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

Public Health Advisory Board

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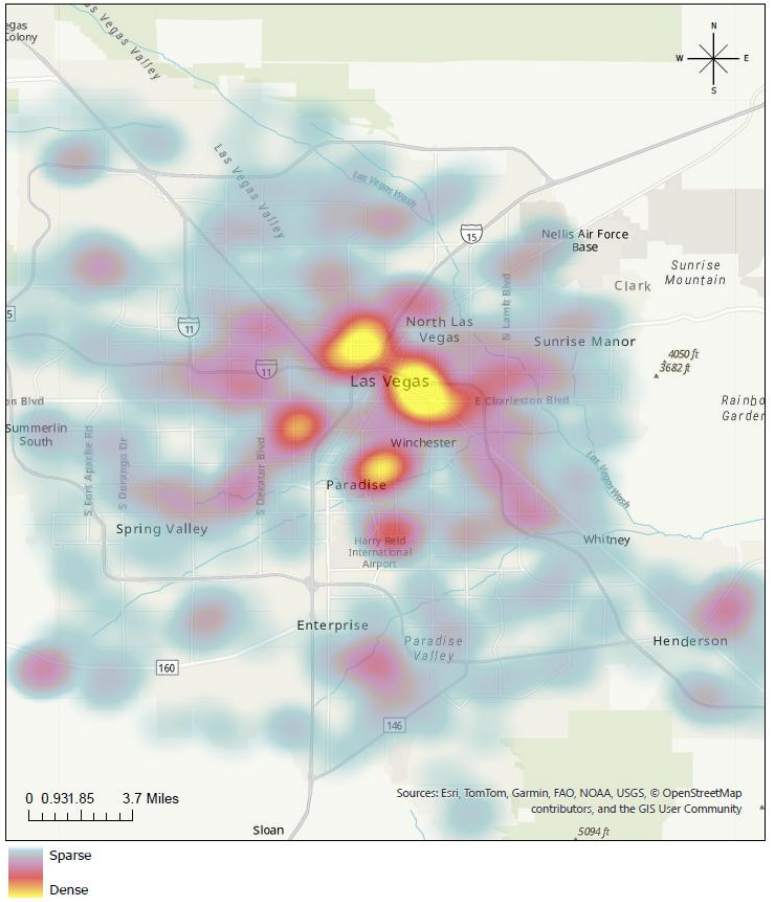
Epi Aid Project Overview (5/18-29/2026)

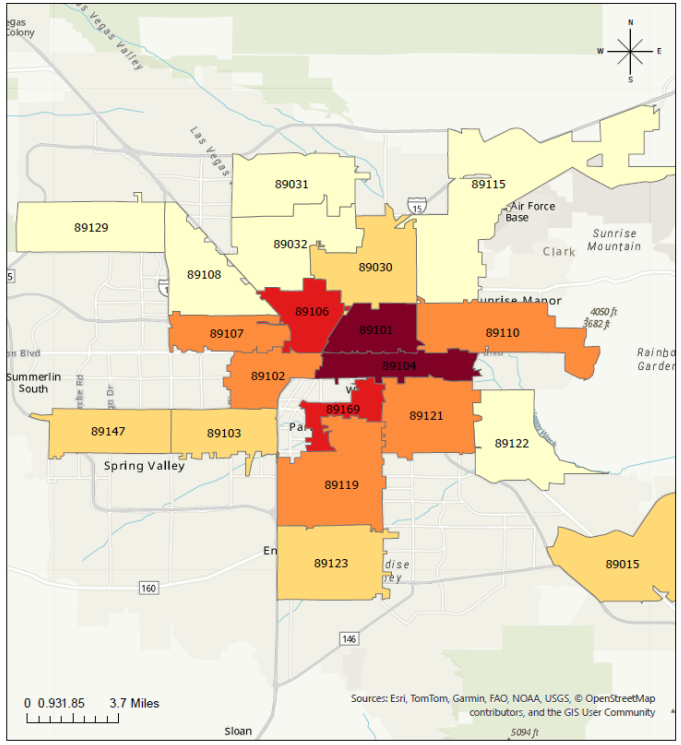
- **Overdose deaths** have been **declining nationally**
- **Nevada overdose deaths are not declining at the same rate** as the rest of the US (2.2% in Nevada vs. 15.9% reduction nationally)
- Findings from this project will inform prevention and response activities to best suit Clark County

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

Data Source: SNHD EDRS

Study Objectives and Methods

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

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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

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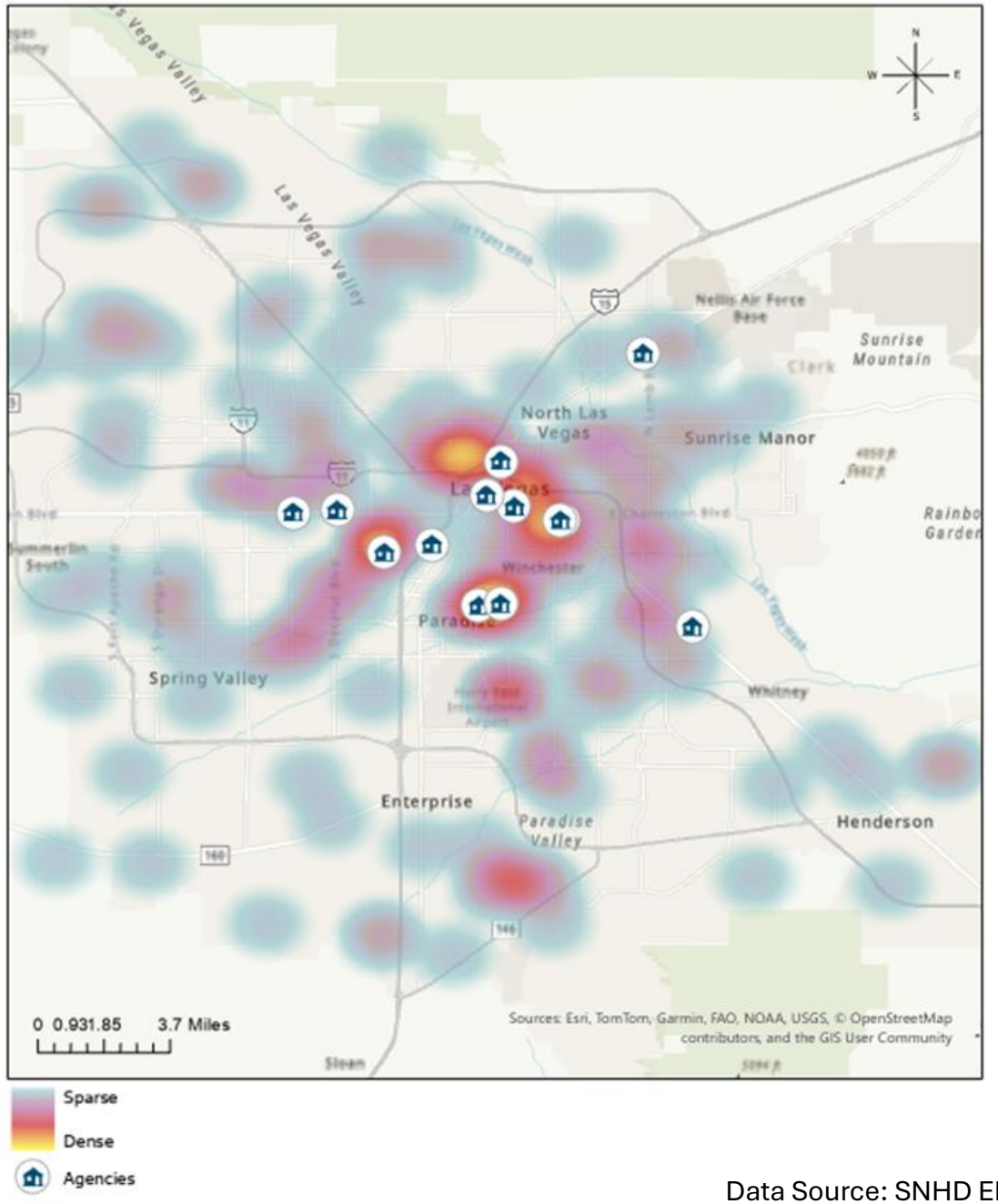
Spatial Overlay of Participant Recruitment Zones and Resident Overdose Fatalities, Winter 2025



Data Source: SNHD EDRS

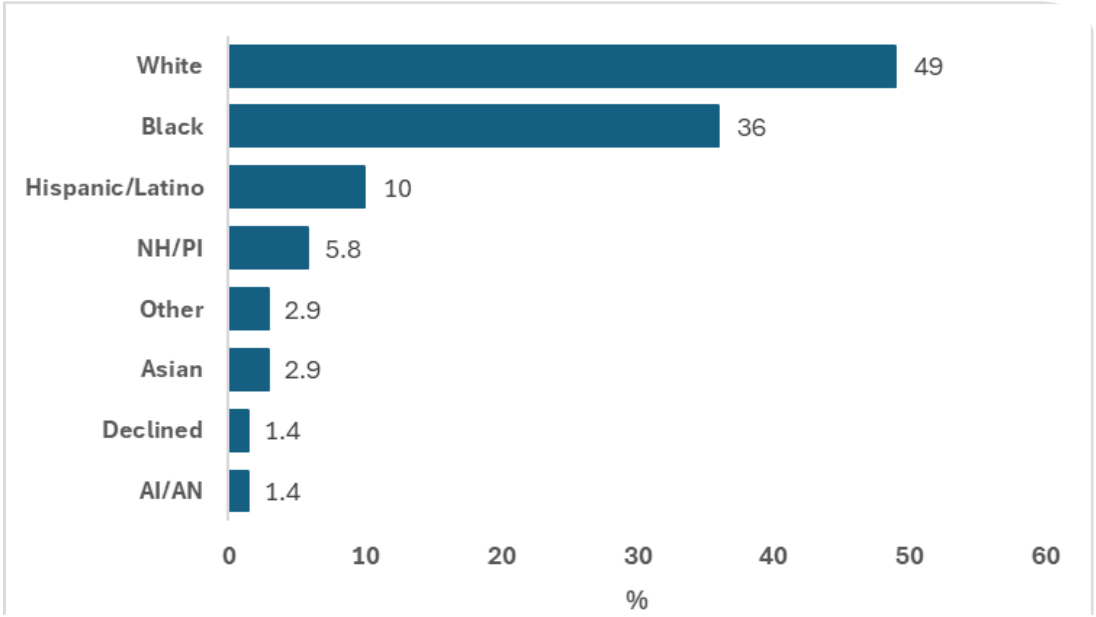
Respondent Demographics (n = 69)

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

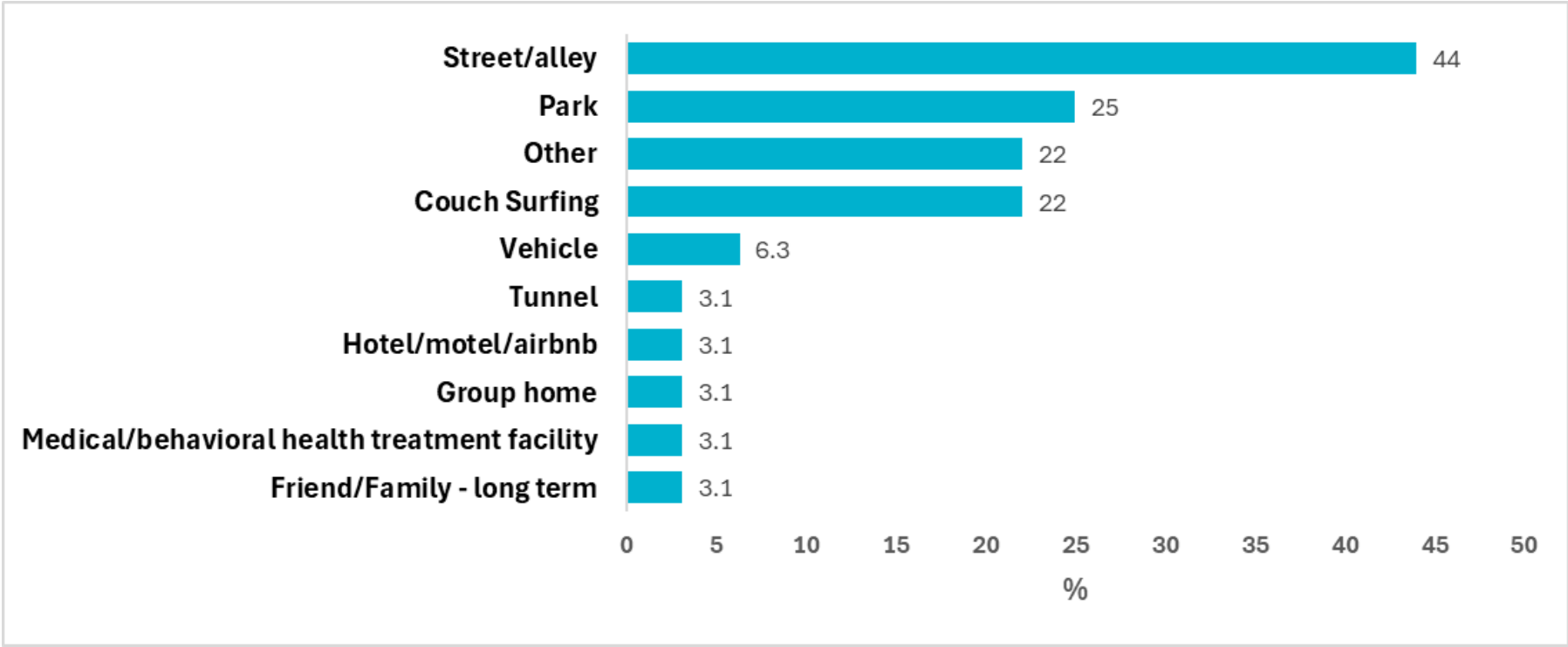
*Housing status not determined for 1 respondent

Respondent Race/Ethnicity*



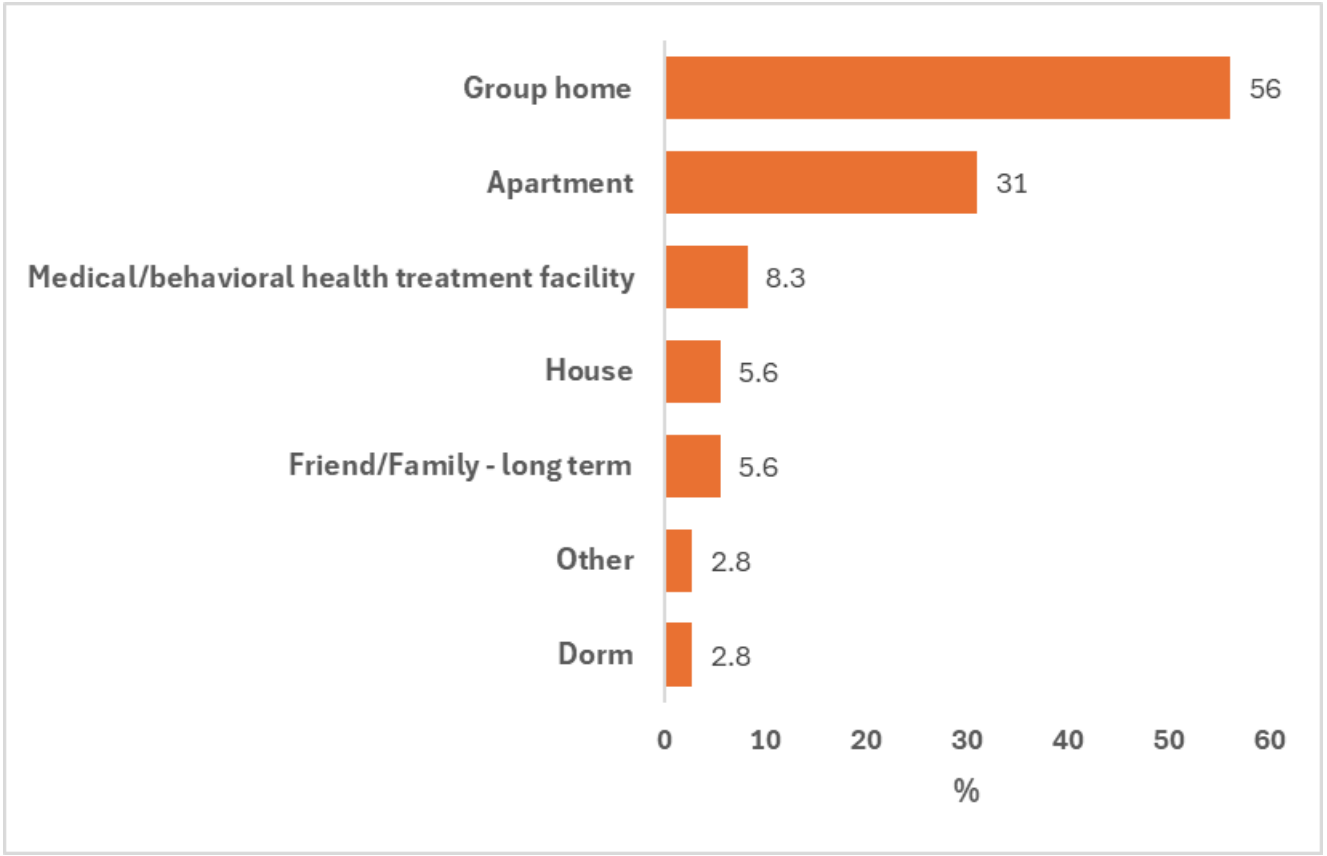
*Categories are not mutually exclusive

Unhoused Respondent Living Situations* (n = 32)



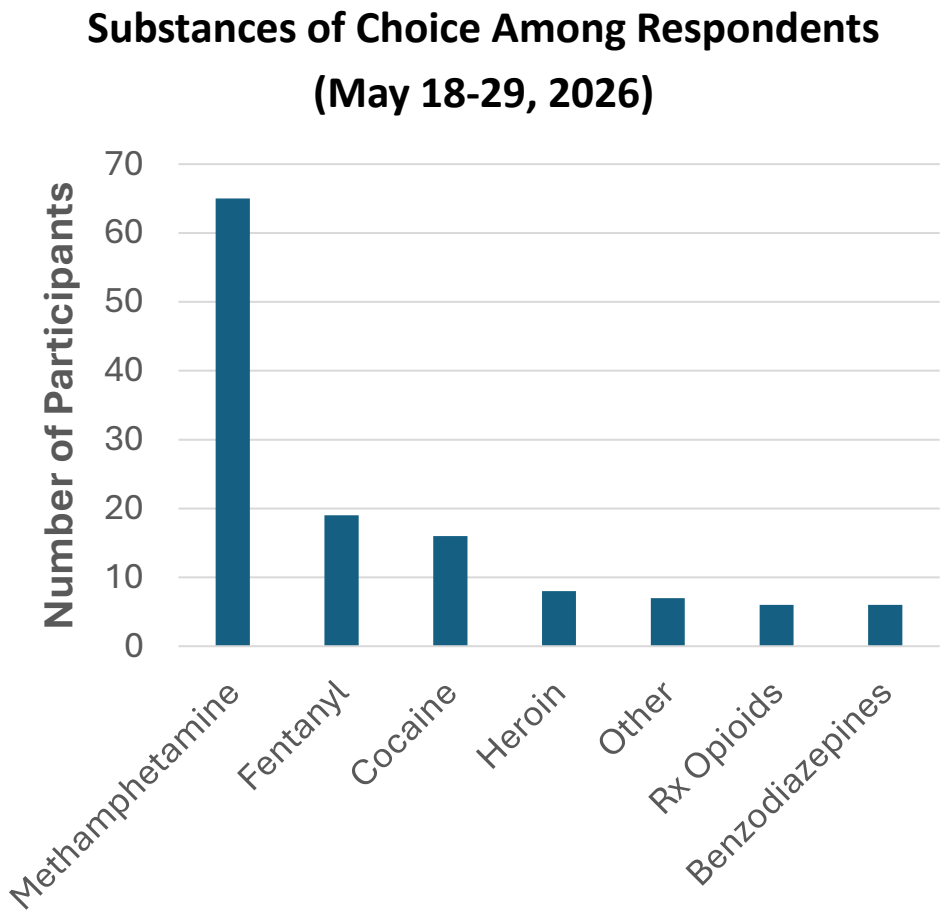
*Categories are not mutually exclusive

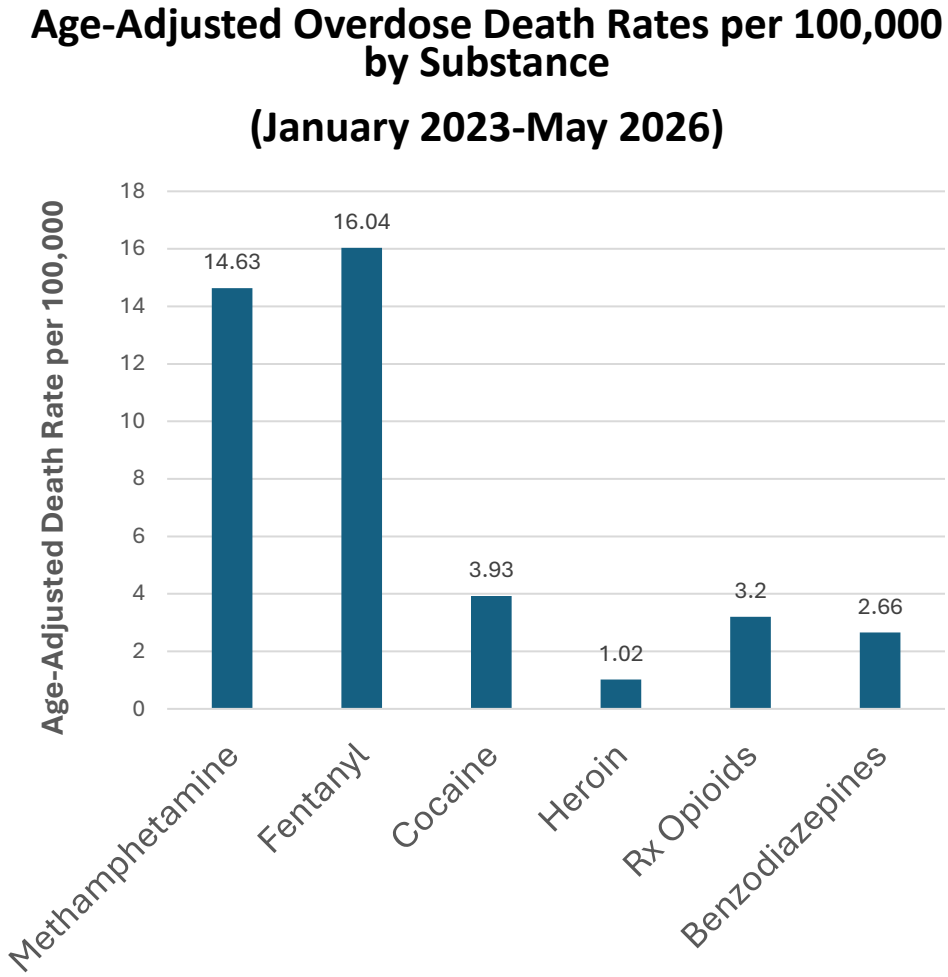
Housed Respondent Living Situations* (n = 36)



*Categories are not mutually exclusive

Substances of Choice





Reported Polysubstance Use

- 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**

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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

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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**

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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

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Thank you to our community partners and CDC colleagues!

- Foundation for Recovery
  - Sean O'Donnell
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  - 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
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  - Brent Nowak
  - Rob Banghart
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  - Angel Lash
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