes per session
  - **Quantitative and qualitative data** collected via survey instrument and transcribed voice recordings
  - Data collected via REDCap

# Investigation Methodology (continued)

- **Sampling based on housing status** of community member respondents (housed vs. unhoused)
  - Unhoused = lived for any amount of time in the past month:
    - With multiple friends or family for short periods (“couch surfing”)
    - In a vehicle
    - On a street, park, alley, or tunnel
    - In a shelter
    - In any other location not suitable for human habitation
- Community member respondents **recruited from local fatal overdose hotspots** and by community partner organizations
- **Goal of at least 60 interviews → 69 interviews completed** as of 5/28/2026

# Spatial Overlay of Participant Recruitment Zones and Resident Overdose Fatalities, Winter 2025



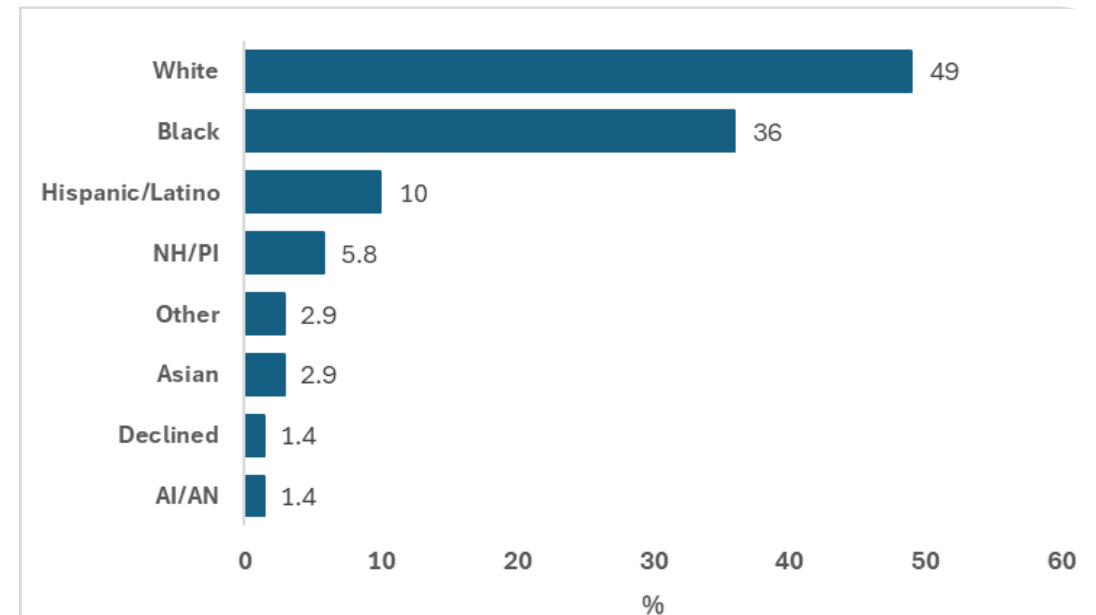
# Respondent Demographics (n = 69)

## Assorted Demographics

- 55% male / 45% female
- Median age: 42 years
  - IQR 31-51 years
- 46% unhoused / 52% housed\*
  - **85% indicated not having a regular place to stay in the past year**

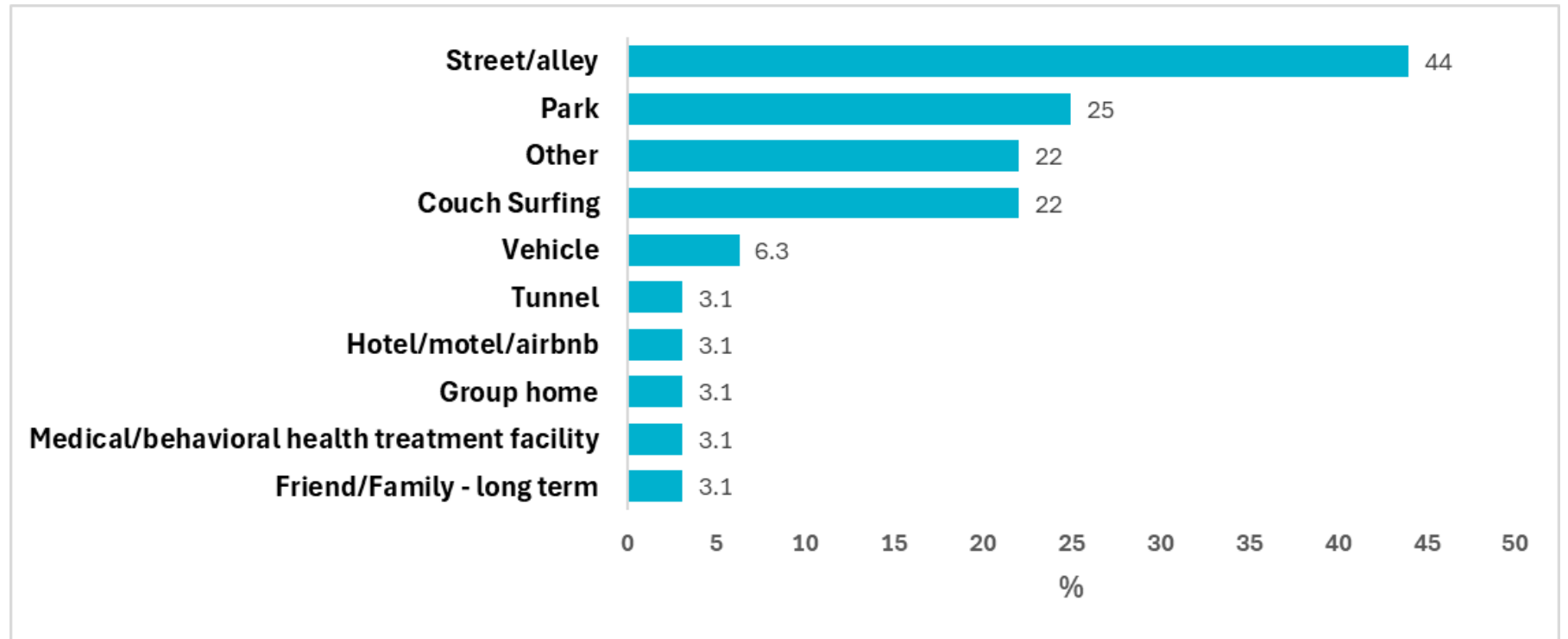
\*Housing status not determined for 1 respondent

## Respondent Race/Ethnicity\*



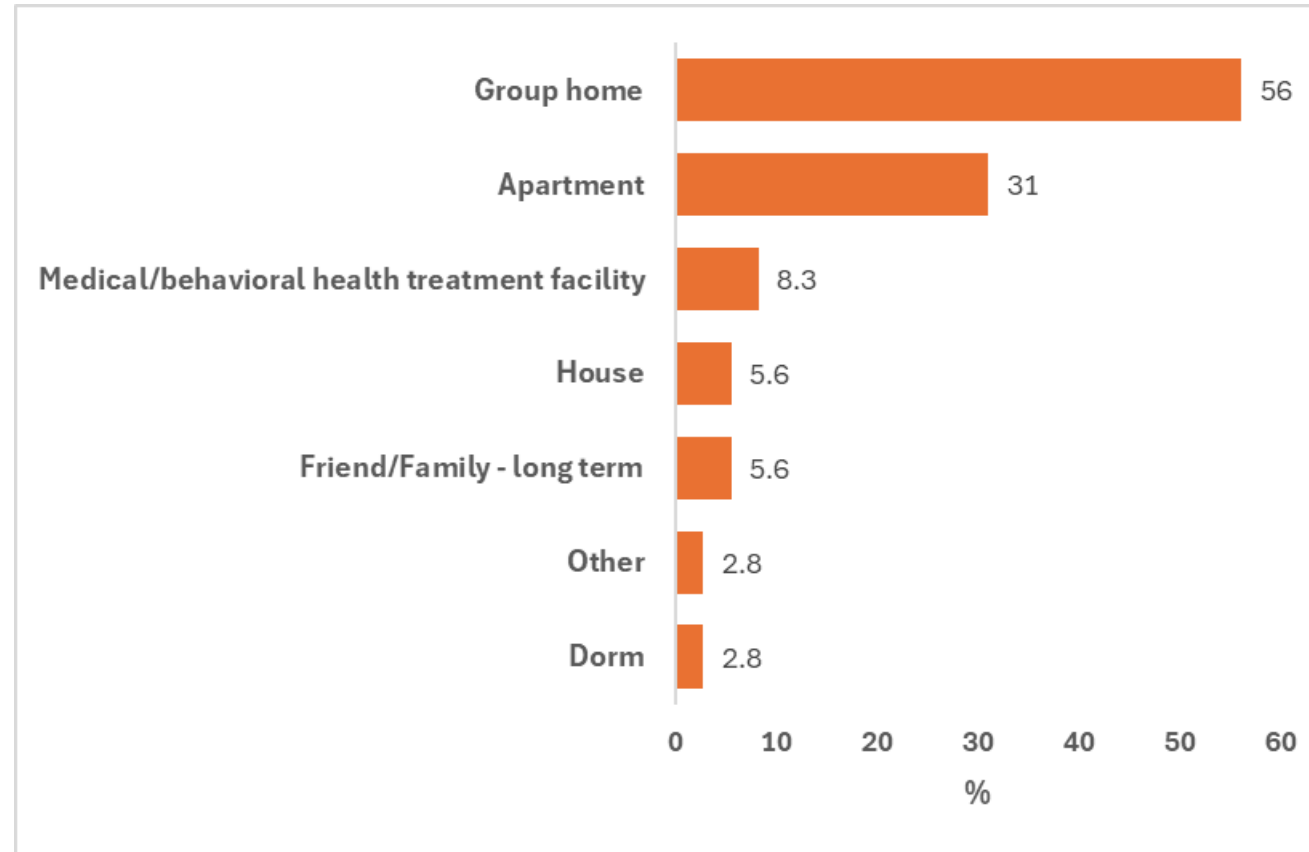
\*Categories are not mutually exclusive

# Unhoused Respondent Living Situations\* (n = 32)



\*Categories are not mutually exclusive

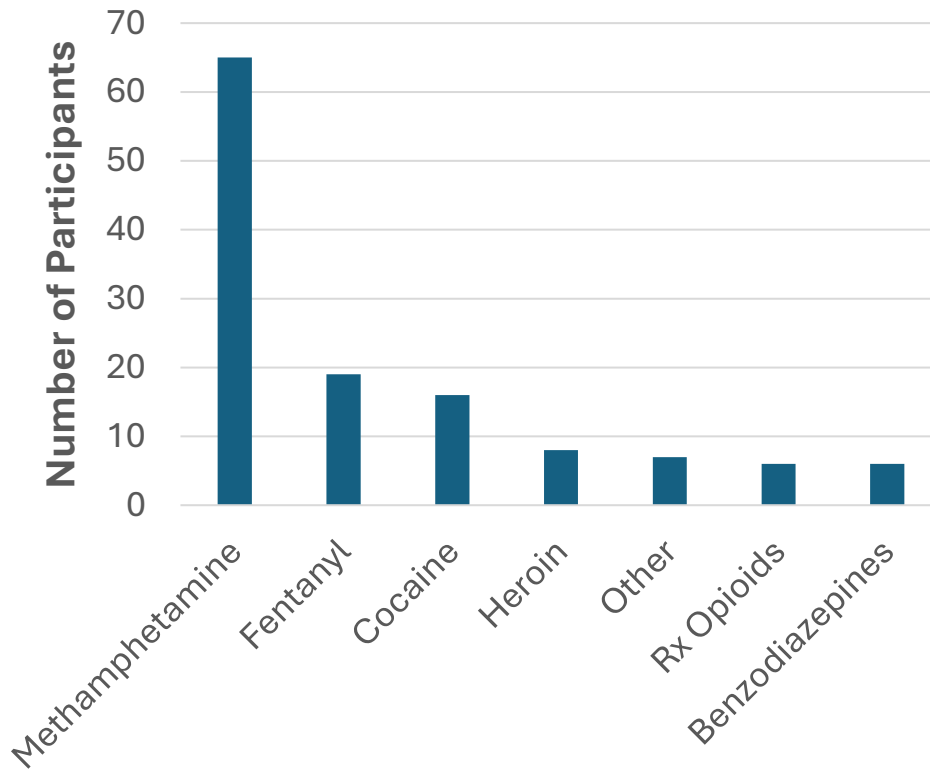
# Housed Respondent Living Situations\* (n = 36)



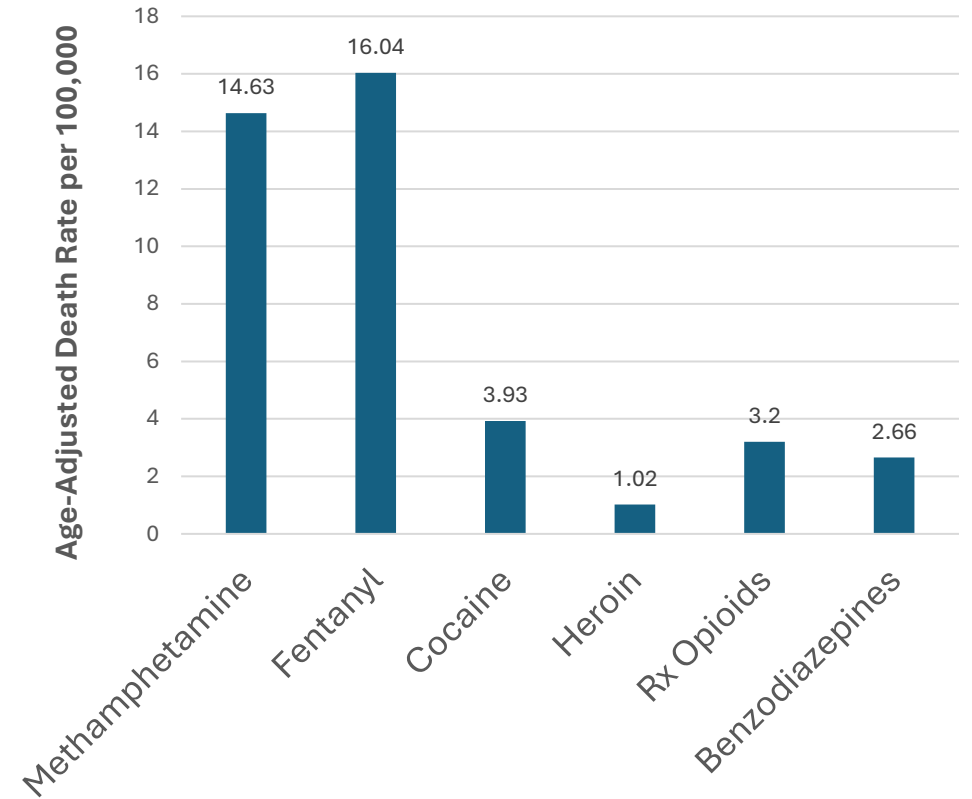
\*Categories are not mutually exclusive

# Substances of Choice

Substances of Choice Among Respondents  
(May 18-29, 2026)



Age-Adjusted Overdose Death Rates per 100,000  
by Substance  
(January 2023-May 2026)



# Reported Polysubstance Use

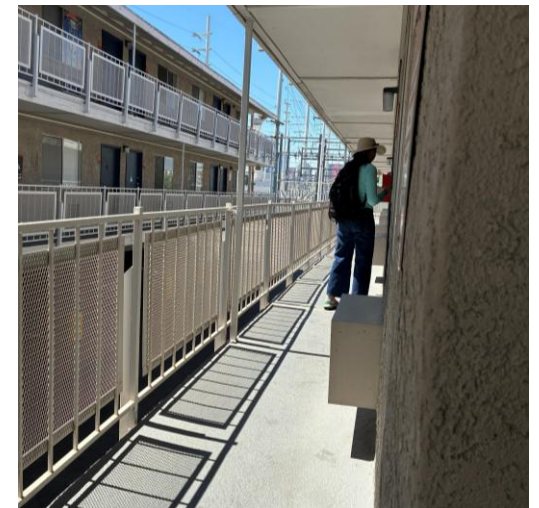
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- 95% of respondents **who use fentanyl also reported using methamphetamine (n = 19)**
- About 67% of respondents believed that **drugs are being cut with fentanyl more often**
- About 50% of respondents reported **using more than one substance** and reported a **preference to use alone**



# Overdose Awareness and Response

- About **70% of respondents reported witnessing an overdose** in the past year
  - **85% reported that naloxone was administered**
  - **73% reported that 911 was called to respond**
- **60% of respondents reported awareness of Nevada's Good Samaritan Law (NRS 453C.150)**
  - **52% of respondents indicated trust in this law**



# Perceptions of Risk (Qualitative Findings)

- Respondents who use methamphetamine **perceived a lower overdose risk** compared to those who use fentanyl
- Internal tension between **knowing that drugs are cut with fentanyl** vs. assumption of personal risk
- **Methamphetamine is widely available but considered cheap and weak**
- **Drug supply is cyclical** (e.g., strength/potency)
- Respondents are aware of overdose risk and are **prepared to help other community members**
  - **Aware that naloxone is widely available** and administration is generally understood

# Barriers and Facilitators to Service Provision (Qualitative Findings)

- Respondents indicated a **need for wraparound services**
  - Service providers are navigating and using available resources to help clients as best they can
  - **Housing resources for clients should be prioritized**
- Federal and state **policies create barriers** to service provision (i.e., Medicaid, SNAP)
- **Perception that overdose prevention funding is “drying up”**
- Many respondents were **people with lived experience**
  - **Impact of peer support services**

# Next Steps

- Quantitative and qualitative **analyses are underway**
- **Full report** with quantitative findings and salient themes **expected in 4-6 months**
- Finalized data will be presented to the Board once available
- **Detailed findings will guide further SNHD interventions**
  - Develop novel interventions and refine existing interventions

# *Thank you to our community partners and CDC colleagues!*

- Foundation for Recovery
  - Sean O'Donnell
  - Sherra McGowan
- There Is No Hero In Heroin (TINHIIH)
  - Rhonda Fairchild
- Trac B Exchange
  - Kat Reich
  - Lacey Kennedy
  - Rick Reich
- The Center
  - Ron Schnese
- Clean the World
  - Will Allphin
- Vegas Stronger
  - Nathalie Barki Delice
  - Brandon Lite
- PACT Coalition
  - Jamie Ross
- Shine-A-Light
  - Brent Nowak
  - Rob Banghart
- LVMPD LIMA Program
  - Angel Lash
  - Joseph Enez
- Everybody Is Somebody
  - Ashely Carr
- Partida Corona Medical Clinic
  - Dr. Jose Partida Corona
- HELP of Southern Nevada
  - Jaqualyne Peeples



## Centers for Disease Control and Prevention EIS Officers:

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