

# *Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Clark County, Nevada*

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*April 2023*



*Department of Health and Human Services  
Office of Analytics*

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# Acknowledgements

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Office of Analytics  
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**Recommended Citation**

Office of Analytics. Department of Health and Human Services. 2022 Clark County, Nevada Behavioral Health Profile. Carson City, Nevada. April 2023.

[For more information on this report, please contact data@dhhs.nv.gov](mailto:data@dhhs.nv.gov)

# Executive Summary

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## Purpose

This report is intended to provide an overview of behavioral health in Clark County, Nevada for prevention coalitions, public health authorities, Nevada legislators, behavioral health boards and the public. The analysis can be used to identify issues of concern and areas that may need to be addressed.

## Data Sources

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### **Behavioral Risk Factor Surveillance System (BRFSS)**

BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, chronic health conditions, and use of preventive services. More than 400,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely and accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and states may include and pay for their own questions in the survey. While the survey's focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. Since state-added questions are not asked nationwide, these questions are not comparable.

### **Hospital Emergency Department Billing (HEDB)**

The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report all patients discharged in a form prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data in this report are for patients who used emergency room and inpatient services. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses (up to 33 diagnoses respectively). ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter in 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, length of hospital stay, discharge status, and external cause of injury codes. The billing data information is for billed charges and not the actual payment received by the hospital.

### **Hospital Inpatient Billing (HIB)**

The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data is for patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification

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(ICD-10-CM) diagnoses (up to 33 diagnoses respectively). ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter of 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, length of hospital stay, discharge status, and external cause of injury codes. The billing data information is for billed charges and not the actual payment received by the hospital.

### **Monitoring the Future Survey**

Since 1975 Monitoring the Future Survey has measured alcohol and drug use and related attitudes among adolescent students nationwide. Survey participants report their drug use behaviors across three-time periods: lifetime, past year, and past month. Students from both public and private schools participate in the survey. The survey is funded by the National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH) and conducted by the University of Michigan.

For more information: [Monitoring the Future](#)

### **Nevada Report Card**

The Nevada Report Card is the accountability reporting website of the Nevada Department of Education. In compliance with federal and state law, it assists community members (parents, educators, researchers, lawmakers, etc.) in locating a wealth of detailed information pertaining to K-12 public education in Nevada. The web site has three categories: “school and district information,” “assessment and accountability” and “fiscal and technology.” For more information: [Nevada Report Card](#)

### **Nevada State Demographer – Nevada Population Data**

The Nevada State Demographer’s office is funded by the Nevada Department of Taxation and is part of the Nevada Small Business Development Center. It is responsible for conducting annual population estimates for Nevada’s counties, cities, and towns.

### **State-Funded Mental Health Services (Avatar)**

Avatar is a database containing demographic, treatment, billing, and financial information for Nevada mental health facilities throughout the state. These data are representative of clients served at Nevada state-operated mental health facilities and are not generalizable to the rest of the population.

### **Substance Abuse and Mental Health Data**

The National Survey of Drug Use and Health (NSDUH) is a survey on the use of illicit drugs, alcohol, tobacco, and mental health issues in the United States. The study includes those who are 12 years of age or older at the time of the survey. It is conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the US Department of Health and Human Services that focuses on behavioral health. For more information on the survey: [SAMHSA NSDUH](#)

### **United States Census Bureau**

The United States Census Bureau is responsible for the United States Census, the official decennial (10-year period) count of people living in the United States of America. Collected data are disseminated through web browser-based tools like the American Community Survey, which provides quick facts on frequently requested data collected from population estimates, census counts, and surveys of population and housing for the nation, states, counties, and large cities. The Bureau also offers the American Fact Finder, which profiles the American population and economy every five years. For more information: [United States Census Bureau](#)

**Web-Enabled Vital Records Registry Systems (WEVRRS)**

Statewide births and deaths are collected by the Office of Vital Records, in the Division of Public and Behavioral Health. WEVRRS is a software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death-related information.

**Youth Risk Behavior Survey (YRBS)**

The Youth Risk Behavior Survey (YRBS) is a national surveillance system that was established by the Centers for Disease Control and Prevention (CDC) to monitor the prevalence of health risk behaviors among youth. Every two years, little over 30 high schools from Nevada were randomly chosen by the CDC to represent Nevada. However, to ensure greater representation from schools in all Nevada districts, the Nevada Division of Public and Behavioral Health contracted with the University of Nevada, Reno School of Public Health to conduct the YRBS in all high schools throughout the state. The Nevada High School YRBS is a biennial, anonymous, and voluntary survey of students in 9th through 12th grade in regular public, charter, and alternative schools. Students self-report their behaviors in six major areas of health that directly lead to morbidity and mortality; these include:

1. Behaviors that contribute to unintentional injuries and violence
2. Sexual behaviors that contribute to human immunodeficiency virus (HIV) infection, other sexually transmitted diseases, and unintended pregnancy
3. Tobacco use
4. Alcohol and other drug use
5. Unhealthy dietary behaviors
6. Physical inactivity

Nevada is among few states that collect data in middle schools. The Nevada Middle School YRBS is biennial, anonymous and voluntary survey of students in 6<sup>th</sup> through 8<sup>th</sup> grade in regular public, charter, and alternative schools. Students self-report their behaviors in five major areas of health that directly lead to morbidity and mortality, these include:

1. Behaviors that contribute to unintentional injuries and violence
2. Tobacco use
3. Alcohol and other drug use
4. Unhealthy dietary behaviors
5. Physical inactivity

For more information on CDC’s Youth Risk Behavior Surveillance System (YRBSS): [CDC YRBSS](#)

For more information on Nevada YRBS: [Nevada YRBS](#)

# Terminology

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## **Age-Adjusted Rate**

A rate is a measure of the frequency of a specific event over a given period, divided by the total number of people within the population over the same period of time. An age-adjusted rate is a rate that has been adjusted, or weighted, to the same age distribution as a “standard” population. Throughout this report, rates are adjusted to the 11 standard age groups of the U.S. population in the year 2000 (Census table P25-1130 [Population Projections and Standard Age Groups](#)). Rates are age-adjusted in order to eliminate any potential confounding effects, or biases, that may be a result of health factors that are associated with specific ages.

## **Crude Rate**

A rate is a measure of the frequency of a specific event over a given period, divided by the total number of people within the population over the same period of time. A crude rate is the frequency with which an event or circumstance occurs per unit of population.

# Data and Equity

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Demographic language may differ throughout this report depending on the sources from which data were retrieved. To report the data accurately, variables such as race, ethnicity, and sex are described in the data as they were in the source data. Every effort has been made to be inclusive and equitable across every demographic to provide a fair and accurate representation of the people of Nevada. We recognize the terms “female” and “woman” do not include all birthing people but used as descriptors presented in source data.



# Demographic Snapshot

Figure 1. Select Demographics for Clark County, 2021.

	Nevada
Population, Clark County, 2021 estimate*	2,378,903
Population, Clark County, 2012 estimate*	1,988,195
Population, Clark County, percent change*	19.7%
Male persons, Clark County, 2021 estimate*	1,187,256 (49.9%)
Female persons, Clark County, 2021 estimate*	1,191,647 (50.1%)
Median household income, Clark County (2017-2021)**	\$64,210
Per capita income in the past 12 months, Clark County (2017-2021)**	\$33,461
Persons in poverty, percent, Clark County (2021) **	15.1%
With a disability, under the age 65 years, percent, Clark County (2017-2021)**	8.3%
Land area in square miles, Clark County (2020)**	7,891.6 sq miles

Source: \*Nevada State Demographer, Vintage 2020 and \*\*U.S. Census Bureau.



In 2021, the estimated population for Clark County was 2,378,903, a 19.7% increase from the 2012 estimated population. The population is made up of approximately equal percent of females and males. The median household income is \$64,210. Clark County’s land area is approximately 7,892 square miles.

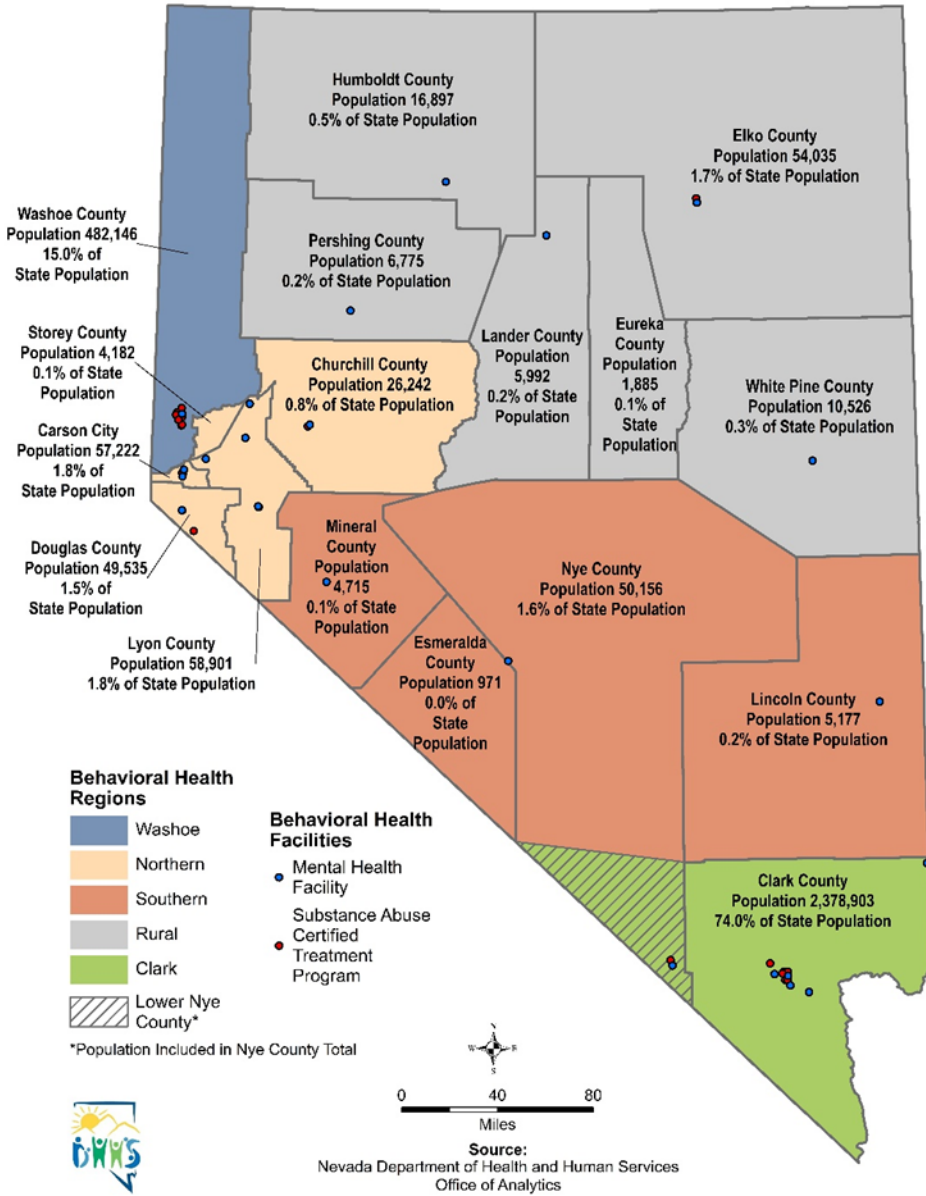
During the 2017 session, regional behavioral health boards were formed to address behavioral health in Nevada. The regions were redrawn during the 2019 session and Nye County was split into regions. The northern half of Nye County is part of the southern region, and the south half is part of the Clark County region. For data purposes, Nye County

data is included in the southern region.

With 74.1% of Nevada’s population living in Clark County, it is the most populous area in the state. Esmeralda County is the least populous county, with less than one percent of Nevada’s population, an estimated 971 persons.

Figure 2 below shows the population for each of Nevada’s 17 counties, the percent of Nevada population each county represents, the behavioral health regions, and the locations of mental health and substance abuse facilities.

Figure 2. Nevada Population Distribution by County, 2021.



Source: Nevada State Demographer, Vintage 2020.

**Clark Region:** Clark County and southern Nye County.

**Northern Nevada Region:** Carson City, Churchill, Douglas, Lyon, and Storey Counties.

**Rural Nevada Region:** Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties.

**Southern Nevada Region:** Esmeralda, Lincoln, Mineral, and northern Nye Counties.

**Washoe Region:** Washoe County.

\*Nye County: North Nye County is included in Southern Region and southern Nye County is in part of Clark County Region. For data purposes, Nye County data is included in Southern Nevada Region Report and not in the Clark County Region report.

## Clark County Behavioral Health Epidemiologic Profile

Legislation to allow licensed cannabis sales in Nevada was approved in 2013, the first medical cannabis dispensary opened in Nevada in 2017, and cannabis became legal for recreational use in Nevada on January 1, 2017. Figures 3a and 3b below display the locations of the State of Nevada licensed cannabis dispensaries. Licensing is done through the State of Nevada Cannabis Compliance Board (see [NV CCB](#) for more information). Note that there are tribal cannabis establishments in Nevada; these establishments are not licensed through the State of Nevada Cannabis Compliance Board and therefore are not shown on the maps.

While cannabis is legal in Nevada, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), its use can have negative and long-term effects on brain health, mental health, and infant and fetal health and development. For more information: [SAMHSA Marijuana](#)

**Figure 3a. SAPTA Prevention Coalitions and Marijuana Dispensary Locations.**

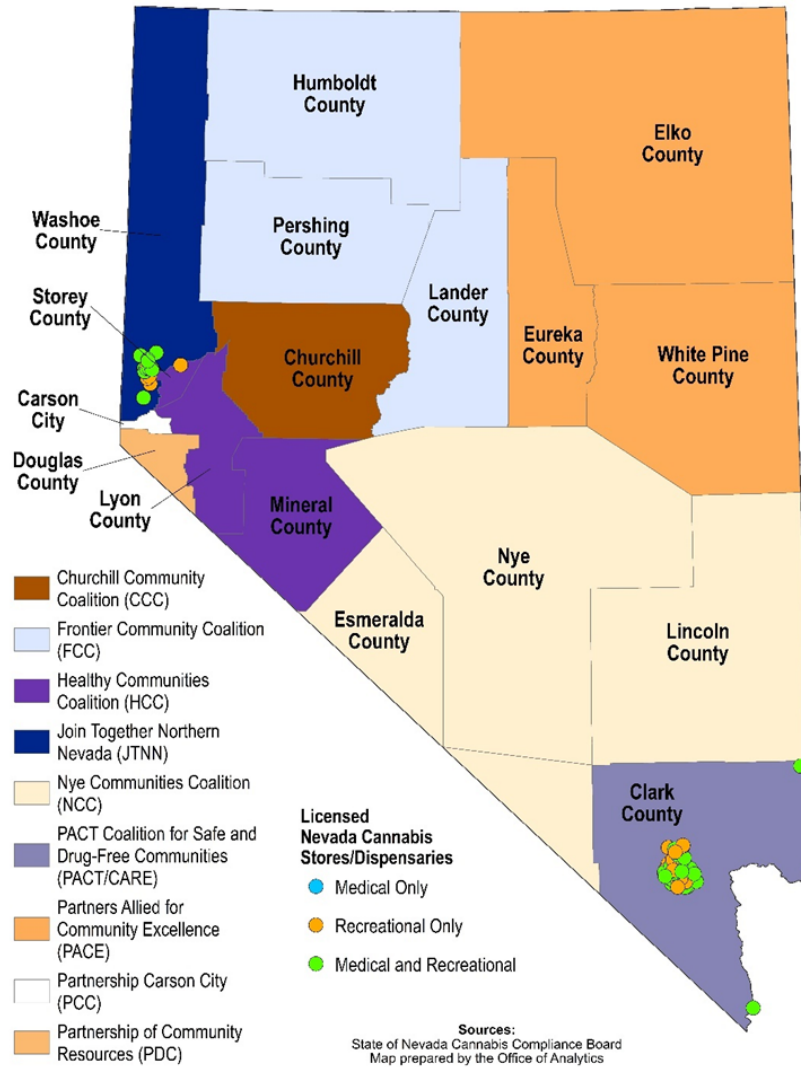
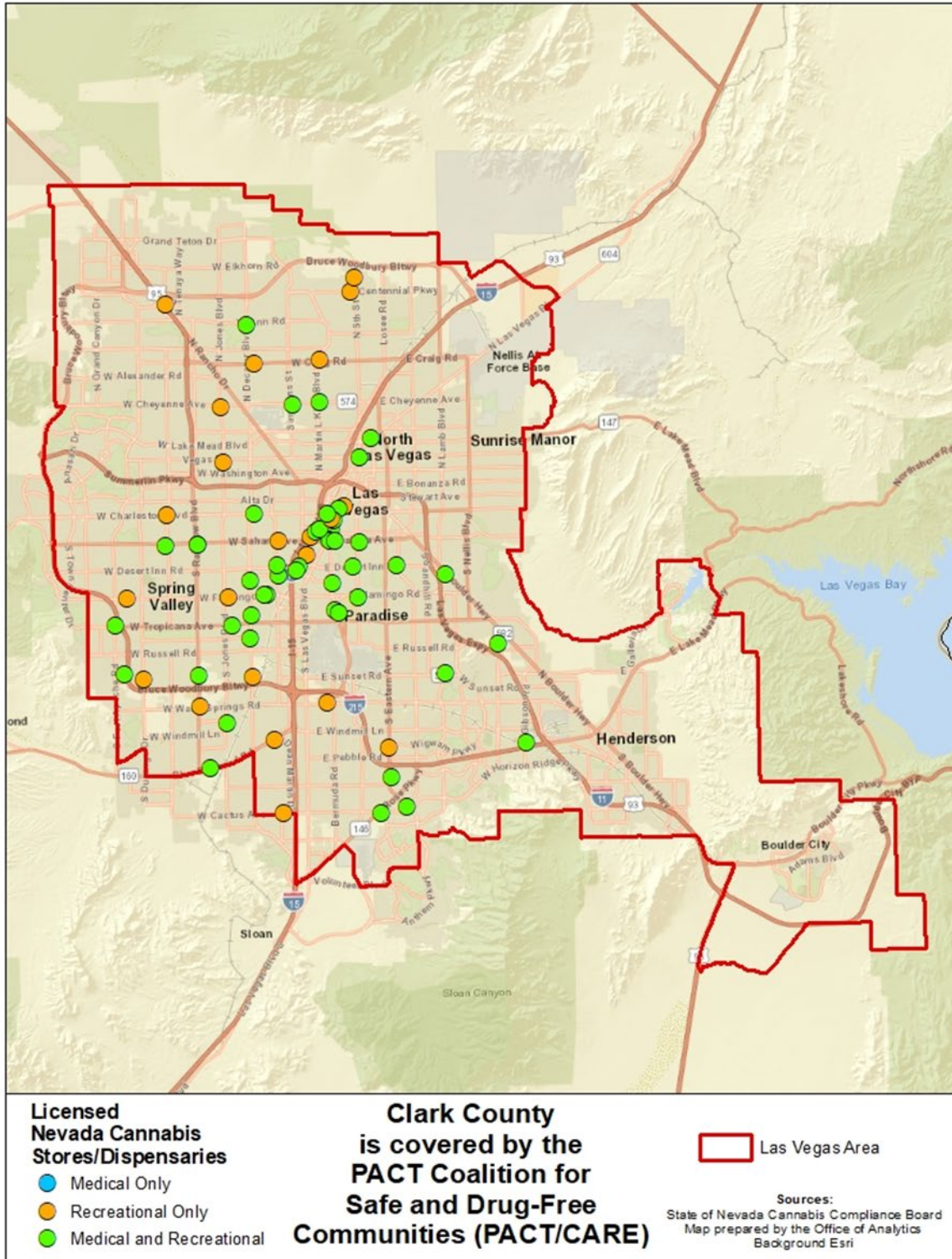
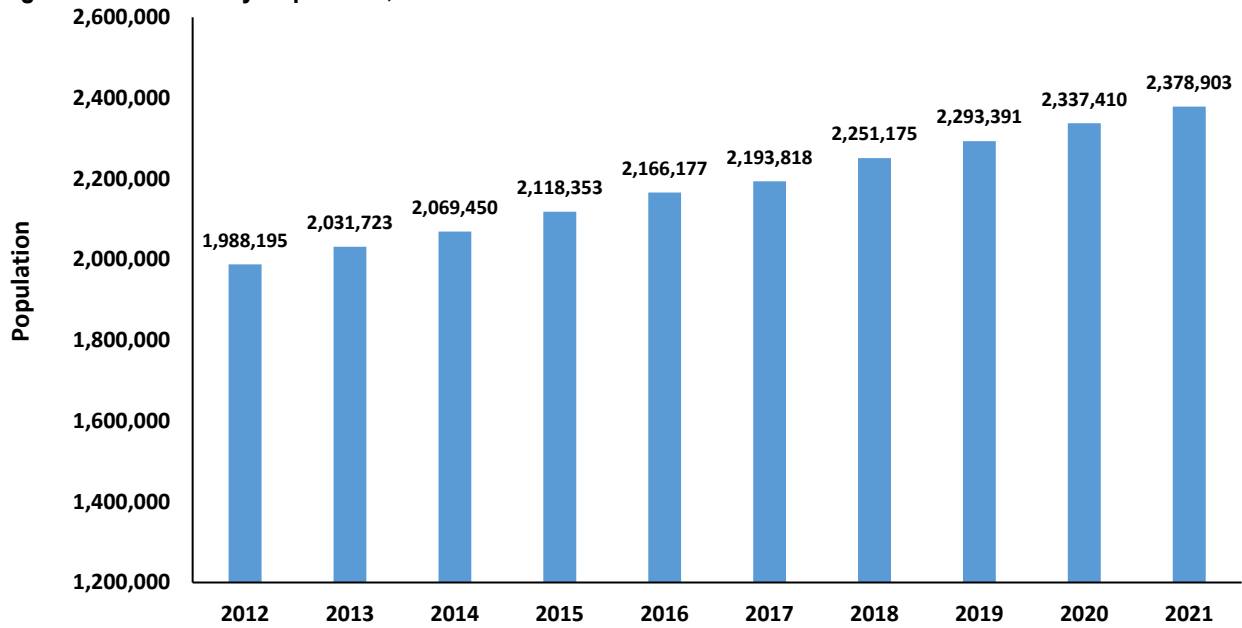


Figure 3b. Las Vegas Area, Nevada Marijuana Dispensary Locations.



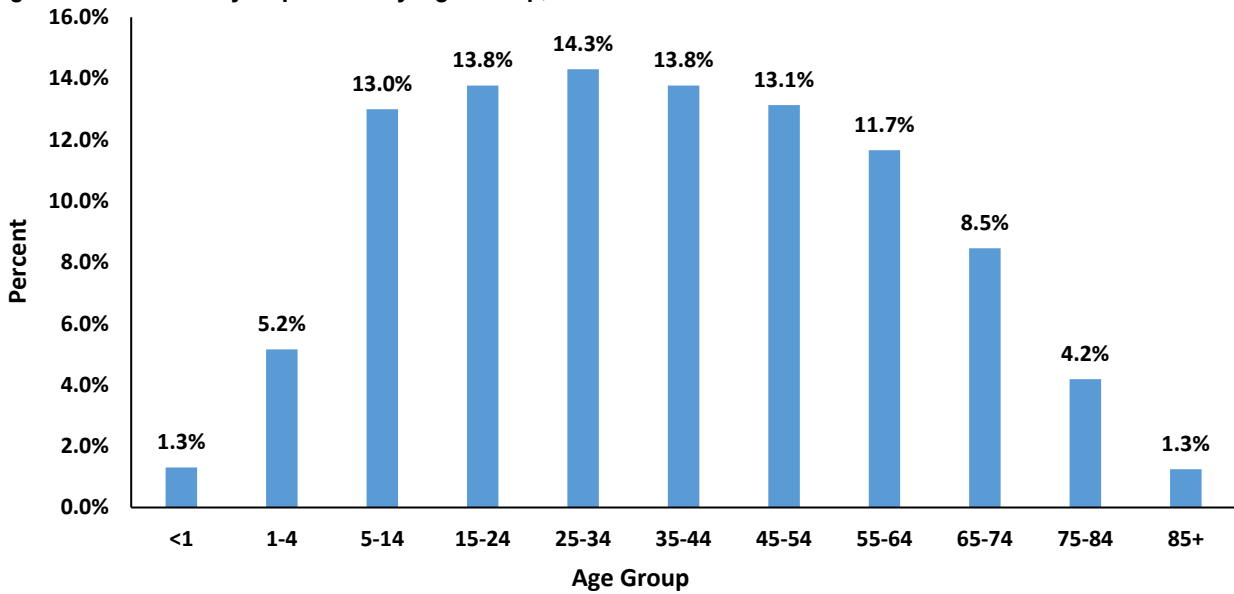
## Clark County Behavioral Health Epidemiologic Profile

**Figure 4. Clark County Population, 2012-2021.**



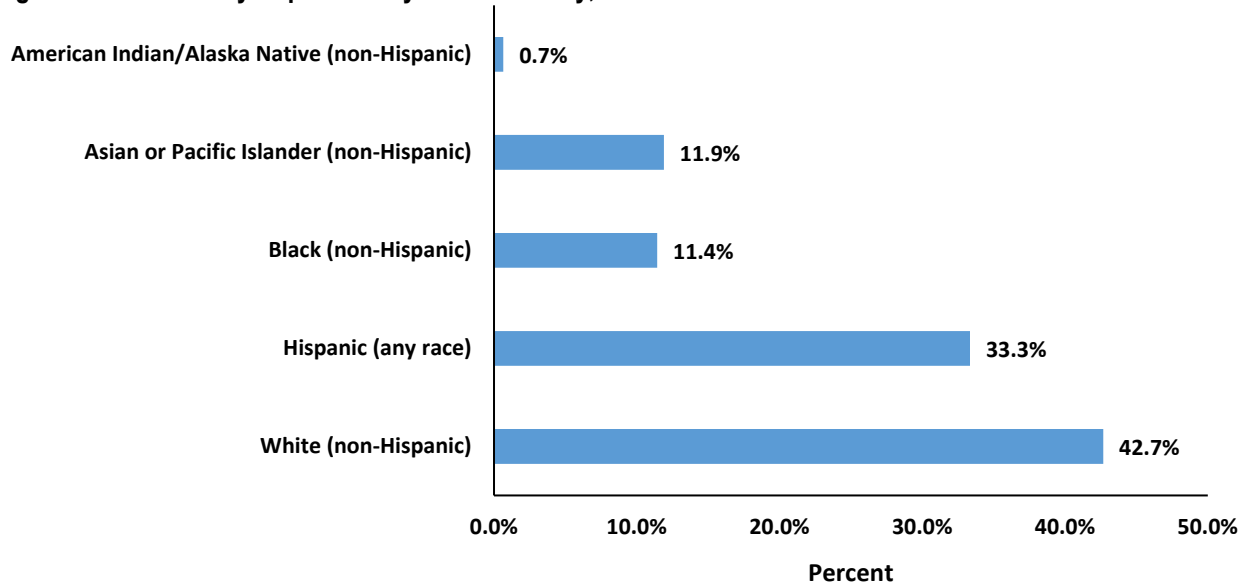
Source: Nevada State Demographer, Vintage 2020.  
 Chart scaled to display differences among groups.

**Figure 5. Clark County Population by Age Group, 2021.**



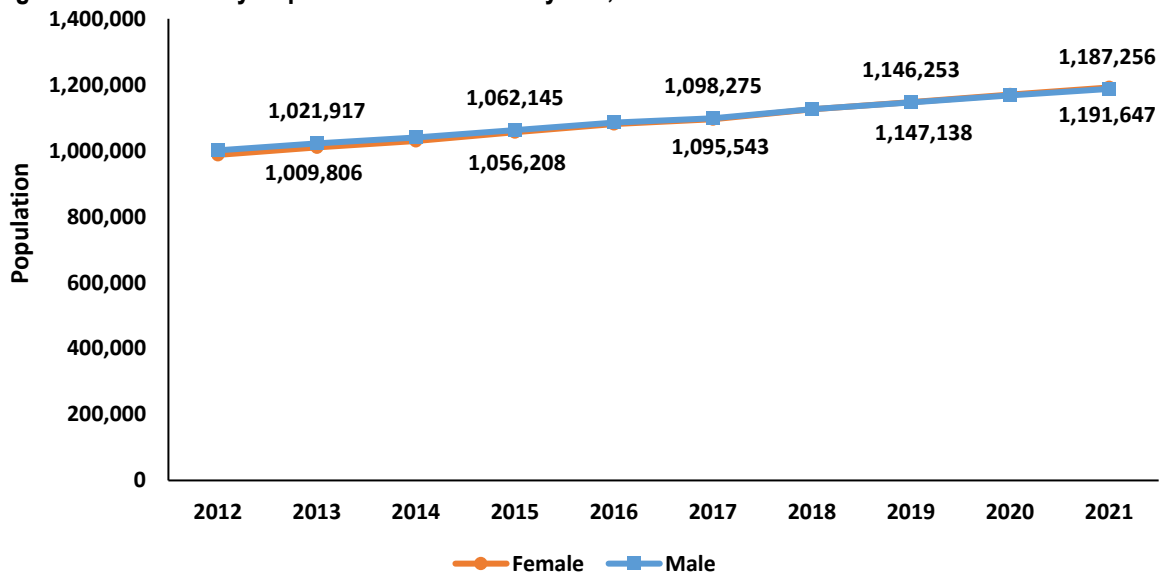
Source: Nevada State Demographer, Vintage 2020.  
 Chart scaled to 16.0% to display differences among groups.

Figure 6. Clark County Population by Race/Ethnicity, 2021.



Source: Nevada State Demographer, Vintage 2020.  
 Chart scaled to 50.0% to display differences among groups.

Figure 7. Clark County Population Distribution by Sex, 2012-2021.



Source: Nevada State Demographer, Vintage 2020.  
 Chart scaled to display differences among years.

The largest age group is the 25-34 age group, comprising 14.3% of Clark County’s population, followed by the 15-24 and 35-44 age groups, both at 13.8% .

White non-Hispanics comprise 42.7% of Clark County’s population, followed by Hispanic, any race (33.3%), Asian/Pacific Islander non-Hispanic (11.9%), Black non-Hispanic (11.4%), and American Indian/Alaska Native (0.7%).

# Mental Health

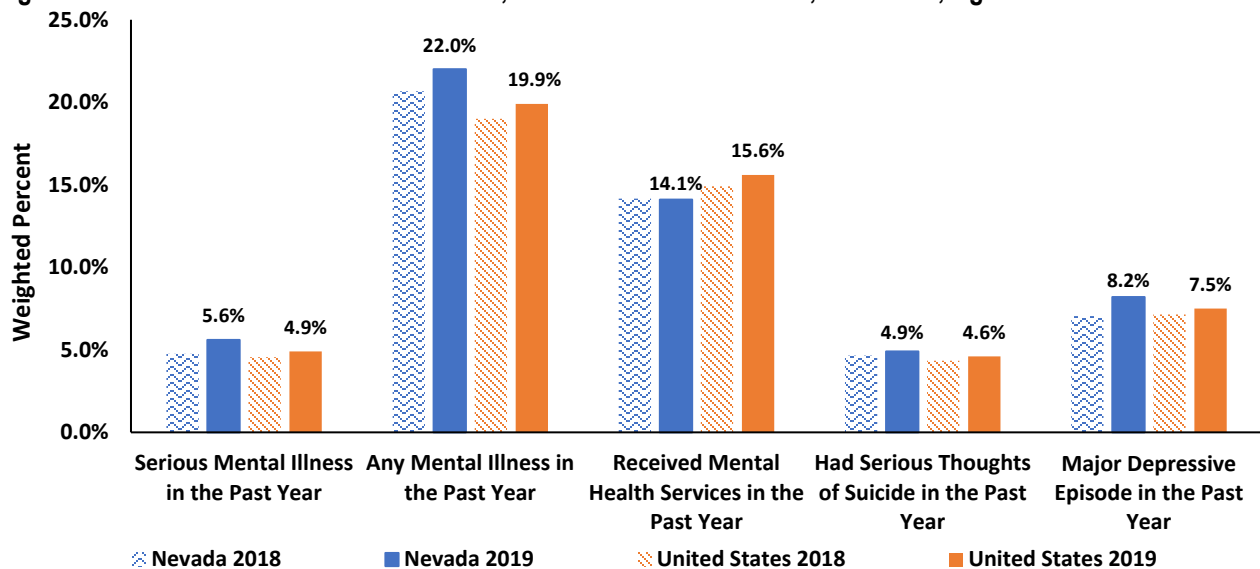
Mental health data are collected by numerous data sources in Nevada, including YRBS, BRFSS, hospital billing, state-funded mental health facilities, and vital records.

## National Survey of Drug Use and Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the National Survey on Drug Use and Health (NSDUH). The survey tracks trends of illicit drug, alcohol, and tobacco use, as well as mental health issues throughout the United States.

According to SAMHSA’s website, state data tables and reports from the 2019-2020 NSDUH “are no longer available due to methodological concerns with combining the 2019 and 2020 data.” Therefore, data in Figure 8 below are from the 2017-2018 and 2018-2019 NSDUH state reports. For more information, please visit [SAMHSA 2019-2020 State Reports](#)

**Figure 8. Percent of Mental Health Measures, Nevada and United States, 2018-2019, Ages 18+.**



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2017-2018 and 2018-2019. Chart scaled to 25.0% to display differences among groups.

Nevada has remained within a percent of the Nation for most mental health issues. Nevada was slightly higher than the nation for the measure with “serious mental illness in the past year,” “any mental illness in the past year,” “had serious thoughts of suicide in the past year,” and “major depressive episode in the past year.”

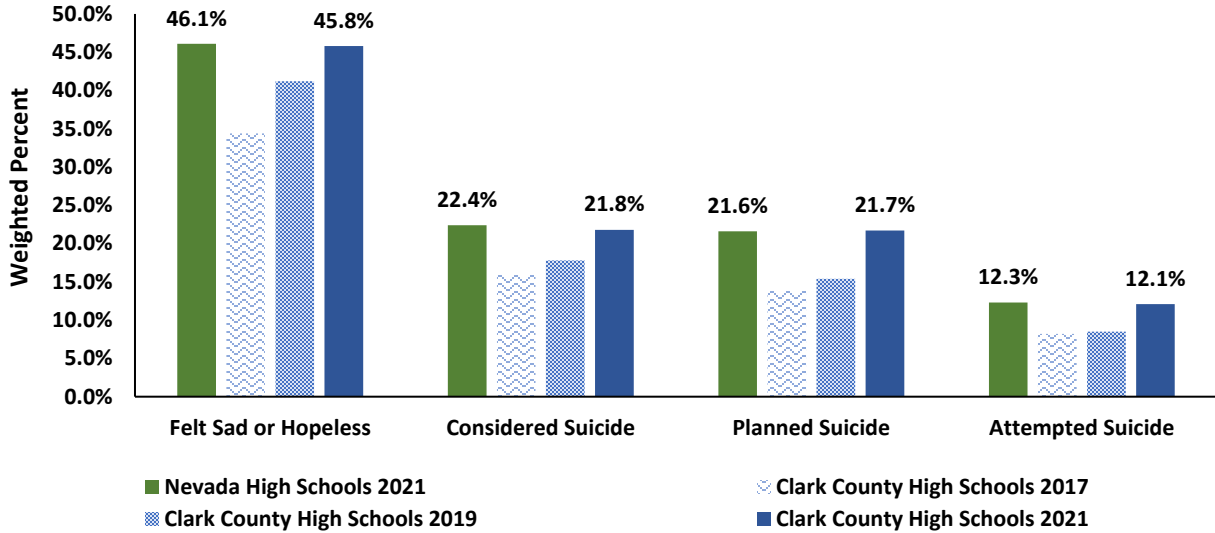
## Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed

## Clark County Behavioral Health Epidemiologic Profile

during the odd years. In 2021, 1,874 high school and 1,969 middle school students participated in the YRBS in Clark County. All data are self-reported. The University of Nevada, Reno maintains the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: [UNR YRBS](#).

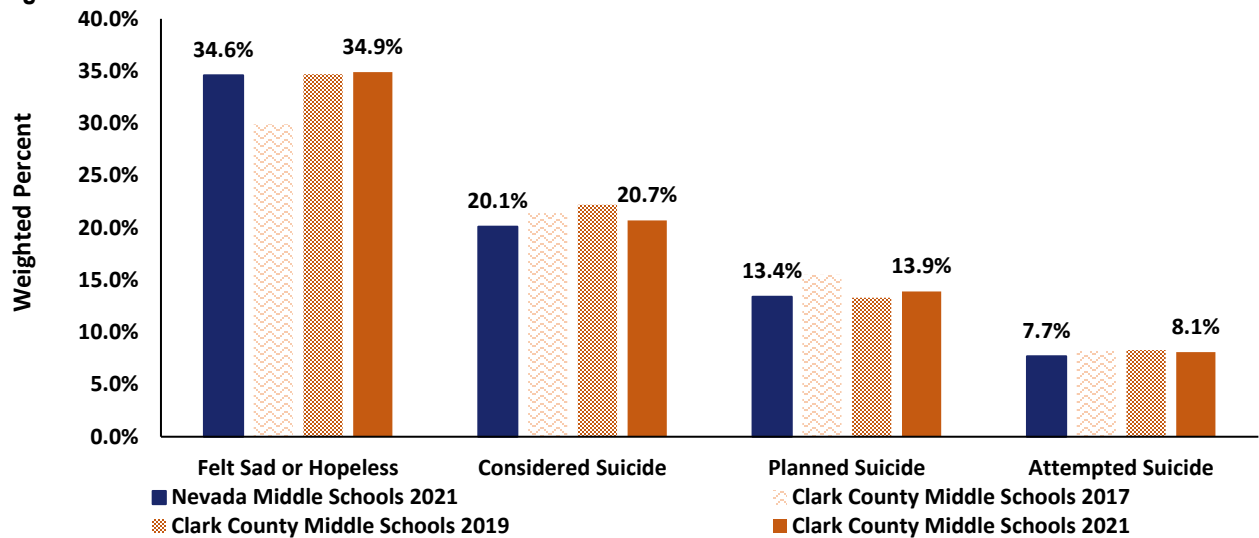
**Figure 9a. Mental Health Behaviors, Clark County High School Students 2017, 2019, and 2021 and Nevada High School Students 2021.**



Source: Nevada Youth Risk Behavior Survey (YRBS).  
 Chart scaled to 50.0% to display differences among groups.

From 2017 to 2021, there has been a steady increase in the percent of Clark County high school students reporting that they felt sad or hopeless, considered suicide, planned suicide, or attempted suicide. The 2021 Clark County high school percents are within 1.0% of the 2021 Nevada high school percents.

**Figure 9b. Mental Health Behaviors, Clark County High School Students 2017, 2019, and 2021, and Nevada High School Students 2021.**



Source: Nevada Youth Risk Behavior Survey (YRBS).  
 Chart scaled to 40.0% to display differences among groups.



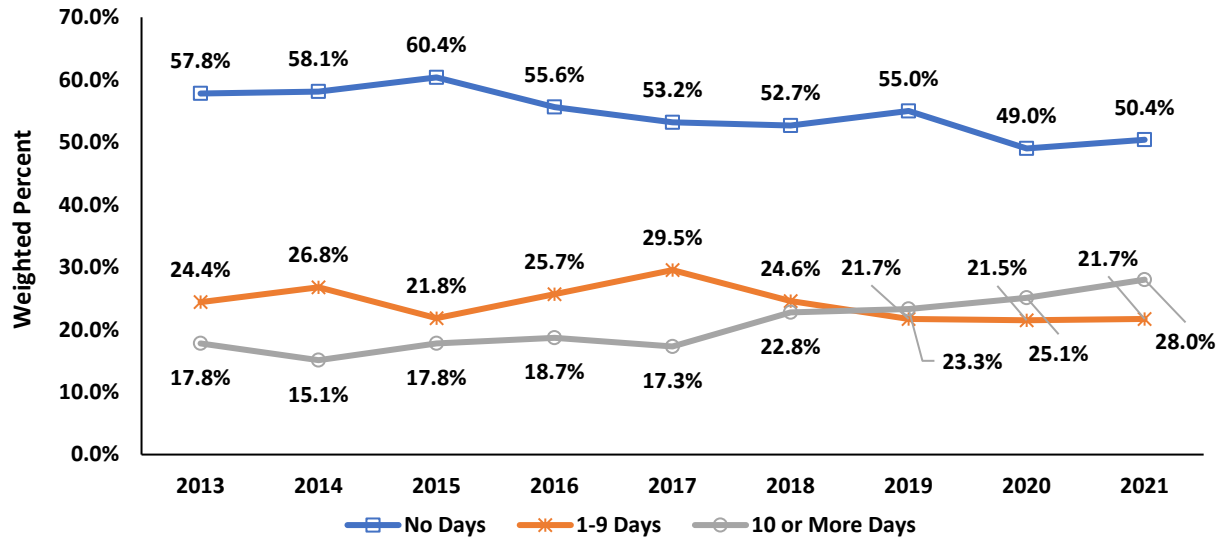
## Clark County Behavioral Health Epidemiologic Profile

From 2017 to 2021, the percent of Clark County middle school students who felt sad or hopeless increased from 29.9% to 34.9%, while the percent decreased within two percent for considered suicide, planned suicide, or attempted suicide. The 2021 Clark County middle school student percents are within one percent of the 2021 Nevada middle school students.

### Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS collects information on adult health-related risk behaviors. According to the Centers for Disease Control and Prevention (CDC), BRFSS is a powerful tool for targeting and building health promotion activities.

**Figure 10. Percent of Adult BRFSS Respondents Who Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month, Clark County Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System.

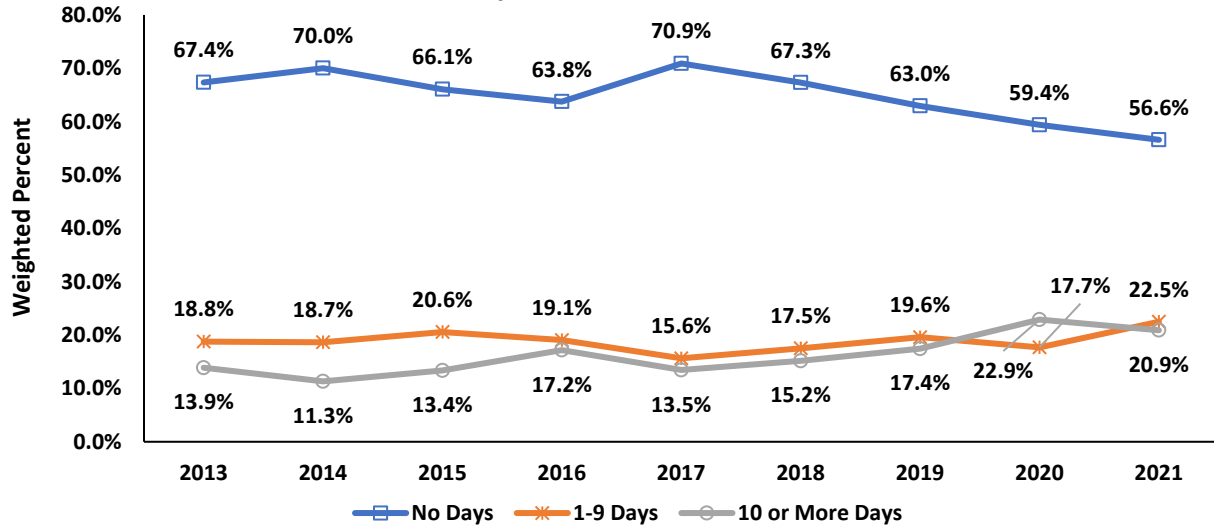
Chart scaled to 70.0% to display differences among groups.

Specific question asked in survey: "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

In 2021, 28.0% of adult Clark County BRFSS respondents reported experiencing 10 or more days of poor mental or physical health that prevented them from doing their usual activities. This percent has steadily increased since 2017 (17.3%).

The percent of adult BRFSS Clark County resident respondents who reported no days has decreased from a high of 60.4% in 2015 to a low of 49.0% in 2020 before slightly increasing to 50.4% in 2021.

**Figure 11. Percent of Adult BRFSS Respondents Whose Mental Health was Not Good by Number of Days Experienced in the Past Month, Clark County Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System.

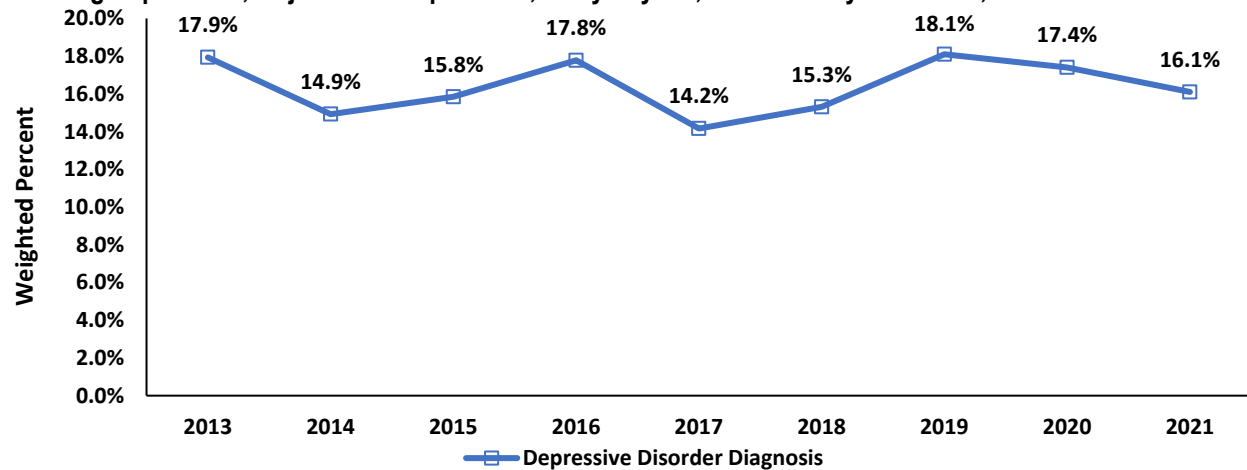
Chart scaled to 80.0% to display differences among groups.

Specific question asked in survey: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

In 2021, 20.9% of adult Clark County resident BRFSS respondents reported 10 or more days of not good mental health, a decrease from a high of 22.9% in 2020. The low was in 2014, with 11.3% of respondents.

The percent of adult BRFSS respondents who reported no days has steadily decreased from a high of 70.9% in 2017 to a low of 56.6% in 2021.

**Figure 12. Percent of Adult BRFSS Respondents Who Have Ever Been Told They have a Depressive Disorder, Including Depression, Major/Minor Depression, or Dysthymia, Clark County Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 20.0% to display differences among groups.

Specific question asked in survey: "(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

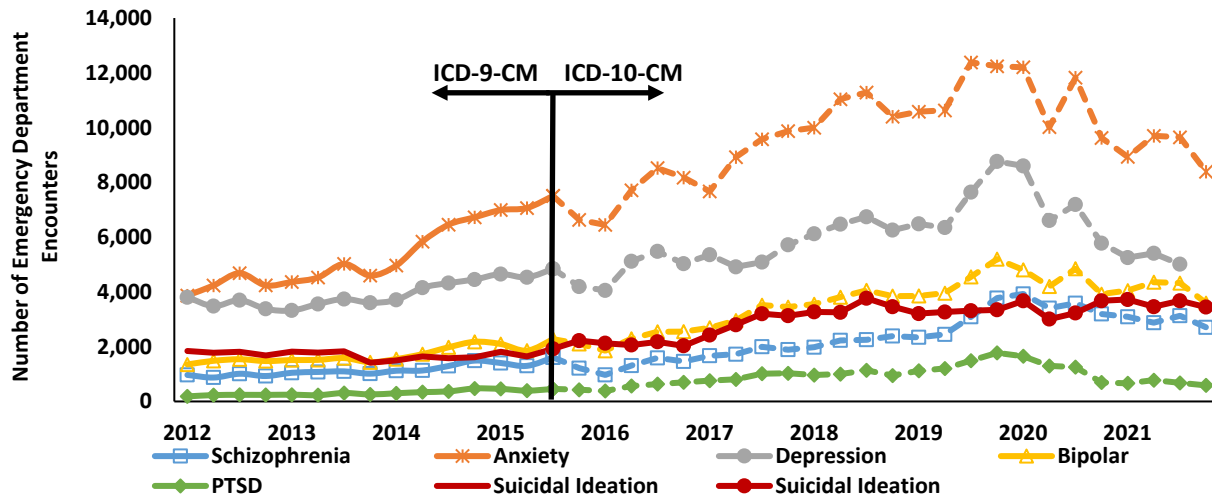
Roughly 16% of adult Clark County resident BRFSS respondents were told they have a depressive disorder in 2021 compared to a high of 18.1% in 2019.

## Hospital Emergency Department Encounters

The hospital emergency department billing data includes data for emergency room patients for Nevada’s non-federal hospitals. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive.

The hospital emergency department billing data includes data for emergency room patients for Nevada’s non-federal hospitals. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive.

**Figure 13. Mental Health-Related Emergency Department Encounters, by Quarter and Year, Clark County Residents 2012-2021.**



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

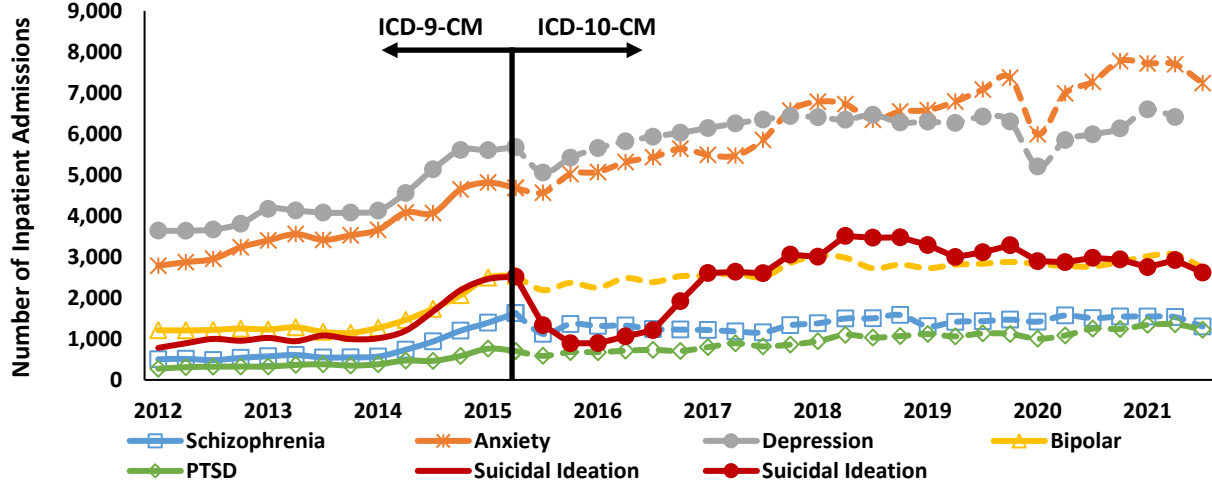
Note: Data for depression 2021 quarter four not available.

Anxiety has been the leading mental health-related diagnosis among Clark County residents since 2012 in emergency department encounters, followed by depression. Anxiety and depression-related encounters increased significantly from 2010 to 2019 in both counts and rates. However, since the pandemic (Quarter 2 of 2020), these counts and rates have fallen, with depression being now near the 2016 counts.

## Hospital Inpatient Admissions

Hospital Inpatient Billing data includes data for patients discharged from Nevada’s non-federal hospitals. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given, and therefore the following numbers are not mutually exclusive.

Figure 14. Mental Health-Related Inpatient Admissions, by Quarter and Year, Clark County Residents, 2012-2021.



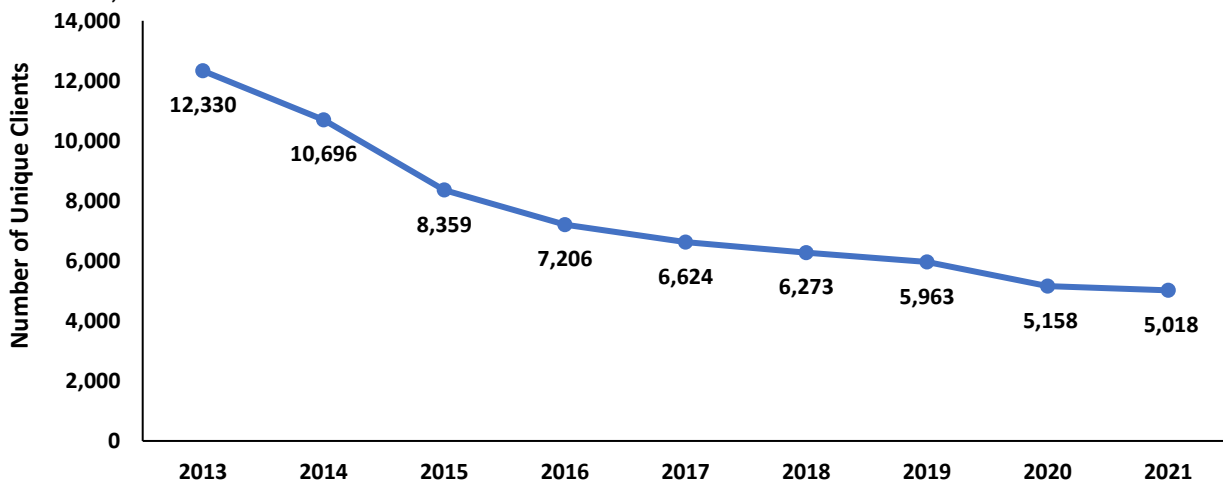
Source: Hospital Inpatient Billing.  
 Categories are not mutually exclusive.  
 ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.  
 Note: Data for depression 2021 quarter four not available.

Unlike emergency department encounters, depression was the leading diagnosis for mental health-related inpatient admissions among Clark County residents until 2018, when anxiety lead inpatient admissions.

### State-Funded Mental Health Services

State-funded mental health facilities are divided into Northern Nevada Adult Mental Health Services (NNAMHS), Southern Nevada Adult Mental Health Services (SNAMHS) and Rural Clinic and Community Health Services. Services that state-funded mental health facilities provide include inpatient acute psychiatric, mobile crisis, outpatient counseling, service coordination, and case management.

Figure 15. Unique Adult (Aged 18+) Clients\* Served at State-Funded Mental Health Clinics, Clark County Residents, 2013-2021.

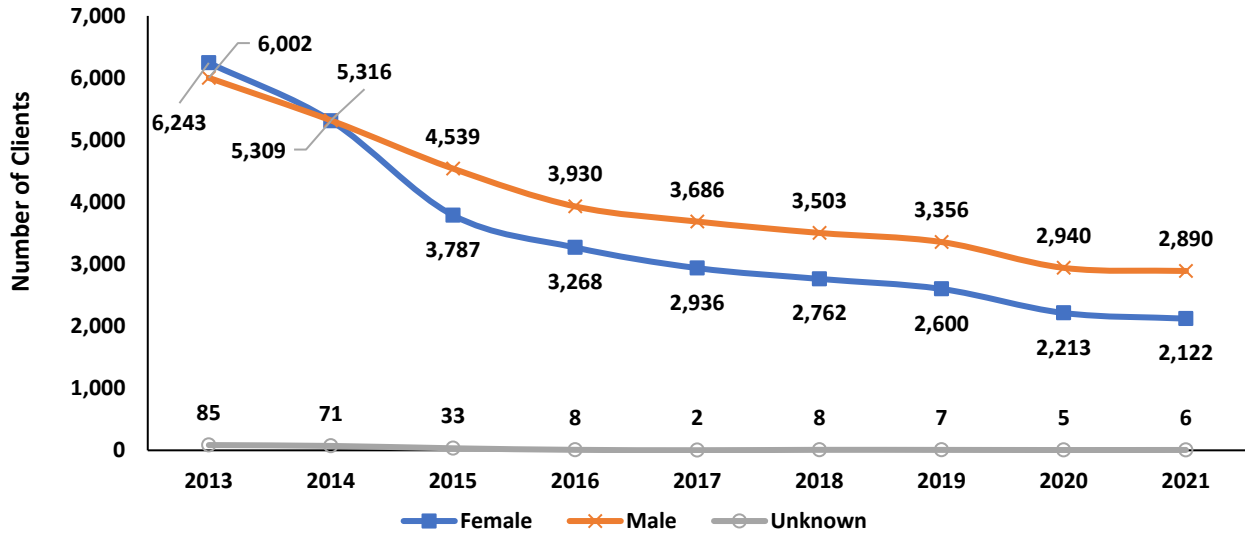


Source: State-Funded Mental Health: Avatar.  
 \*A client is counted only once per year. Clients may be counted more than once across years.

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The number of unique clients served by state-funded mental health facilities continues to decline. There were 5,018 adult Clark County resident clients served in 2021, which is a 59.3% decrease from 2013 (n=12,330).

**Figure 16. State-Funded Mental Health Clinics Utilization\* by Gender, Clark County Residents, 2013-2021.**



Source: State-Funded Mental Health: Avatar.

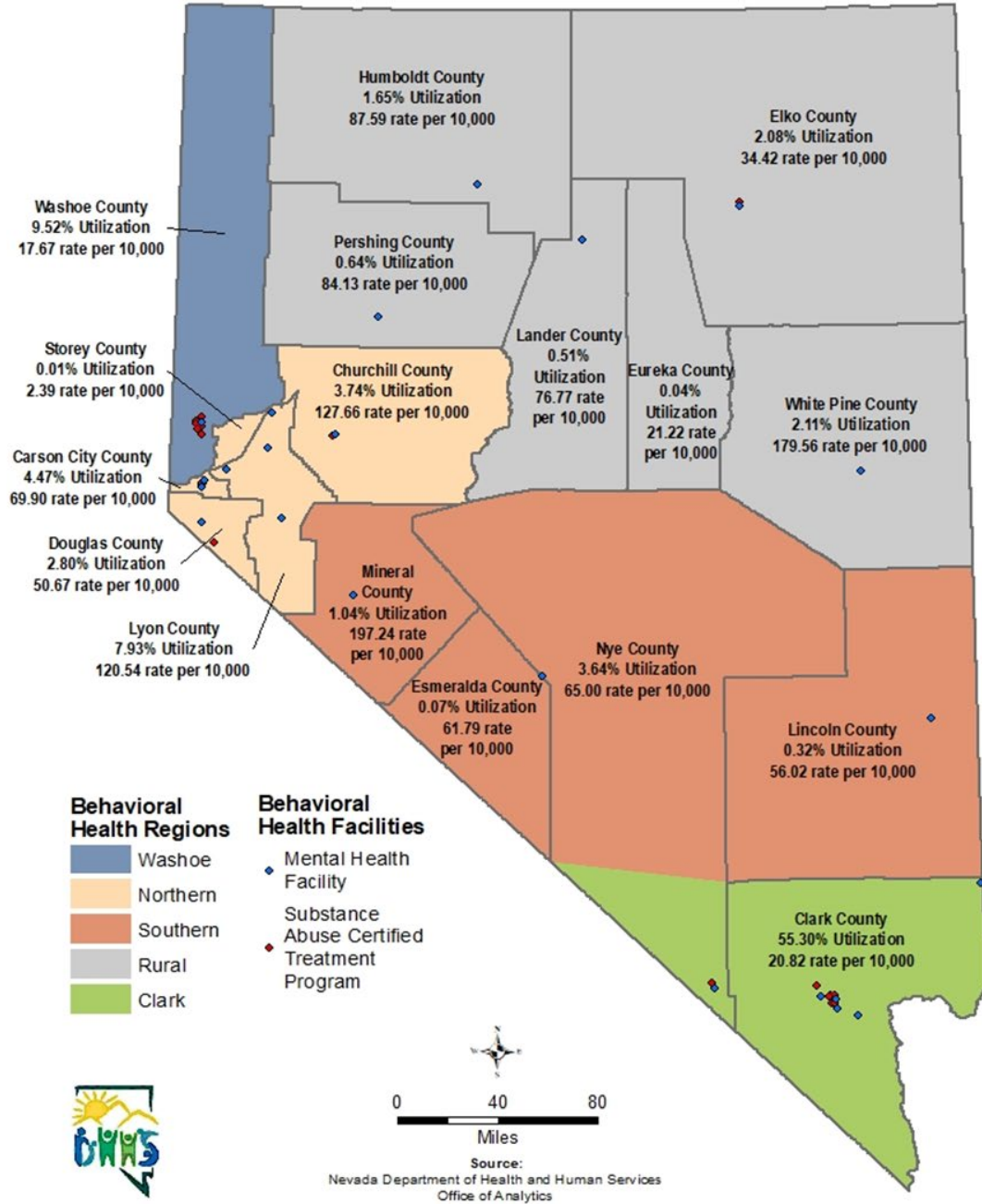
\*A client is counted only once per year. Clients may be counted more than once across years.

From 2015 to 2021, Clark County male residents utilized the state-funded mental health clinics more than females. In 2021, 262.8 per 100,000 Clark County male population utilized the state-funded mental health clinics, compared to females at 193.5 per 100,000 Clark County female population.

Clark County residents accessed DPBH mental health services at a rate of 208.2 people per 100,000 population in 2021.

Figure 17 below shows the percent of Nevada state-funded adult mental health utilization each county represents, the rate of utilization (per 10,000 population), the behavioral health regions, and the locations of mental health and substance abuse facilities.

Figure 17. State-Funded Mental Health Clinics Utilization by County, 2021.



Source: State-Funded Mental Health: Avatar.

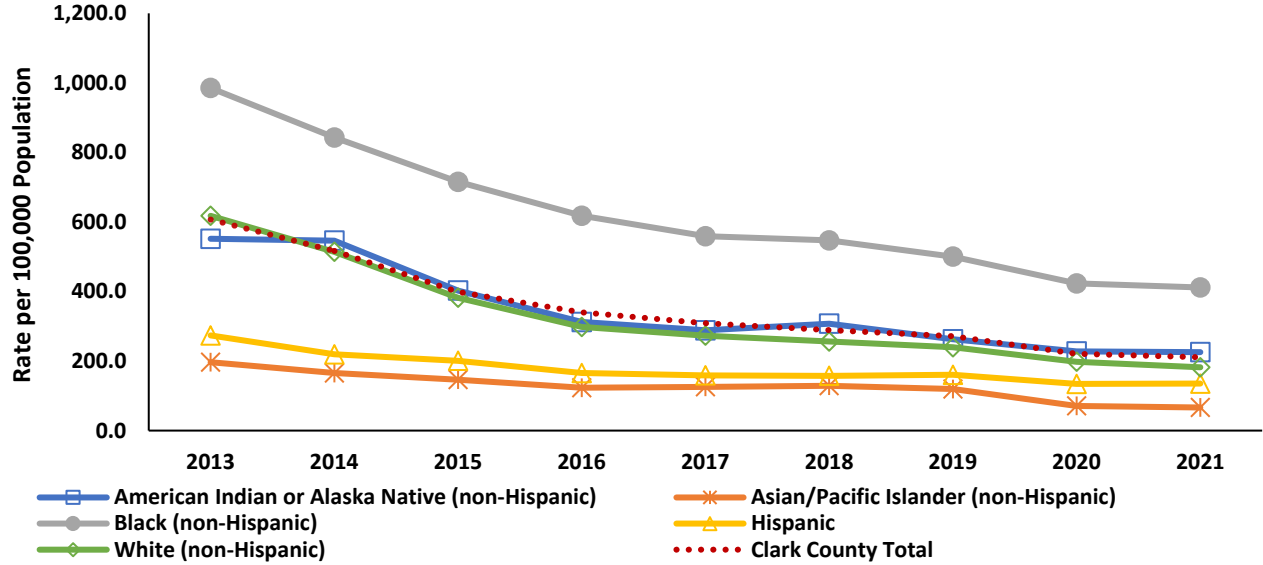
\*A client is counted only once per year. Clients may be counted more than once across years.

**Percent (%)**: Number of clients who utilize mental health services in that county divided by total utilization.

**Rate**: Number of clients who utilize mental health services in that county divided by county population per 10,000 people.

Clark County Behavioral Health Epidemiologic Profile

Figure 18. State-Funded Adult (Aged 18+) Mental Health Clinics Utilization\* by Race/Ethnicity Crude Rates, Clark County Residents, 2013-2021.



Source: State-Funded Mental Health: Avatar.

Race "Unknown" not included in analysis.

\*A client is counted only once per year. Clients may be counted more than once across years.

The patient utilization crude rate has gone down significantly across all races from 2013 to 2021. The Black non-Hispanic population continually had the highest rate from 2013-2021, with 411.6 per 100,000 population in 2021, whereas Asian and Pacific Islander non-Hispanic had the lowest rate at 66.4 per 100,000 population in 2021.

Figure 19. Top Mental Health Clinic Services by Number of Patients Served\*, Clark County, 2013-2021.

Program	Year									
	2013	2014	2015	2016	2017	2018	2019	2020	2021	
SNAMHS Medication Clinic - Adult	8,310	7,899	5,386	4,212	3,817	3,350	2,561	3,607	3,396	
SNAMHS Inpatient Hospital - Adult	2,165	2,368	2,545	1,849	1,807	1,774	1,027	1,314	1,406	
SNAMHS Ambulatory Service - Adult	2,625	1,459	796	1,781	1,463	1,199	529	1,598	1,594	
SNAMHS Observation Unit - Adult~	2,810	~	~	~	~	~	~	~	~	
SNAMHS Service Coordination - Adult	1,014	1,009	841	620	511	621	485	480	322	
SNAMHS Outpatient Counseling - Adult	655	626	514	565	544	444	340	480	322	
SNAMHS Mobile Crisis Unit - Adult	673	0	0	0	0	0	0	1	0	
Mesquite Outpatient Counseling	148	181	215	209	265	244	178	145	167	

Source: State-Funded Mental Health: Avatar.

~Program no longer active.

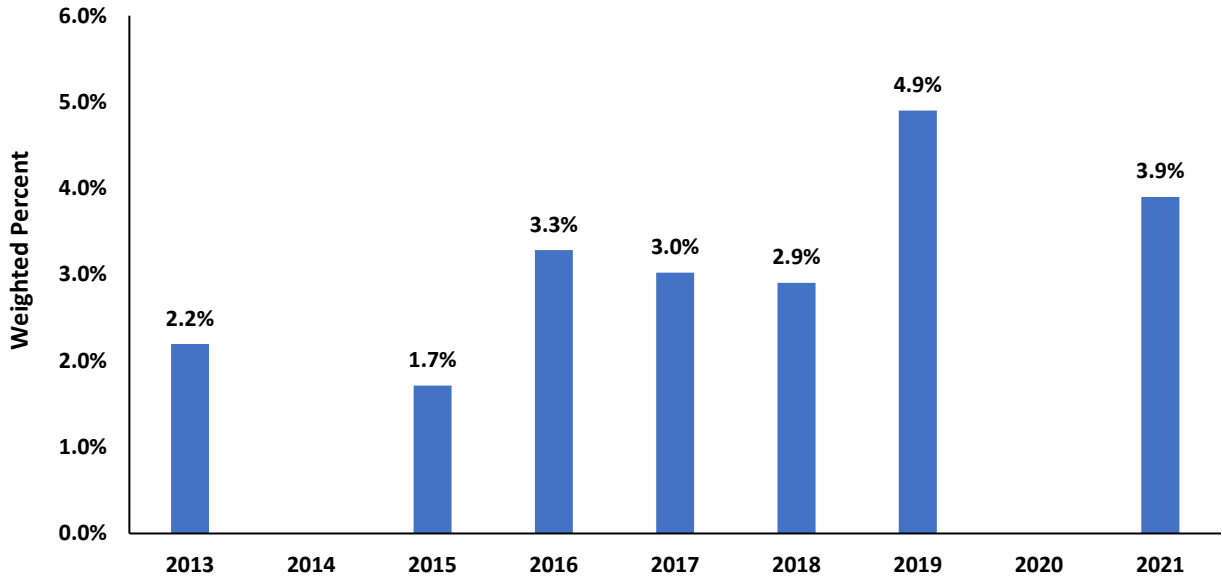
\*A client is counted only once per year. Clients may be counted more than once across years.

Patients were counted only once per program per year. Since a patient can receive services in more than one program, the counts above are not mutually exclusive. The SNAMHS medication clinic for adults continuously has the highest client count, followed by SNAMHS inpatient hospital for adults and SNAMHS ambulatory service for adults, which alternated for second and third highest counts.

## Suicide

Mental health issues, along with factors such as adverse childhood experiences and substance use disorders, may disproportionately affect those who die by suicide.

**Figure 20. Percent of Adult BRFSS Respondents Who Have Seriously Considered Attempting Suicide, Clark County Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System (BRFSS).

Chart scaled to 6.0% to display differences among groups.

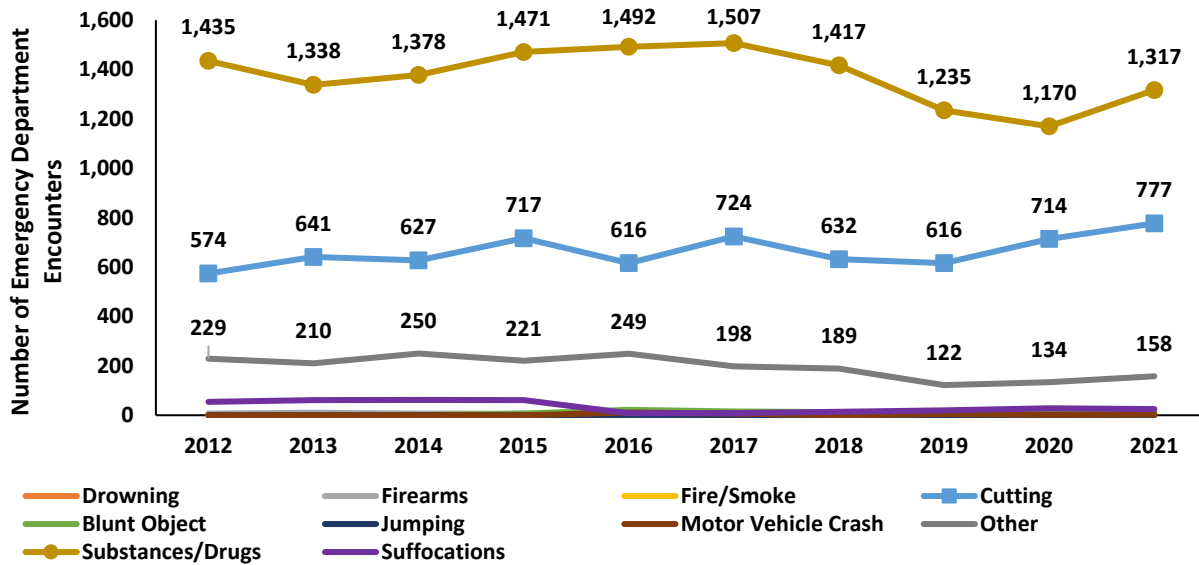
Indicator was not measured in 2014 or 2020.

Specific question asked in survey: "During the past 12 months have you ever seriously considered attempting suicide?"

When asked "have you seriously considered attempting suicide during the past 12 months," 3.9 % of adult BRFSS Clark County resident respondents responded "yes" in 2021. This is a decrease from the high of 4.9% in 2019. The indicator was not measured in 2014 and 2020.



Figure 21. Suicide Attempt Emergency Department Encounters by Method, Clark County Residents, 2012-2021.



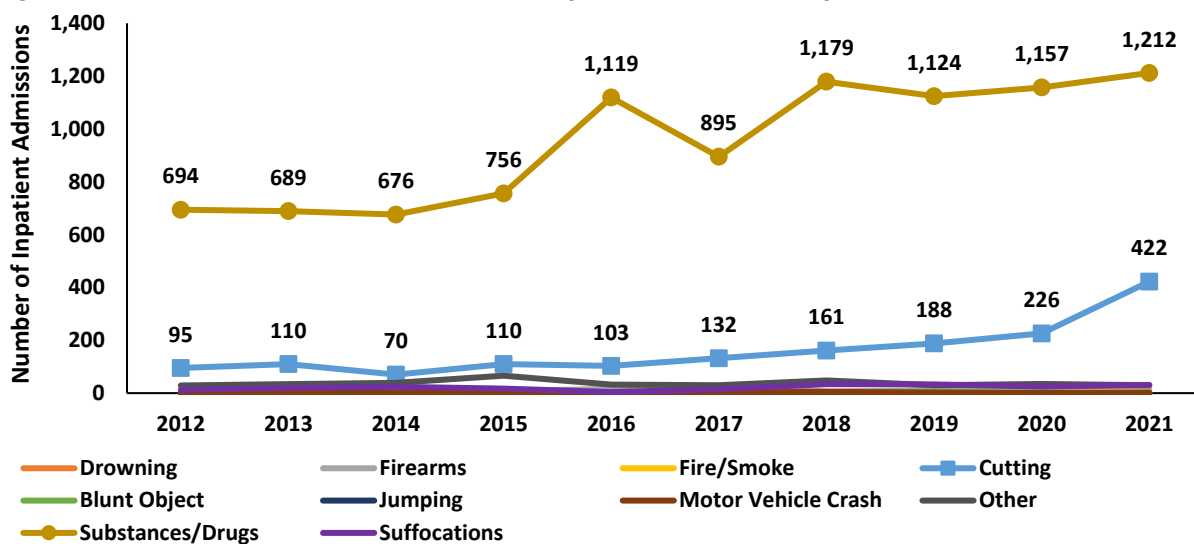
Source: Hospital Emergency Department Billing.

ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

A person can be included in more than category and therefore the counts above are not mutually exclusive.

Emergency department encounters related to a suicide attempt, where the patient did not expire at the hospital, have remained steady from 2012-2021 for all methods except substances/drugs which had been increasing from 2013-2017 but has since dropped below 2012 numbers from 2018 onward. However, it remains the largest cause of suicide-related emergency department encounters.

Figure 22. Suicide Attempt Inpatient Admissions by Method, Clark County Residents, 2012-2021.



Source: Hospital Inpatient Billing.

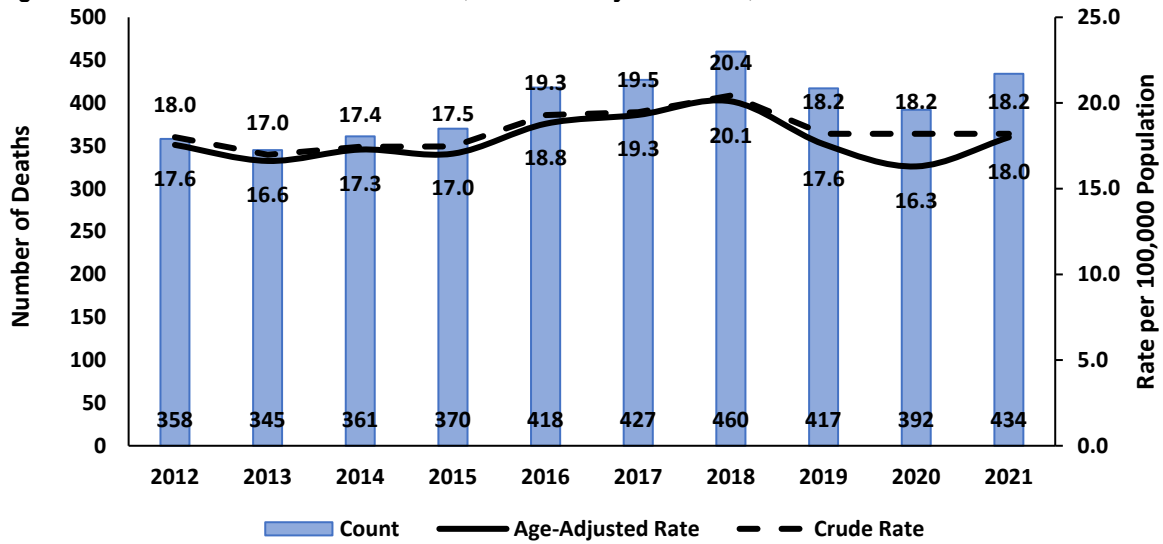
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

A person can be included in more than category and therefore the counts above are not mutually exclusive.

Inpatient admissions for attempted suicide where the patient was admitted and did not expire at the hospital have increased from 2012-2021 for substances/drugs and cutting. All other methods have been mostly steady with a small spike of other methods of suicide attempts in 2015.

## Clark County Behavioral Health Epidemiologic Profile

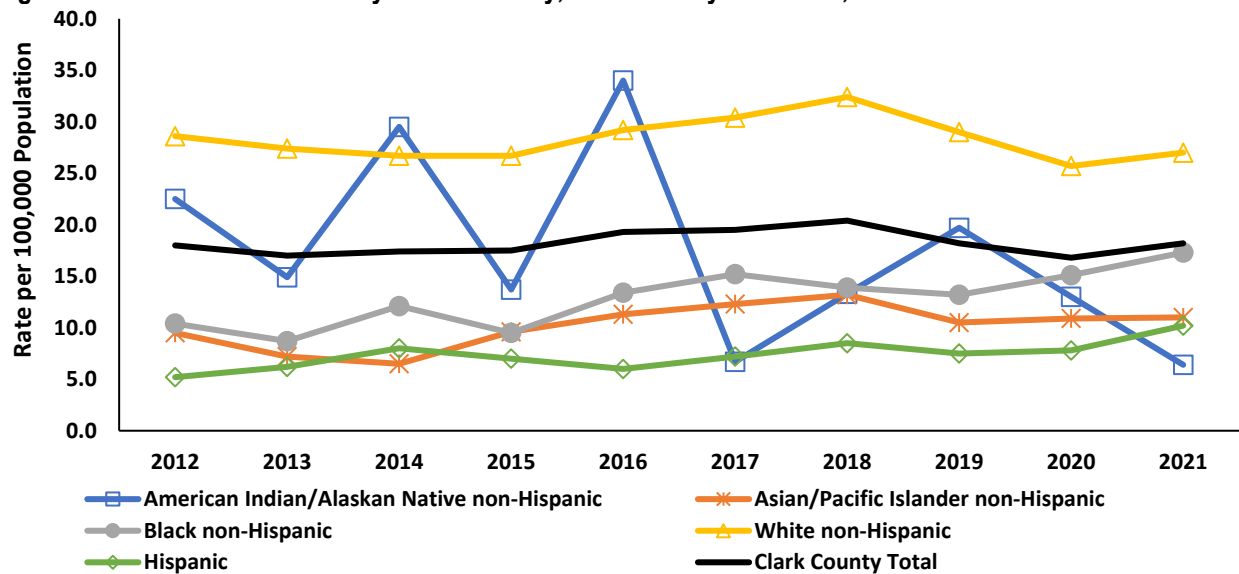
**Figure 23. Number of Suicides and Rates, Clark County Residents, 2012-2021.**



Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for Clark County residents in 2021 was 17.9 per 100,000 population. The age-adjusted rate has fluctuated from a high of 20.1 per 100,000 population in 2018 to a low of 17.0 per 100,000 population in 2013.

**Figure 24. Crude Suicide Rates by Race/Ethnicity, Clark County Residents, 2012-2021.**



Source: Nevada Electronic Death Registry System.

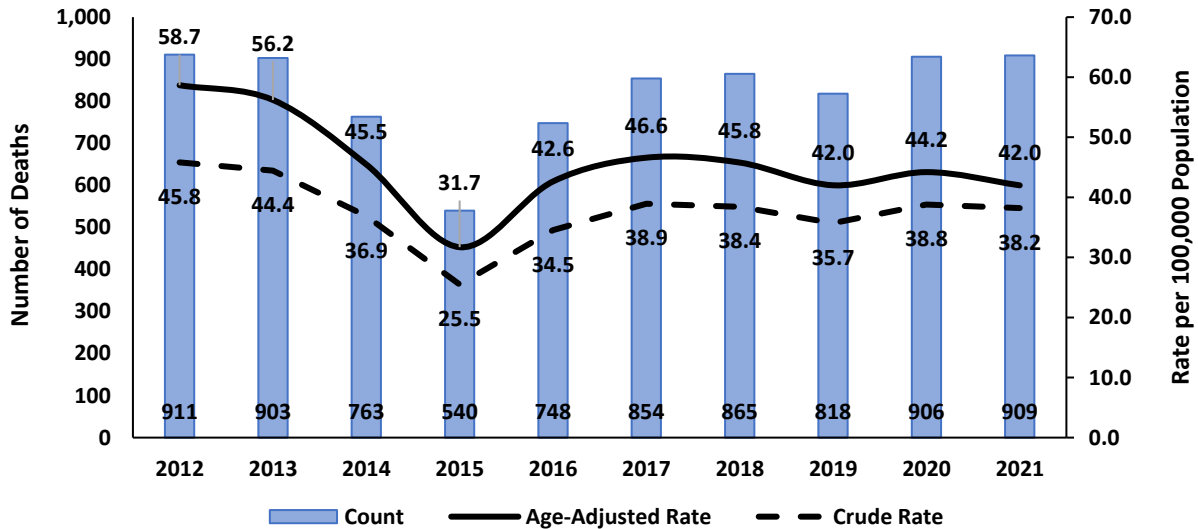
The White non-Hispanic crude suicide rates for Clark County residents are continuously higher than the Clark County total rates, with a high of 32.4 per 100,000 population in 2018, then decreasing to 27.0 per 100,000 population in 2021. The crude suicide rate for American Indian/Alaskan Native non-Hispanics rises and falls sharply across the years due to small populations. Rates among Hispanics are significantly lower than Clark County total rates for all years.

## Mental Health-Related Deaths

Mental health-related deaths are deaths with the following ICD-10 codes groups listed as a contributing cause of death (F00-F99 excluding F10-F19):

- Organic, including symptomatic, mental disorders
- Schizophrenia, schizotypal, and delusional disorders
- Mood [affective] disorders
- Neurotic, stress-related and somatoform disorders
- Behavioral syndromes associated with physiological disturbances and physical factors
- Disorders of adult personality and behavior
- Mental retardation
- Disorders of psychological development
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence; Unspecified mental disorder

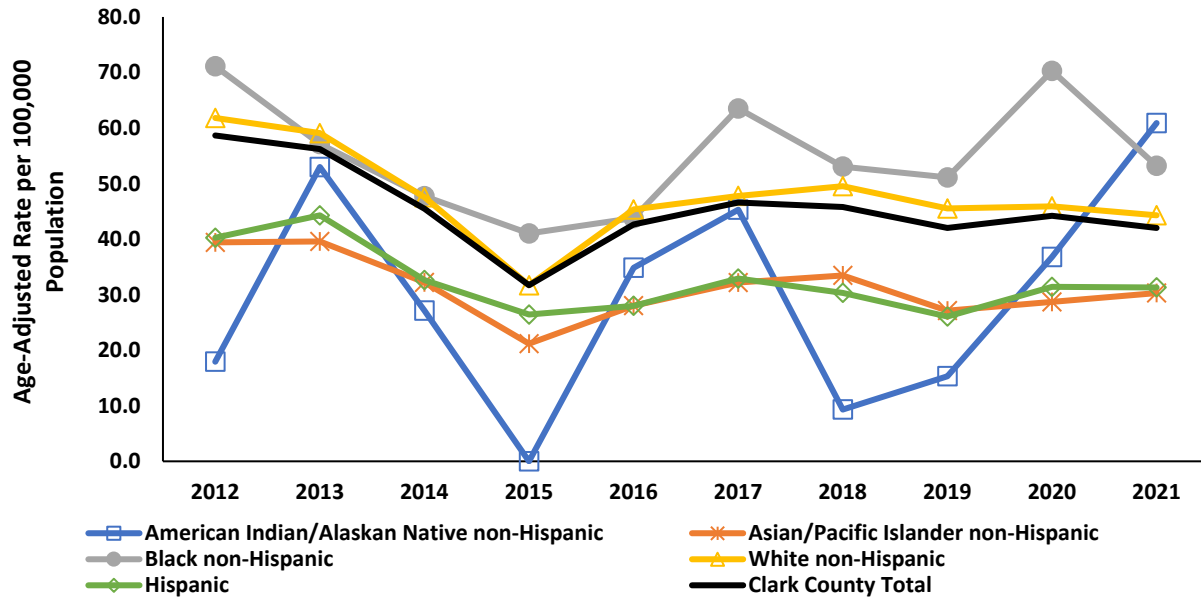
Figure 25. Mental Health-Related Deaths and Rates, Clark County Residents, 2012-2021.



Source: Nevada Electronic Death Registry System.

Mental health-related deaths for Clark County residents in 2021 occurred at the age-adjusted rate of 42.0 per 100,000 population, with a death count of 909. The age-adjusted rate has fluctuated from a high of 58.7 per 100,000 population in 2012 to a low of 31.7 per 100,000 in 2015. The number of deaths followed the same trend, with a high of 911 deaths in 2012 and a low of 540 in 2015.

Figure 26. Age-Adjusted Mental Health-Related Death Rates by Race/Ethnicity, Clark County Residents, 2012-2021.



Source: Nevada Electronic Death Registry System.

The Black non-Hispanic population and the White non-Hispanic population have the highest age-adjusted mental health-related deaths from 2012 to 2021, with 53.2 per 100,000 population for Black non-Hispanics and 44.3 per 100,000 population for White non-Hispanics in 2021. The age-adjusted rate for American Indian/Alaskan Native non-Hispanics rises and falls sharply across the years due to small populations. All race/ethnicities had the lowest rates in 2015.

# Substance Use

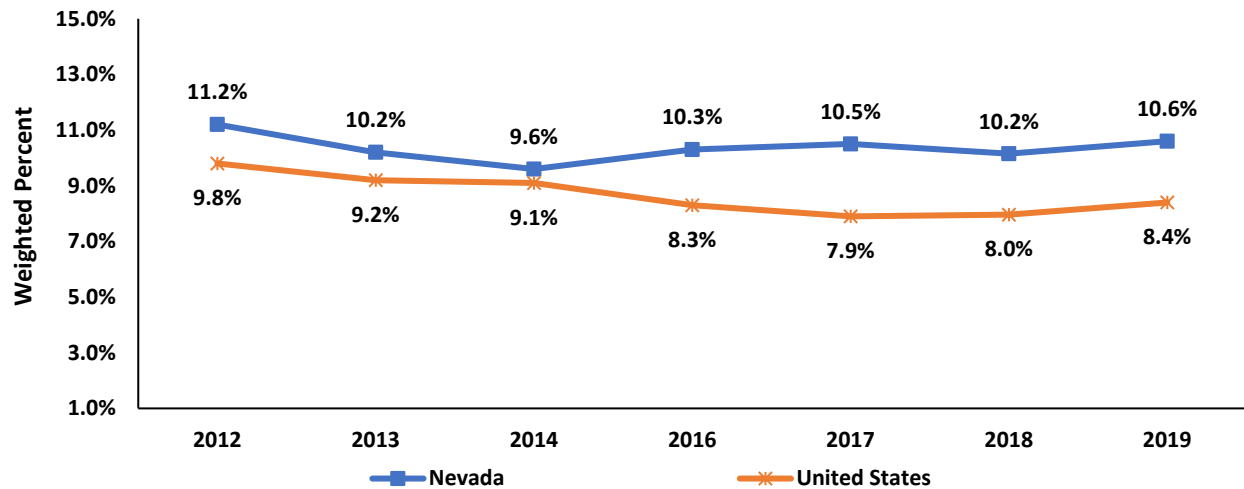
Substance use data are collected from hospital billing data, vital records data, and through national survey data including Substance Abuse and Mental Health Service Administration, BRFSS and YRBS.

## National Survey on Drug Use and Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the National Survey on Drug Use and Health (NSDUH). The survey tracks trends of illicit drug, alcohol, and tobacco use, as well as mental health issues throughout the United States.

According to SAMHSA’s website, state data tables and reports from the 2019-2020 NSDUH “are no longer available due to methodological concerns with combining the 2019 and 2020 data.” Therefore, data in this section exclude data from the 2019-2020 NSDUH state reports. For more information, please visit [SAMHSA 2019-2020 State Reports](#)

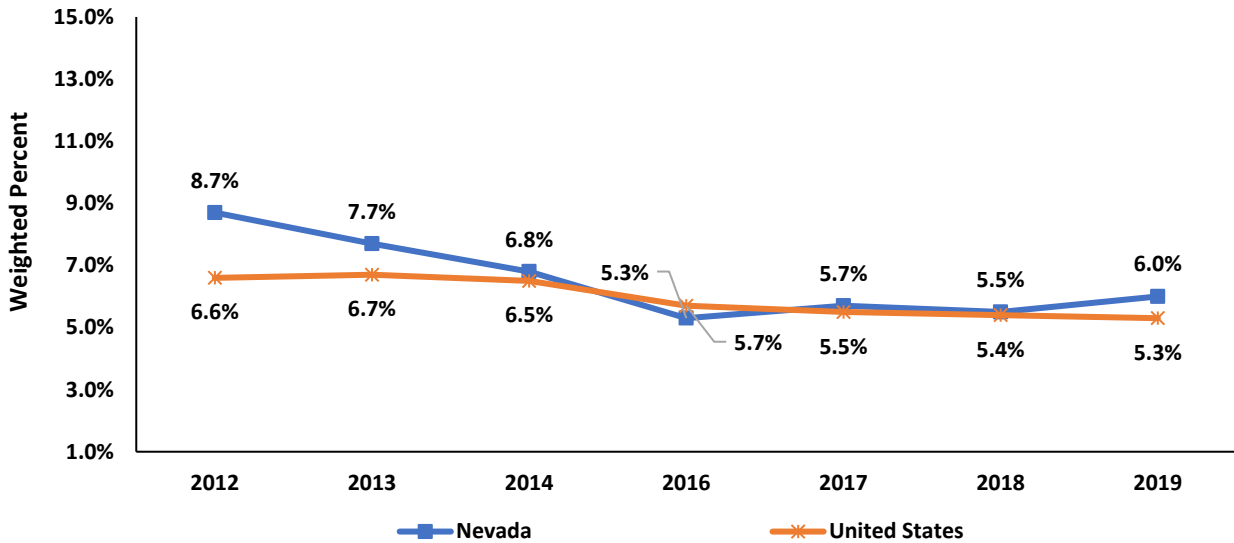
**Figure 27. Illicit Drug Use Among Adolescents in the Past Month, Aged 12-17, Nevada and the United States, 2012-2019.**



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health. Chart scaled to 15.0% to display differences among groups.

Although Nevada reported higher percents among adolescent illicit drug than the United States in every year from 2012-2019, Nevada has remained within 3% of the United States each year, with 10.6% in 2019, compared to the United States at 8.4%. Nevada percent has remained fairly steady, with a high of 11.2% in 2012 and a low of 9.6% in 2014.

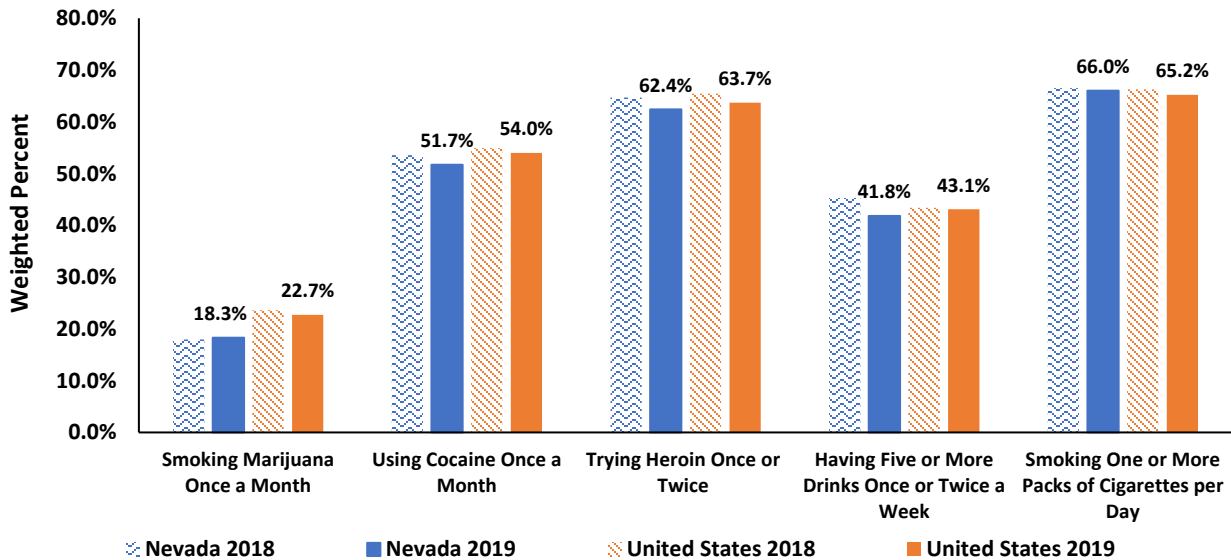
Figure 28. Alcohol Use Disorder in the Past Year, Aged 12 and Above, Nevada and the United States, 2013-2020.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health. Chart scaled to 15.0% to display differences among groups.

Alcohol use disorder among Nevadans aged 12 and above has remained within 1% from the United States, with the exception in 2012 (8.7% and 6.6%, respectively).

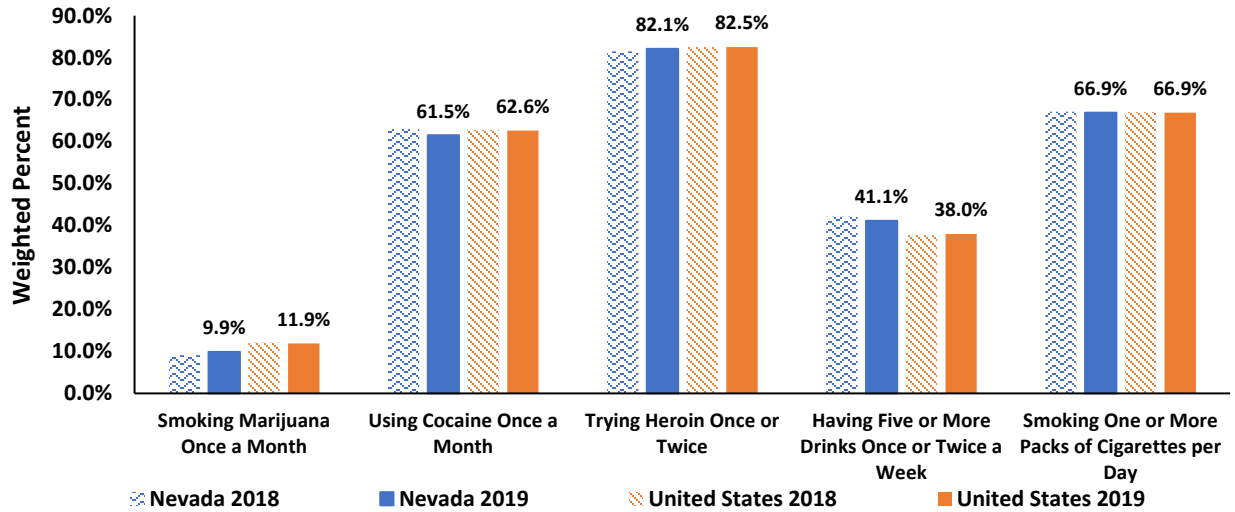
Figure 29. Perceptions of Great Risk from Alcohol or Substance Use, Adolescents Aged 12-17, Nevada and the United States, 2018-2019.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2017-2018 and 2018-2019. Chart scaled to 80.0% to display differences among groups.

For perceived risks, the higher the percent, the more the person perceives there is a risk from it. Nevada adolescents aged 12-17 perceived risk in 2019 is lower than the United States for most alcohol or substance use, including using cocaine once a month at 51.7% and the United States at 54.0%.

**Figure 30. Perceptions of Great Risk from Alcohol or Substance Use Among Young Adults Aged 18-25, Nevada and the United States, 2018-2019.**



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health. Chart scaled to 90.0% to display differences among groups.

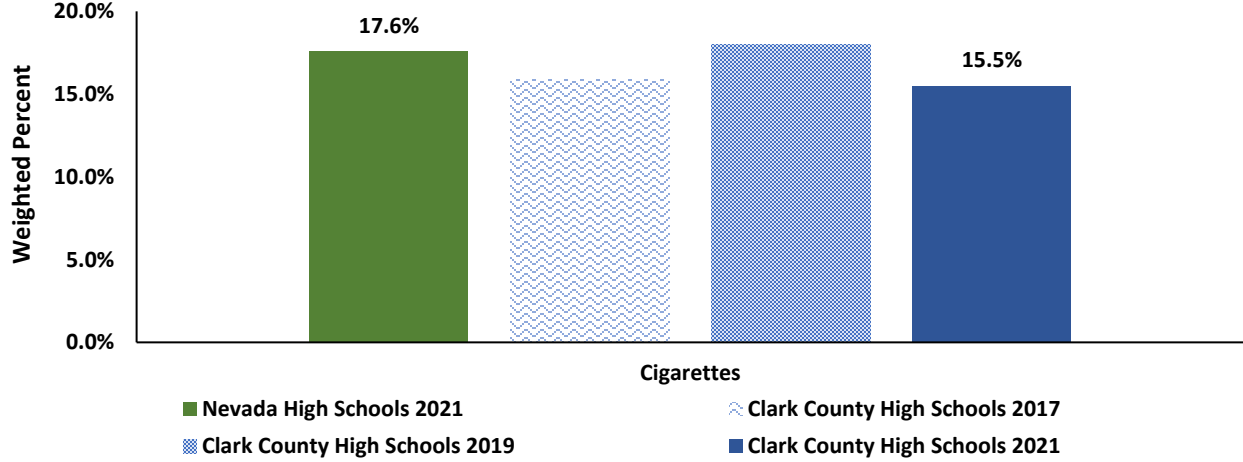
Similar to Nevada adolescents aged 12-17, Nevadans’ perceived risk among persons aged 18-25 is lower than the United States in 2019 for most alcohol or substance use except for having five or more drinks once or twice a week (41.1% and 38.0%, respectively), and both at 66.9% for smoking one or more packs of cigarettes per day.

### Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2021, 4,827 high school, and 5,777 middle school students participated in the YRBS in Nevada. All data are self-reported. The University of Nevada, Reno maintains the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: [UNR YRBS](#)

Clark County Behavioral Health Epidemiologic Profile

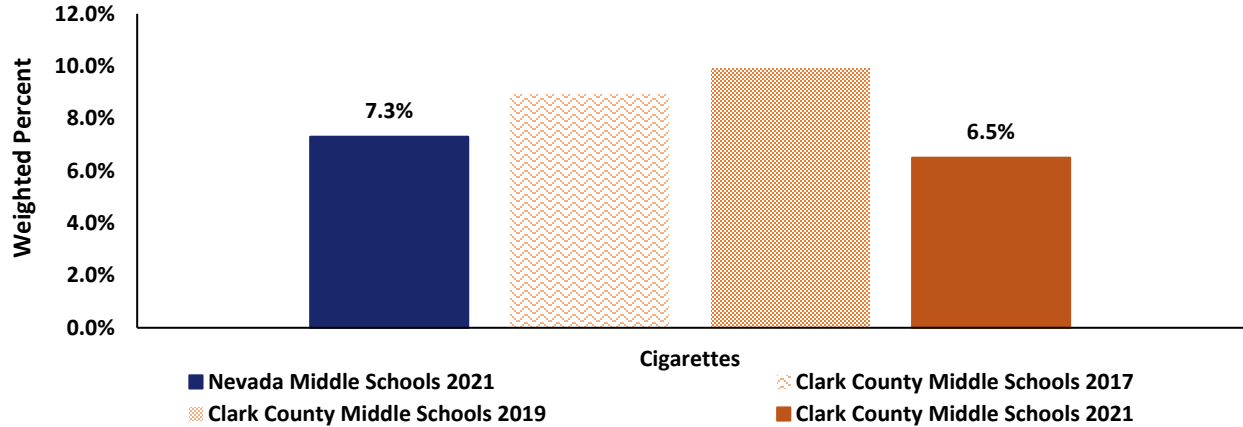
**Figure 31a. Percent of Respondents Who Have Ever Tried Cigarette Smoking\*, Clark County, Nevada High School Students, 2017, 2019, and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 20.0% to display differences among groups.  
 \*Question: "Have you ever tried cigarette smoking, even one or two puffs?"

Clark County high school students in 2021 had a lower percent for ever having ever tried cigarettes than Nevada at 15.5% and 17.6% respectively. The middle school students in Clark County also had a lower percent for ever trying cigarettes at 6.5% compared to Nevada at 7.3%.

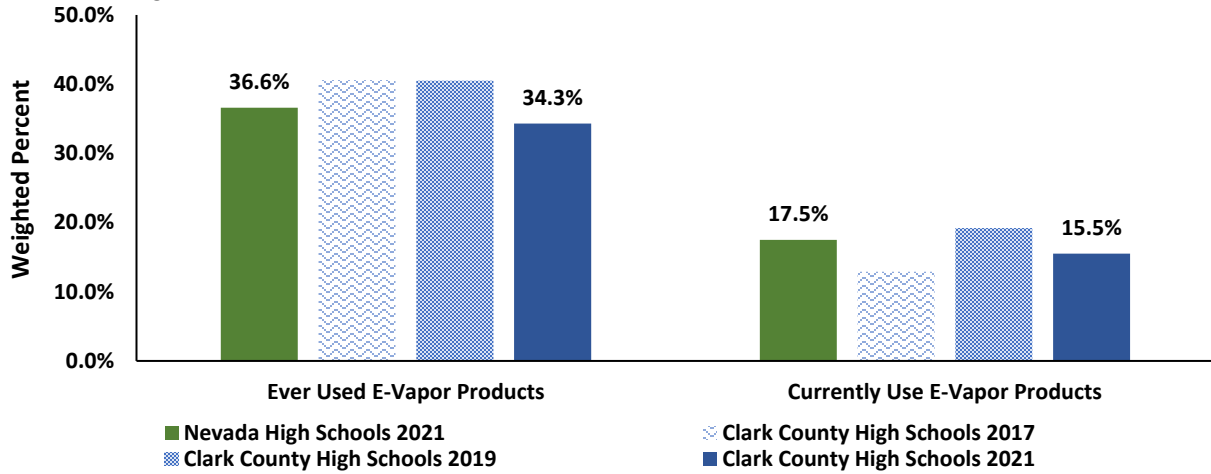
**Figure 31b. Percent of Respondents Who Have Ever Tried Cigarette Smoking\*, Clark County, Nevada Middle School Students, 2017, 2019, and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 12.0% to display differences among groups.  
 \*Question: "Have you ever tried cigarette smoking, even one or two puffs?"



**Figure 32a. Electronic Vapor Product Use, Clark County, Nevada High School Students, 2017, 2019 and 2021, and Nevada High School Students, 2021.**

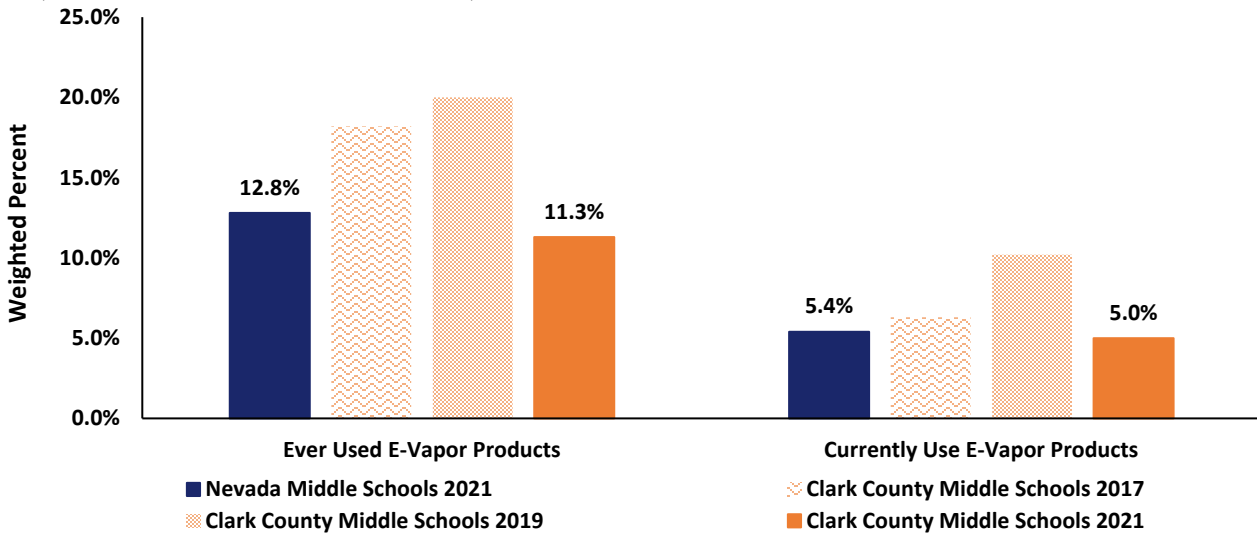


Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 50.0% to display differences among groups.

Clark County high school students have a lower percent for ever using an e-vapor product than Nevada in 2021 (34.3% and 36.6%, respectively) and currently using electronic vapor (e-vapor) products than Nevada in 2021 (15.5% and 17.5%, respectively).

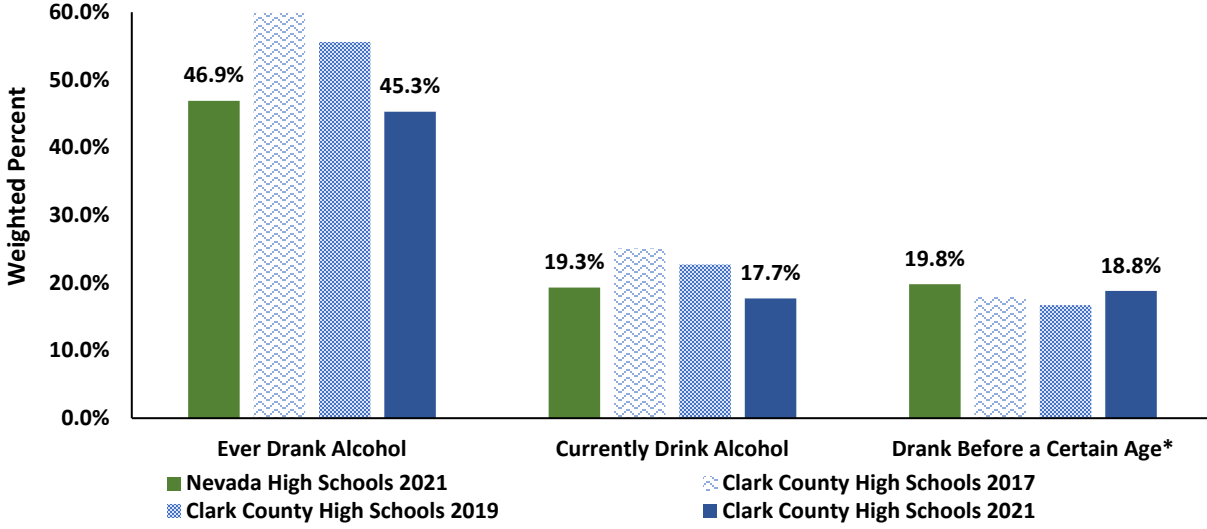
Similarly, Clark County middle school students have a lower percent for ever using an e-vapor product than Nevada in 2021 (11.3% and 12.8%, respectively) and currently using electronic vapor (e-vapor) products than Nevada in 2021 (5.0% and 5.4%, respectively)

**Figure 32b. Electronic Vapor Product Use, Clark County, Nevada Middle School Students, 2017, 2019, and 2021, and Nevada Middle School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 25.0% to display differences among groups.

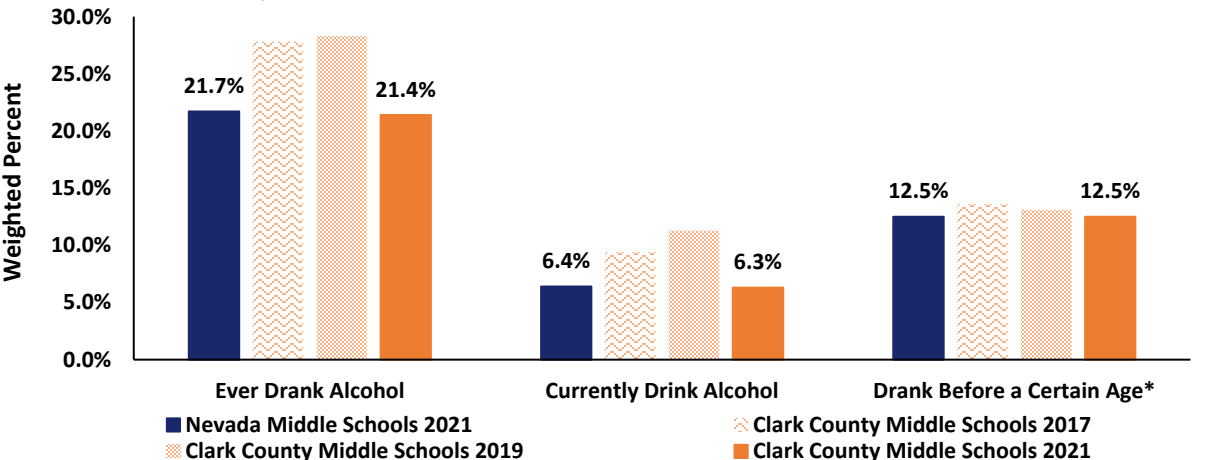
**Figure 33a. Alcohol Use, Clark County, Nevada High School Students, 2017, 2019 and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 60.0% to display differences among groups.  
 \*In high school students, if they ever drank before age 13, and in middle school students, if they ever drank before age 11.

The percent of ever drank alcohol or currently drink alcohol among Clark County high school students has steadily declined from 2017 to 2021, where drank before a certain age decreased from 2017 to 2019 followed by an increase in 2021. The percent of ever drank alcohol, currently drink alcohol, and drank before a certain age among Clark County high school students are all lower than Nevada high school students in 2021.

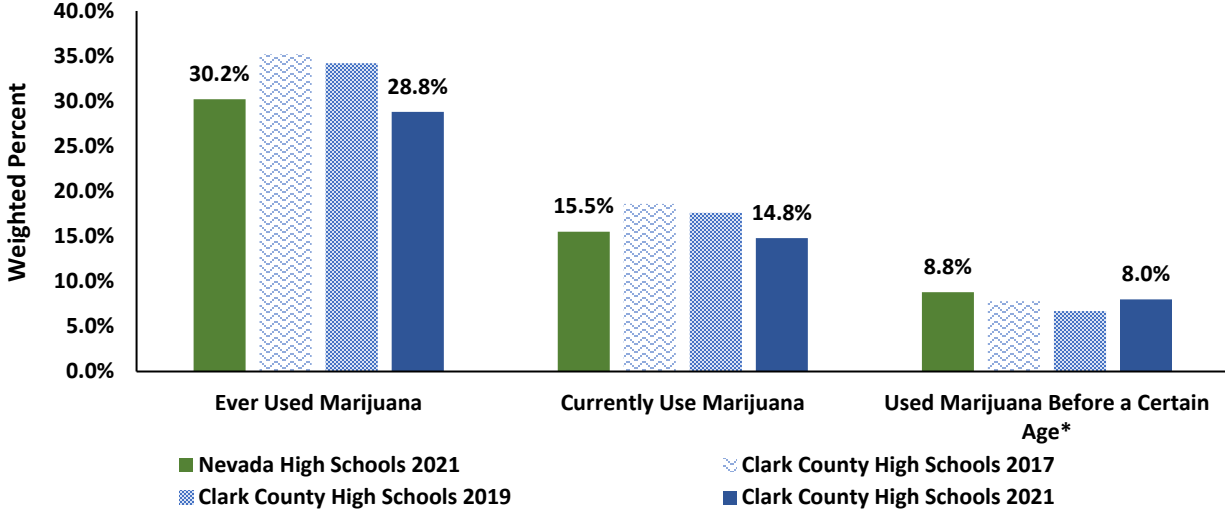
**Figure 33b. Alcohol Use, Clark County, Nevada Middle School Students , 2017, 2019 and 2021, and Nevada Middle School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 30.0% to display differences among groups.  
 \*In high school students, if they ever drank before age 13, and in middle school students, if they ever drank before age 11.

The percent of ever drank alcohol among Clark County middle school students increased slightly from 2017 to 2019 before decreasing in 2021. Clark County middle school student percents for ever drinking alcohol, currently drink alcohol, and drank before a certain age are similar to Nevada middle school student percents.

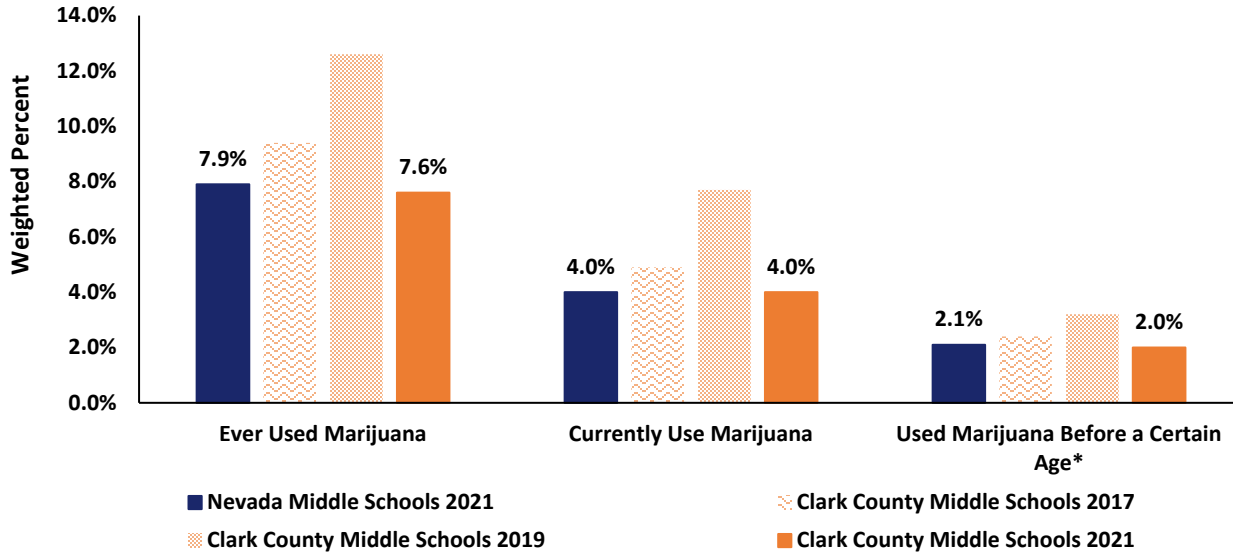
**Figure 34a. Marijuana Use, Clark County, Nevada High School Students, 2017, 2019 and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 40.0% to display differences among groups.  
 \*In high school students, if they ever used marijuana before age 13.

The percent of Clark County high school students who have reported to have ever used marijuana or currently use marijuana has decreased from 2017 to 2021 but not significantly. The percents of Clark County high school students who have reported to have ever used marijuana, currently use marijuana, or used marijuana before a certain age in 2021 are lower than Nevada high school percents.

**Figure 34b. Marijuana Use, Clark County Middle School Students 2017, 2019, and 2021, and Nevada Middle School Students, 2021.**



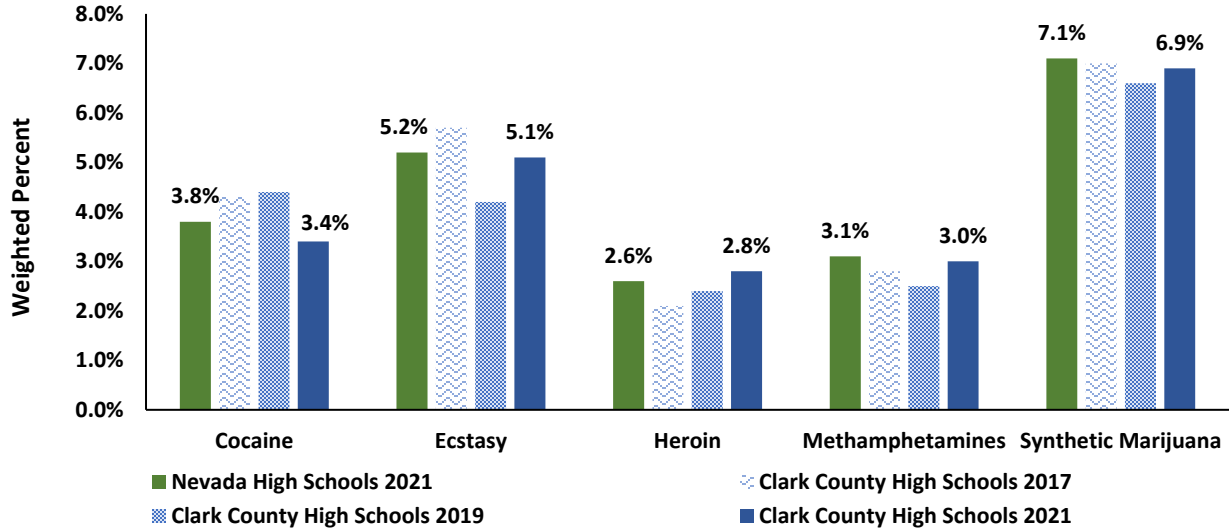
Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 14.0% to display differences among groups.  
 \*In middle school students, if they ever used marijuana before age 11.

The percent of Clark County middle school students who have reported to have ever used marijuana, currently use marijuana, or used marijuana before a certain age were highest in 2019 before decreasing

## Clark County Behavioral Health Epidemiologic Profile

in 2021 to percents lower than in 2017. The percents in 2021 for ever used marijuana or used marijuana before a certain age were lower than 2021 Nevada middle school percents, and the percent who currently use marijuana is the same as 2021 Nevada middle school percents.

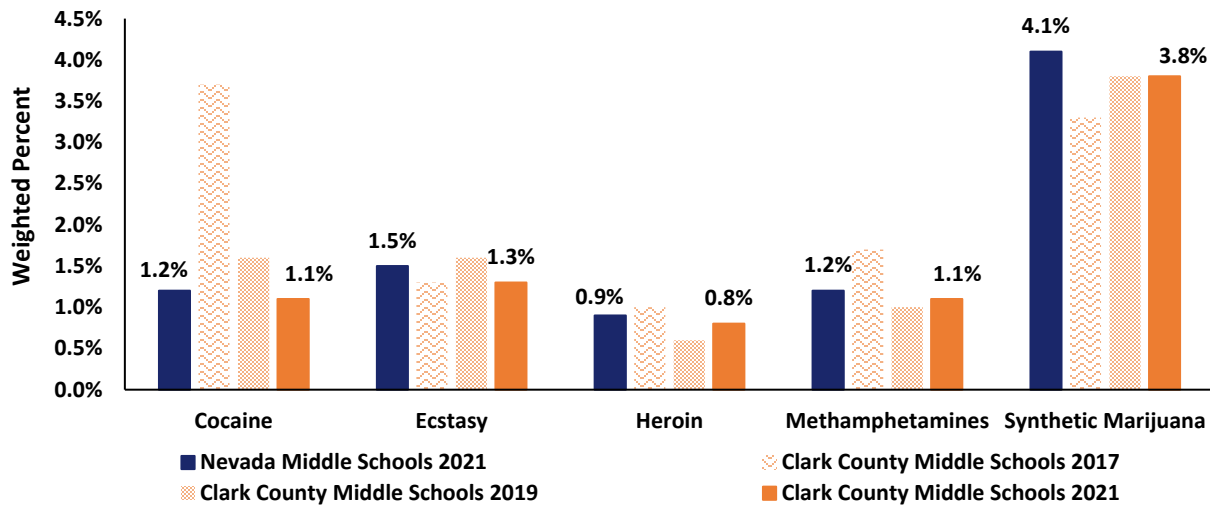
**Figure 35a. Lifetime Drug Use by Drug Category Clark County, Nevada High School Students, 2017, 2019 and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 8.0% to display differences among groups.

Of the illicit drugs listed in Figure 35a above, lifetime drug use percents among Clark County high school students was highest with synthetic marijuana use (6.9%) which is lower than the Nevada high school student percent (7.1%). Lifetime percent use of heroin among Clark County high school students was 0.2% higher than Nevada high schools in 2021, whereas percent lifetime use of cocaine, ecstasy, and methamphetamines among Clark County high school students are all slightly lower than Nevada high school students in 2021.

**Figure 35b. Lifetime Drug Use, Clark County Middle School Students 2017, 2019, and 2021, and Nevada Middle School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 4.5% to display differences among groups.

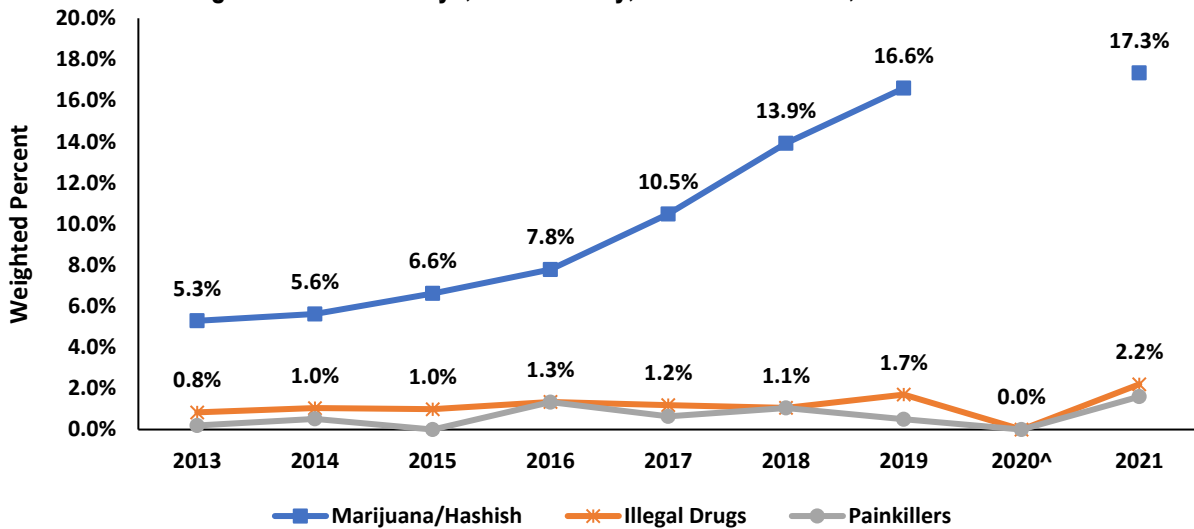
## Clark County Behavioral Health Epidemiologic Profile

Lifetime percent drug use among Clark County middle school students was highest in 2017 for cocaine, heroin, and methamphetamines, highest in 2019 for ecstasy, and highest in 2019 and 2021 for synthetic marijuana (both at 3.8%). Clark County middle school student percent of lifetime use for all illicit drugs listed for 2021 were lower than Nevada middle school student percents.

### Behavioral Risk Factor Surveillance System

BRFSS collects information on adult health-related risk behaviors. According to the Centers for Disease Control and Prevention, BRFSS is a powerful tool for targeting and building health promotion activities. The survey has questions focusing on substance use including illegal drug use, e-cigarettes, and drunkenness.

**Figure 36. Percent of Adult BRFSS Respondents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, Clark County, Nevada Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System.

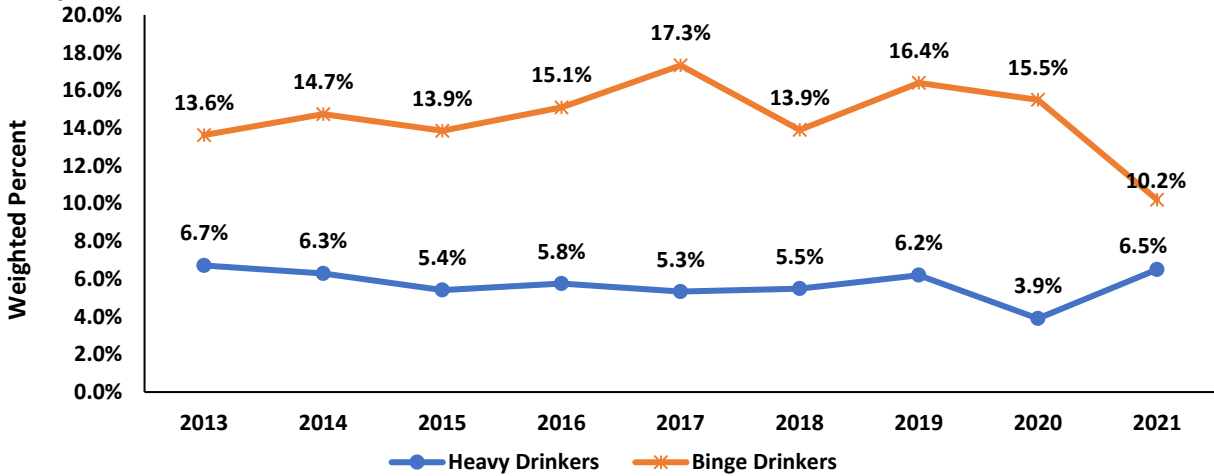
Chart scaled to 20.0% to display differences among groups.

Specific question asked in survey: "During the past 30 days, on how many days did you use marijuana or hashish/any other illegal drug/prescription drugs without a doctor's order, just to "feel good," or to "get high"?"

<sup>^</sup>Indicator not reported in 2020.

Marijuana use among adult Clark County residents has more than tripled since 2013. In 2021, 17.3% reported having used marijuana in the past 30 days, up from 5.3% in 2013. Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of the adult Clark County residents surveyed in 2021, 1.6% (on average) used painkillers to get high in the last 30 days and 2.2% used other illegal drugs to get high in the last 30 days.

**Figure 37. Percent of Adult BRFSS Respondents Who are Considered Binge Drinkers or Heavy Drinkers, Clark County, Nevada Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 20.0% to display differences among groups.

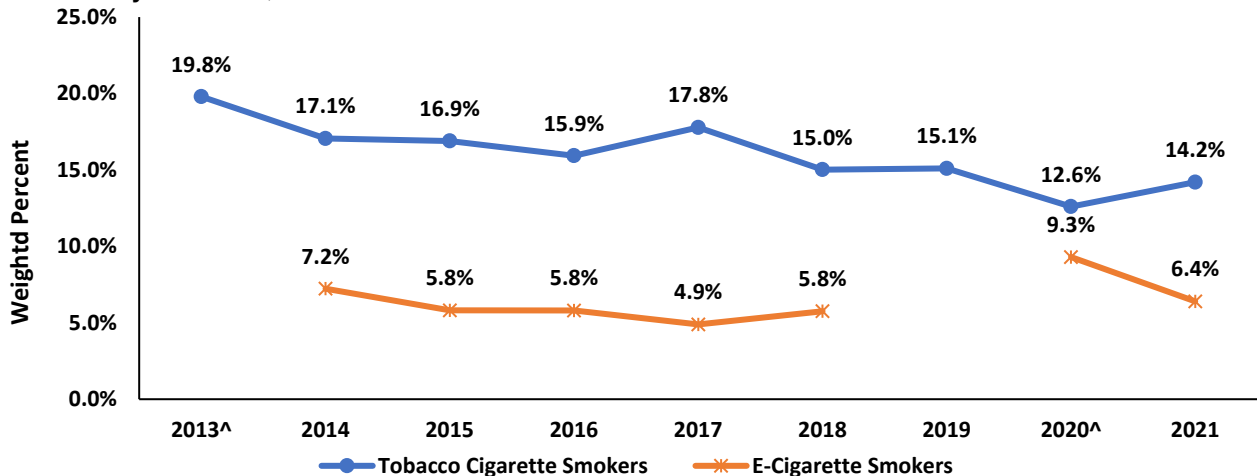
Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than seven drinks per week).

Binge drinkers (adult men having five or more drinks on one occasion, adult women having four or more drinks on one occasion).

Binge drinking is defined in men as having five or more alcoholic beverages and woman having four or more alcoholic beverages on the same occasion. Heavy drinking is defined in men as consuming 15 or more alcoholic beverages per week, and women as consuming eight or more alcoholic beverages per week ([CDC Binge and Heavy Drinking](#)).

Binge drinking among Clark County adult BRFSS respondents has fluctuated between a high of 17.3% in 2017 to a low of 10.2% in 2021. The percent of Clark County adult BRFSS respondents who reported they were heavy drinkers has remained fairly steady from 2013-2021 except for a decrease in 2020.

**Figure 38. Percent of Adult BRFSS Respondents Who are Current Tobacco Cigarette or E-Cigarette Smokers, Clark County Residents, 2013-2021.**



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 25.0% to display differences among groups.

<sup>^</sup> E-cigarette use was not collected until 2014 and was not collected in 2019.

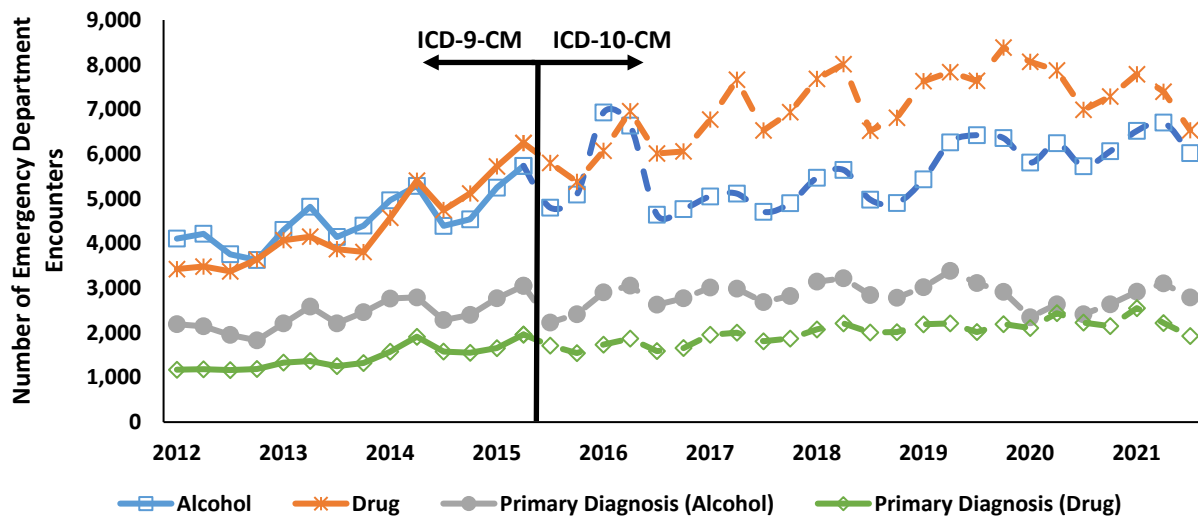
Current cigarette smokers are defined as individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke. Current e-cigarette smokers are defined as individuals who currently have smoked on at least one day in the past 30 days or who currently report using e-cigarettes or other electronic “vaping” products every day or some days.

Tobacco cigarette smoking among Clark County adult BRFSS respondents has been decreasing from a high of 19.8% in 2013 to a low of 12.6% in 2020, before increasing to 14.2% in 2021. E-cigarette use among Clark County adult BRFSS respondents reached a high of 9.3% in 2020 before decreasing to 6.4% in 2021.

## Hospital Emergency Department Encounters

The hospital emergency department billing data provides health billing data for emergency departments patients for Nevada’s non-federal hospitals. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers are not mutually exclusive.

**Figure 39. Alcohol and Drug-Related Emergency Department Encounters by Quarter and Year, Clark County, 2012-2021.**



Source: Hospital Emergency Department Billing.

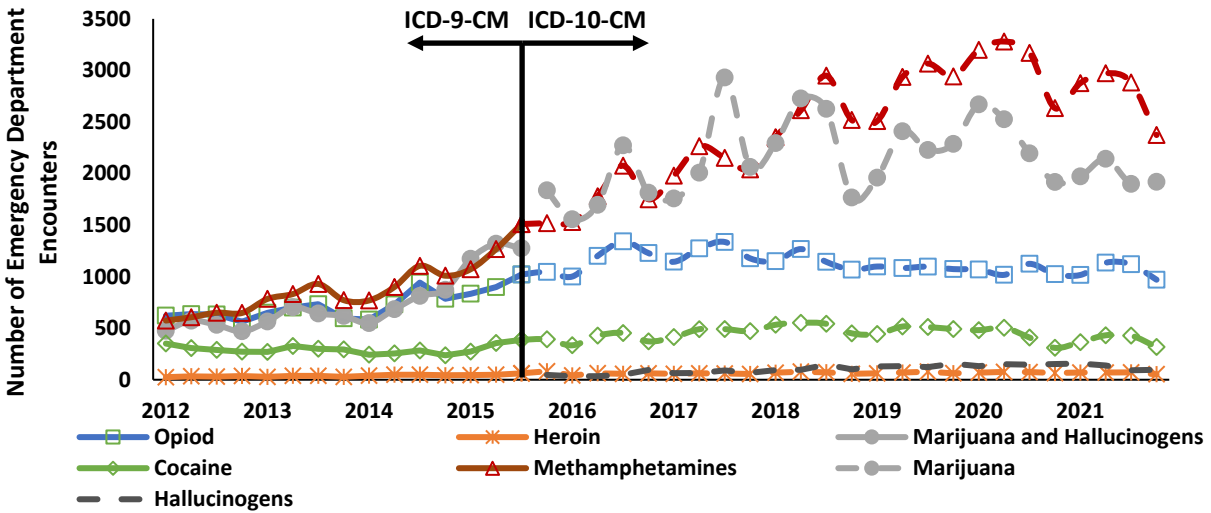
Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

The “primary diagnosis” is the condition established to be chiefly responsible for the emergency department visit. The “alcohol” and “drug” categories are for any visits where alcohol/drugs were listed in any of the diagnoses.

Alcohol-related visits were more common than drug-related visits until 2014 where drug-related visits to the emergency department surpassed alcohol-related visits and have remained higher through 2021. In 2021, there were a total of 12,554 alcohol- and drug-related emergency department encounters. Out of these encounters, 2,790 were related to alcohol (primary diagnosis) and 1,927 were drug-related (primary diagnosis).

Figure 40. Drug-Related Emergency Department Encounters by Drug and Quarter and Year, Clark County, 2012-2021.



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

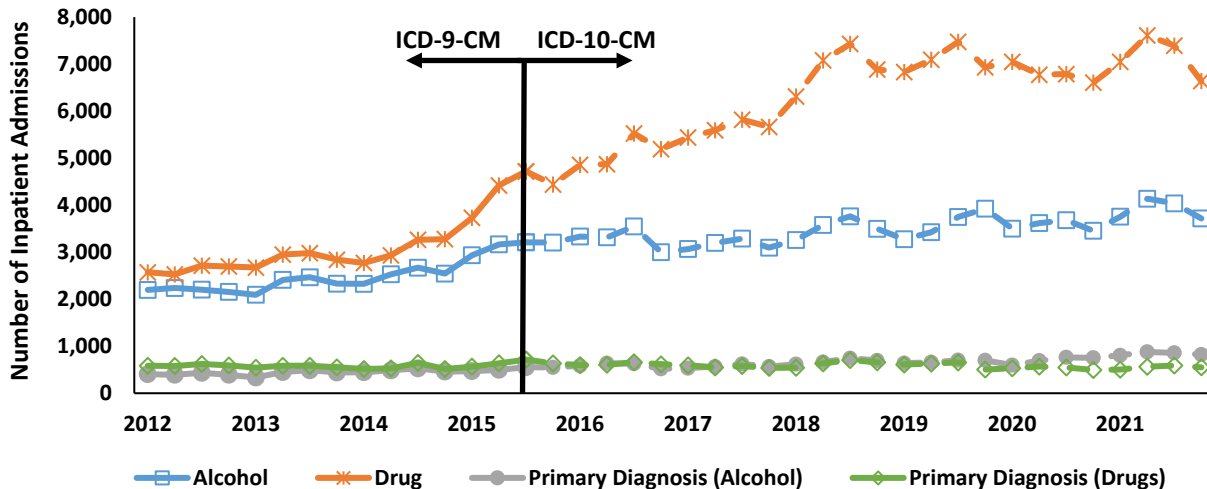
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Since 2012, drug-related encounters among Clark County residents have increased with marijuana and methamphetamine being the leading causes. Since 2018, methamphetamine has been the leading cause of drug-related encounters.

### Hospital Inpatient Admissions

The hospital inpatient admission billing data provides health billing data for patients admitted to hospitals for longer than a 24-hour period.

Figure 41. Alcohol and Drug-Related Inpatient Admissions by Quarter and Year, Clark County, 2012-2021.



Source: Hospital Inpatient Billing.

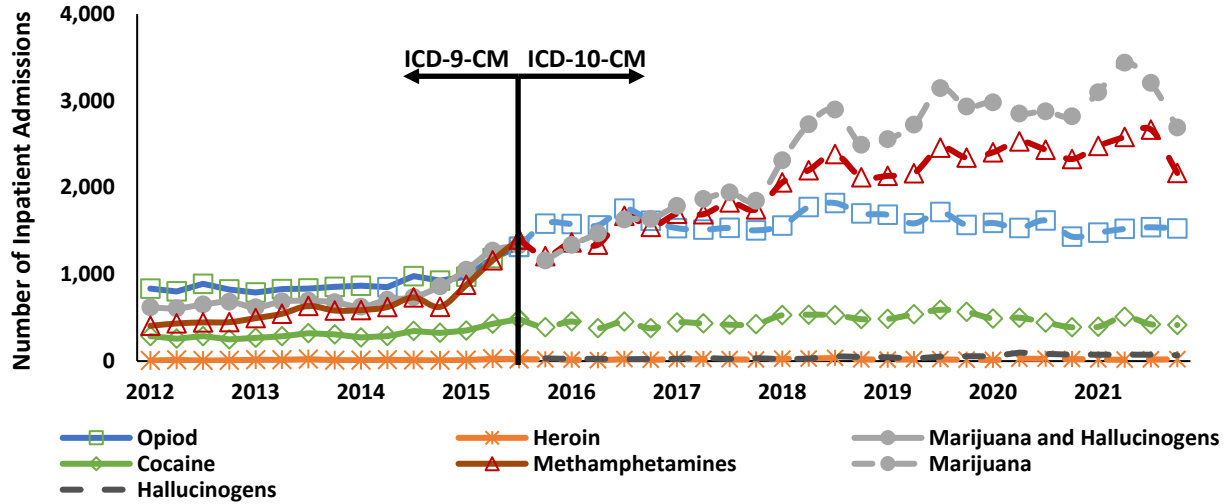
Categories are not mutually exclusive.

ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.



Drug-related admissions have been the most common cause of admissions since 2012 among Clark County residents, significantly higher than alcohol-related admissions since 2015. In 2021, there were 10,358 admissions due to drugs and/or alcohol. Out of these encounters, 823 were related to alcohol (primary diagnosis) and 552 were drug-related (primary diagnosis).

Figure 42. Drug-Related Inpatient Admissions by Quarter and Year, Clark County, 2012-2021.



Source: Hospital Inpatient Billing.

Categories are not mutually exclusive.

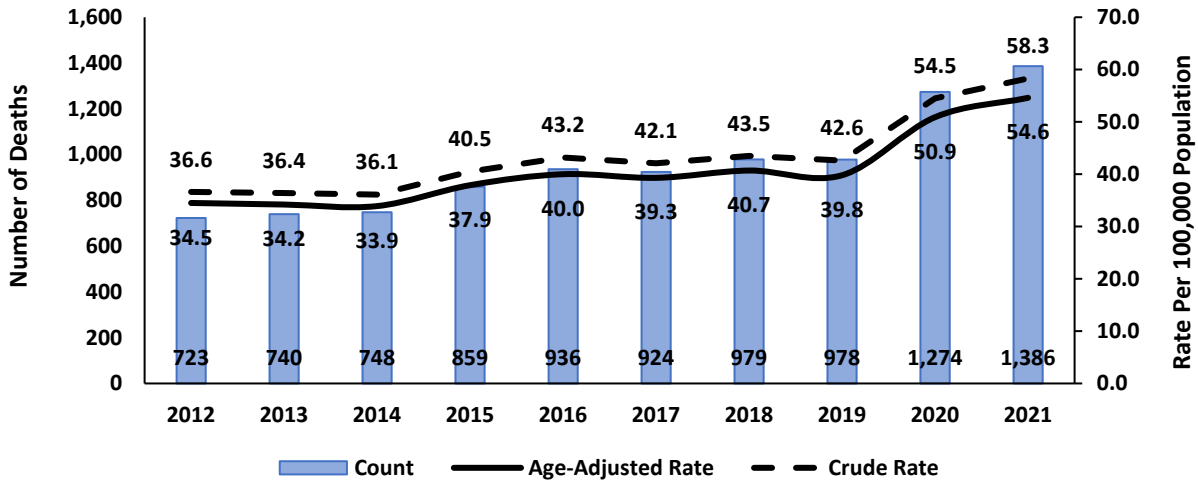
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. From 2015-2018, all drug-related inpatient admissions among Clark County residents increased then remained fairly steady through 2020 before decreasing in 2021. Marijuana replaced opioids in quarter 4 of 2016 as the leading cause of drug-related inpatient admissions, followed by methamphetamines.

## Drug and Alcohol Deaths

Alcohol-related and/or drug-related deaths include deaths where alcohol/drugs are listed as the cause of death. In previous reports, contributing causes of death for alcohol/drugs were included; therefore, counts will be lower than in the previous report. In 2019, 1,092 deaths were related to alcohol and drugs in Clark County.

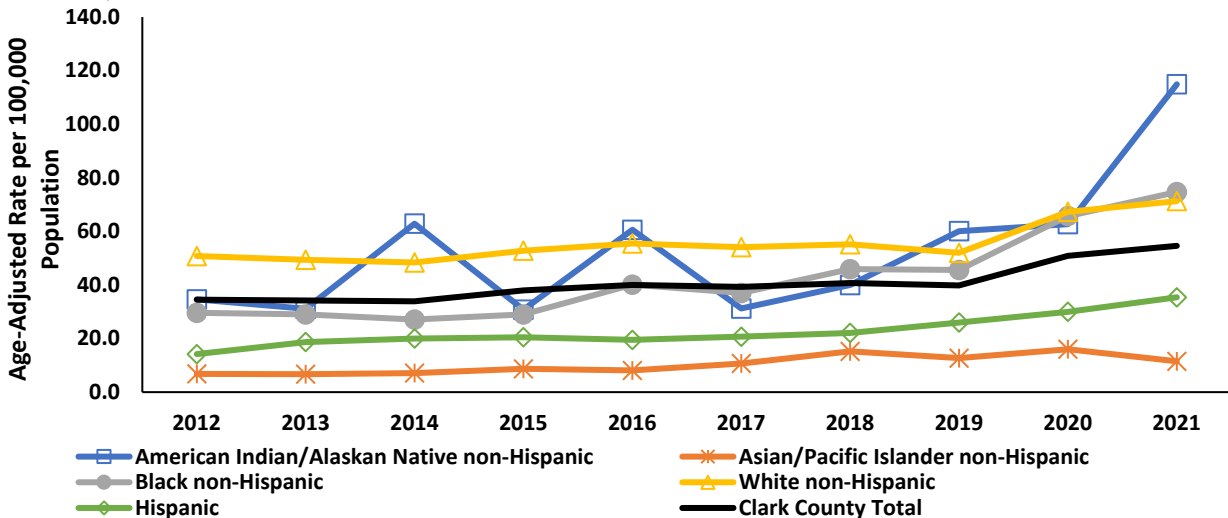
Figure 43. Alcohol-Related and/or Drug-Related Deaths and Rates, Clark County, 2012-2021.



Source: Electronic Death Registry System.

The alcohol-related and/or drug-related age-adjusted rate among Clark County residents increased significantly in 2015 from previous years (95% confidence interval). The rates remained steady before another notable increase in both 2020 and 2021.

Figure 44. Age-Adjusted Rate for Alcohol-Related and/or Drug-Related Deaths by Race, Clark County Residents, 2012-2021.

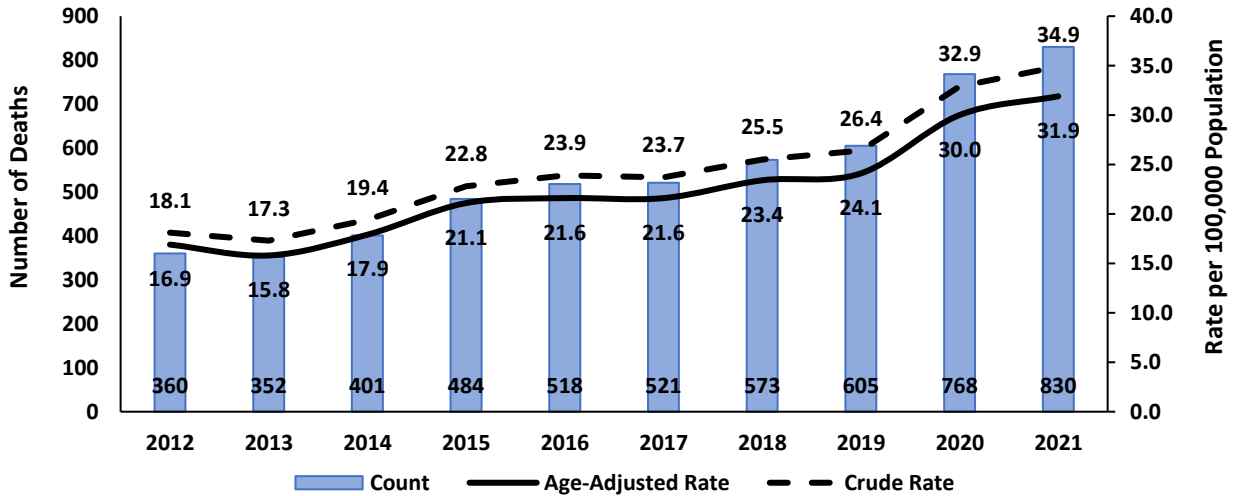


Source: Electronic Death Registry System.

## Clark County Behavioral Health Epidemiologic Profile

Both Black non-Hispanic and White non-Hispanic populations had a significantly higher rate of alcohol-related and/or drug-related deaths in 2021 compared to Clark County total (74.7, 71.3 and 54.6 per 100,000, respectively). While deaths in the Native American non-Hispanic population increased in 2014, 2016, 2019, and 2021 these deaths are not statistically significant (95% confidence interval) due to the relatively small population size.

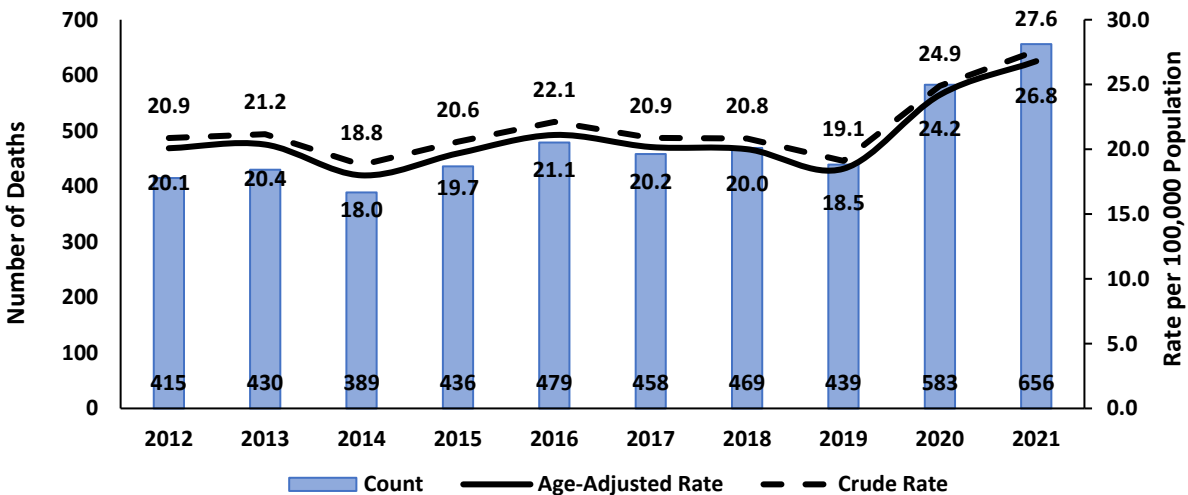
**Figure 45. Alcohol-Related Deaths and Rates, Clark County Residents, 2012-2021.**



Source: Electronic Death Registry System.

Alcohol-related deaths among Clark County residents have increased significantly from 2012-2021 with 2021 representing the highest total deaths (830), age-adjusted rate (31.9 per 100,000), and crude rate (34.9 per 100,000 population).

**Figure 46. Drug-Related Deaths and Rates, Clark County Residents, 2012-2021**



Source: Electronic Death Registry System.

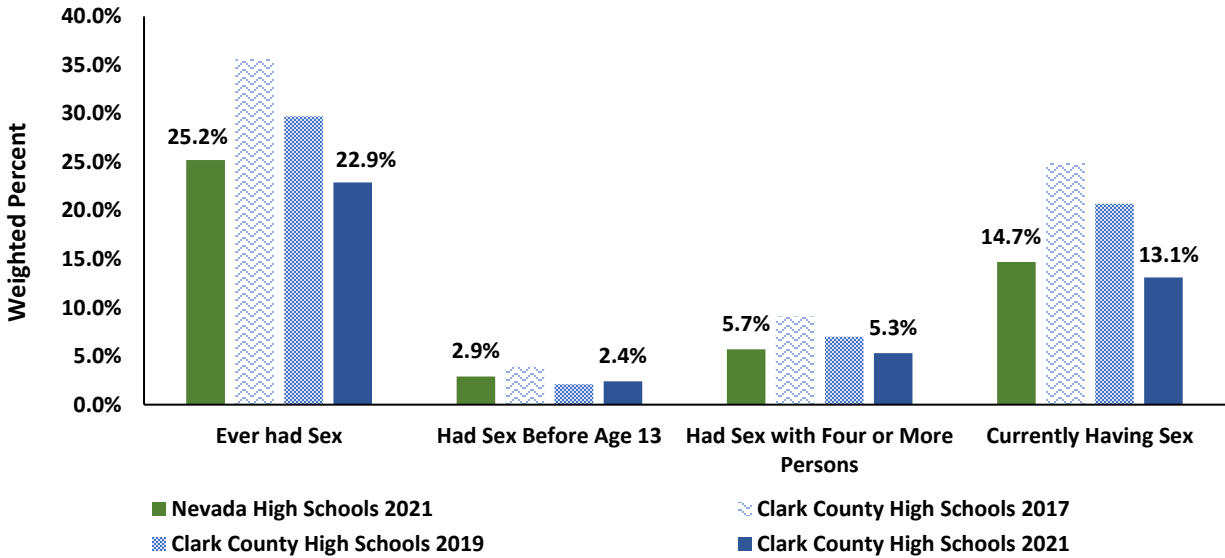
In 2021, there were 656 drug-related deaths to Clark County residents, the highest since 2012. The age-adjusted rate increased and decreased across the years but was at the highest in 2021 (26.8 per 100,000 population).

# Youth (Adverse Effects from Youth)

This section focuses on other factors that affect youth not directly related to substance use or mental health. All survey data are self-reported.

## Youth Risk Behavior Survey (YRBS)

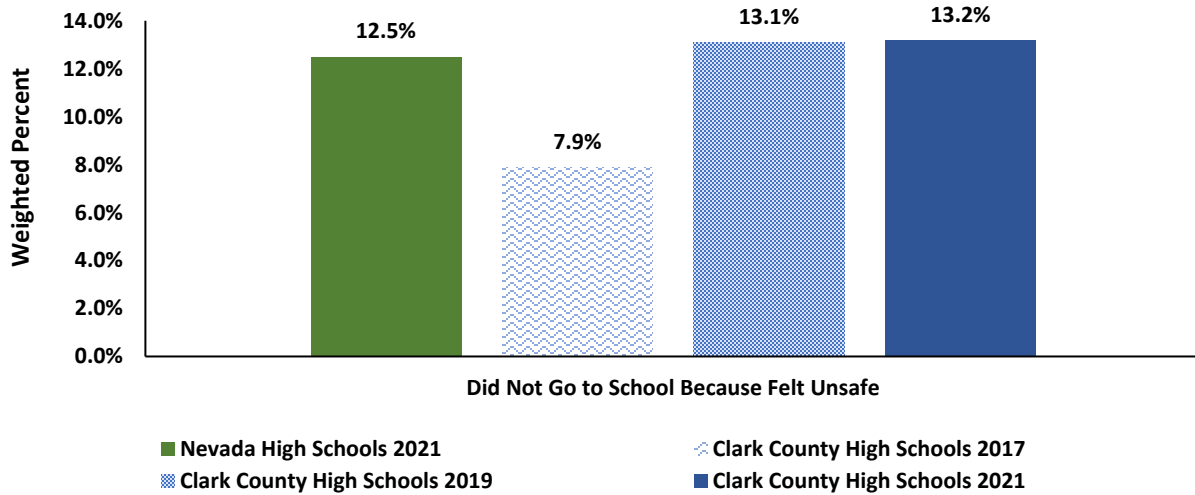
**Figure 47. Sexual Behaviors Among Students, Clark County High School Students, 2017, 2019, and 2021, and Nevada High School Students, 2021.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 40.0% to display differences among groups.

The percent of Clark County high school students who reported ever having sex, had sex before age 13, had sex with four or more persons, or are currently having sex were the highest in 2017. All sexual behaviors listed above in Figure 47 among Clark County high school students were lower than Nevada high school students, but none were significantly lower.

**Figure 48. Violence Among Students, Clark County High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.**



Source: Nevada Youth Risk Behavior Survey.  
 Chart scaled to 14.0% to display differences among groups.

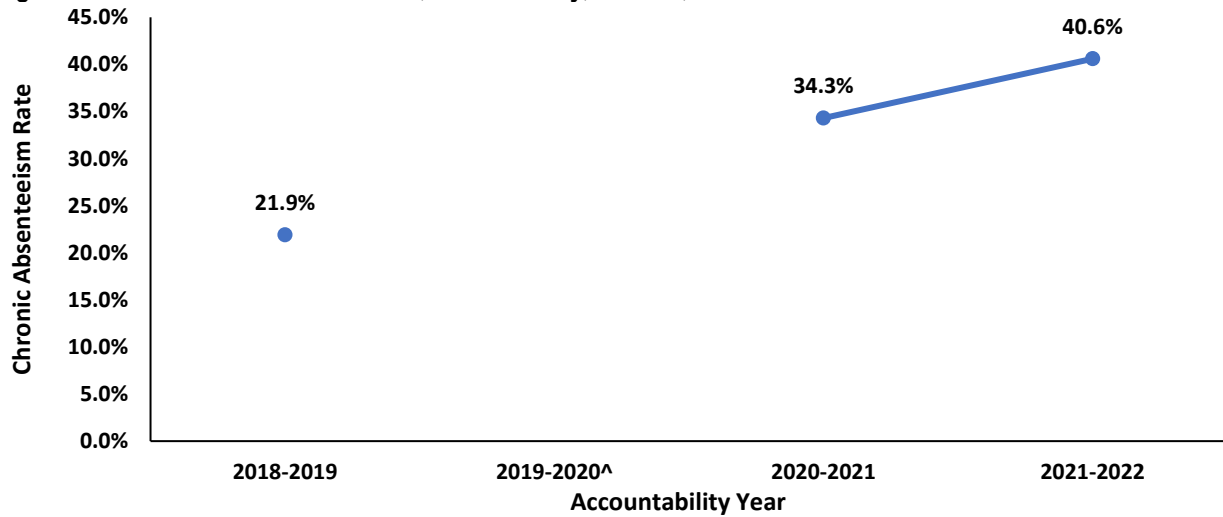
The percent of high school students in Clark County did not go to school because they felt unsafe increased from 2017 to 2021, reaching a percent higher than Nevada high school students in 2021, but not significantly.

## Nevada Report Card

The Nevada Report Card is the accountability reporting website of the Nevada Department of Education. In compliance with federal and state law, it assists community members (parents, educators, researchers, lawmakers, etc.) in locating a wealth of detailed information pertaining to K-12 public education in Nevada. The website has three categories: “school and district information,” “assessment and accountability” and “fiscal and technology.”

When student behavioral health needs are not identified or not provided with the necessary attention, they are more likely to experience difficulties in school. These include higher rates of suspension, expulsion, dropout, and truancy, as well as lower grades. Nationally, 50% of students aged 14 or older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group.

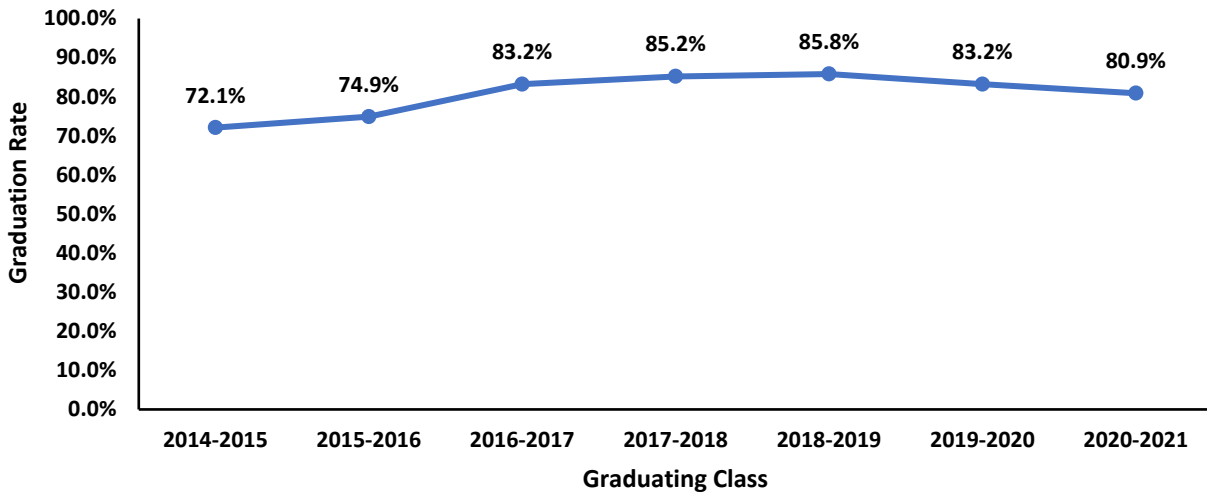
**Figure 49. Chronic Absenteeism Rate, Clark County, Nevada, 2018–2022.**



Source: Nevada Department of Education, Report Card.  
<sup>^</sup>Indicator was not measured during the 2019-2020 school year.  
 Chart scaled to 45.0% to display differences among groups.

The chronic absenteeism rate is the percent of students who miss 10% or more of enrolled school days per year either with or without a valid excuse. Clark County’s rate of chronic absenteeism has been increasing since the 2018-2019 accountability year. Clark County reported the lowest rate of chronic absenteeism during the 2018-2019 accountability year with a rate of 21.9%. During the 2021-2022 accountability year, the chronic absenteeism rate was 40.6%. The chronic absenteeism rate was not collected for the 2019-2020 school year, due to the US Department of Education Covid-19 waiver.

**Figure 50. High School Graduation Percent, Clark County, Class Cohorts 2014–2021.**



Source: Nevada Department of Education, Report Card.

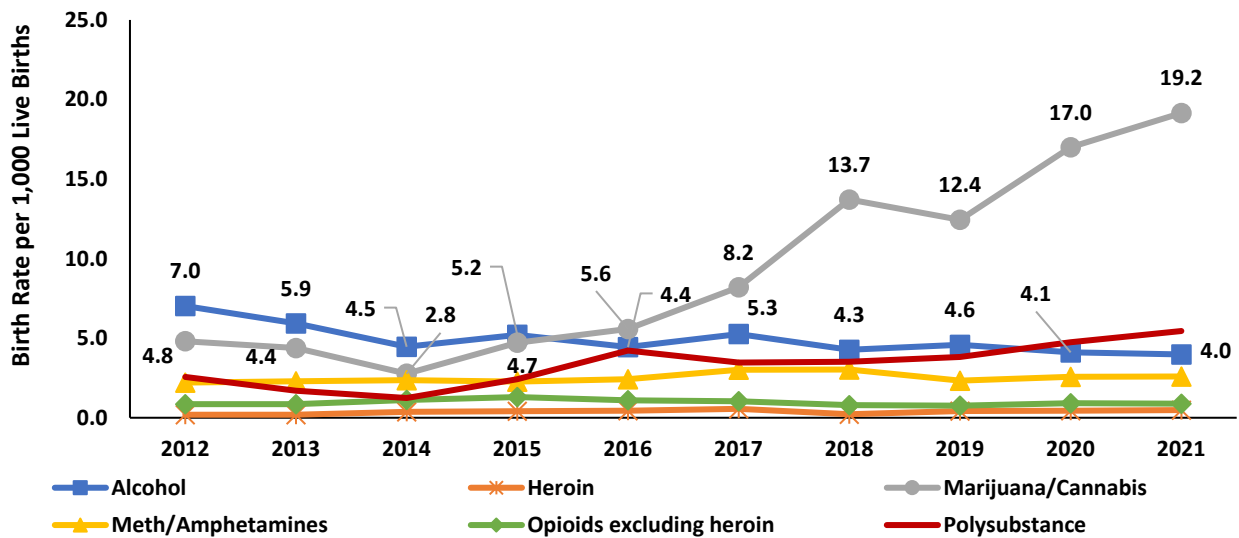
Graduation rate is defined as the rate at which 9<sup>th</sup> graders graduate by the end of the 12<sup>th</sup> grade (number of students who graduate in four years with a regular high school diploma divided by the number of students from the adjusted cohort for the graduation class). The highest graduation rate among Clark County high schools since 2014 is 85.8% for the class of 2019.

# Maternal and Child Health

## Substance Use Among Pregnant Nevadans (Birth)

The data in this section are reflective of self-reported information provided by the mother on the birth record. On average, there were 26,253 live births per year to Clark County residents between 2012 and 2021. In 2021, 100 birth certificates indicated alcohol use, 481 birth certificates indicated marijuana use, 65 indicated meth/amphetamine use, 22 indicated opiate use, and 12 indicated heroin use during pregnancy.

**Figure 51. Self-Reported Prenatal Substance Use Birth Rates for Select Substances, Clark County Residents, 2012-2021.**

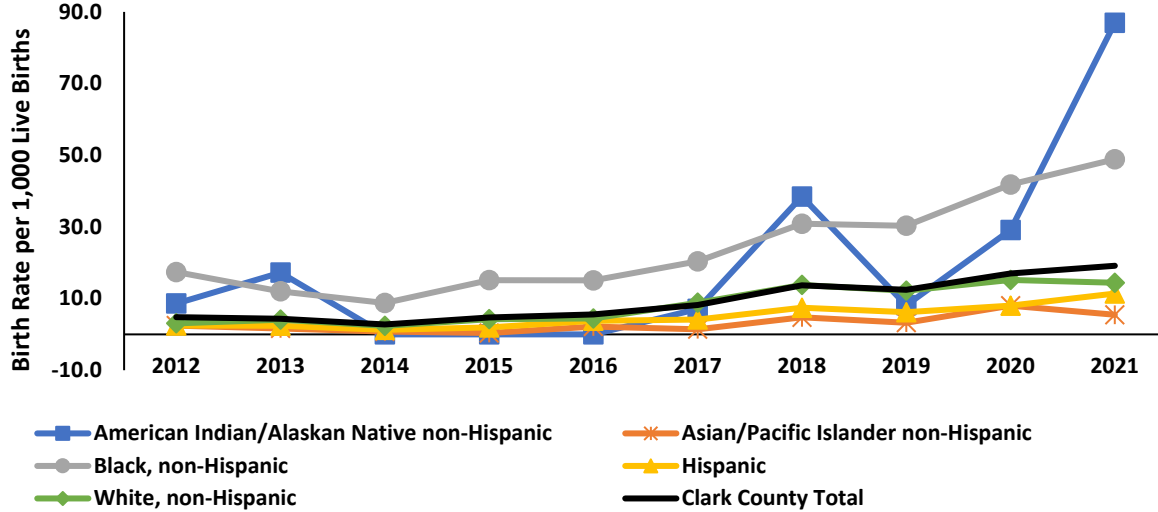


Source: Nevada Electronic Birth Registry System.

Of the self-reported substance use during pregnancy among Clark County residents who gave birth between 2012 and 2021, the highest rate was with marijuana use in 2021, at 19.2 per 1,000 live births. Since 2016, the marijuana use rate has surpassed the alcohol use rate, which was about 4.0 per 1,000 births in 2021. In 2021, a rate of approximately 2.6 per 1,000 live births was reported for meth/amphetamines, which is lower than the high in 2017 and 2018 at 3.0 per 1,000 live births. Polysubstance use (more than one substance) has increased from a low of 1.2 per 1,000 live births in 2014 to 5.5 per 1,000 live births in 2021.

Because alcohol and substance use during pregnancy is self-reported by the mothers, rates are likely lower than actual rates due to underreporting, and expectant mothers may be reluctant to be forthcoming on the birth record for a variety of reasons.

Figure 52. Self-Reported Prenatal Marijuana Use Rate by Race/Ethnicity Birth Rates (Self-Reported), Clark County Residents, 2012-2021.



Source: Nevada Electronic Birth Registry System.

Marijuana/cannabis use among pregnant Clark County residents was significantly higher among the Black non-Hispanic population, at 48.9 per 1,000 live births (race-specific). Tobacco use was most common among the 10 -14 age group at 142.9 per 1,000 live births (age-specific) in 2021. Marijuana use has increased from 2.8 per 1,000 live births in 2014 to 19.2 per 1,000 live births in 2021 for pregnant Clark County residents as marijuana was legalized in Nevada.

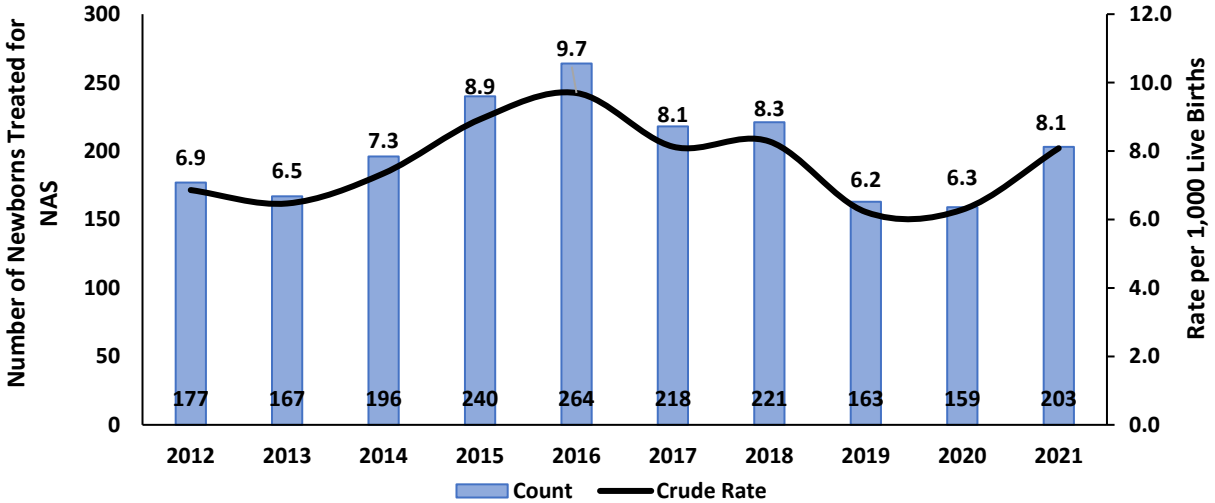
American Indian/Alaskan Native, non-Hispanic mothers self-reported marijuana use rate in 2021 was significantly higher than the Clark County rate in 2018, 2020, and 2021. However, the rates are to be interpreted with caution due to low populations. The highest consistent rates were among the White non-Hispanic population, with 14.4 per 1,000 live births in 2021.



## Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a group of conditions that occur in a newborn who was exposed to addictive, illegal, or prescription drugs while in the mother’s womb. Withdrawal or abstinence symptoms develop shortly after birth.

Figure 53. Neonatal Abstinence Syndrome, Clark County Residents, Nevada, 2012-2021.



Source: Hospital Inpatient Department Billing and Nevada Electronic Birth Registry System. ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

The rate of inpatient admissions for NAS among Clark County residents has increased and decreased from 2012 to 2021, with a high of 9.7 per 1,000 live births in 2016 and a low of 6.2 per 1,000 births in 2019. In 2021, the rate of NAS was 8.1 per 1,000 live births for Clark County residents.

# Appendix

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Hospital billing data (emergency department encounters and inpatient admissions) and mortality data both utilize International Classification of Diseases codes (ICD). Hospital billing uses ICD-CM which is a 7-digit code versus mortality where the ICD codes are 4-digit. In hospital billing data, the ICD codes are provided in the diagnosis fields, while mortality data the ICD codes are coded from the literal causes of death provided on the death certificate.

In October 2015, ICD-10-CM codes were implemented nationwide. Before October 2015, ICD-9-CM codes were used for medical billing. Therefore, 2015 data consists of two distinct coding schemes, ICD-9-CM and ICD-10-CM, respectively. Due to this change in coding schemes, hospital billing data from October 2015 forward may not be directly comparable to previous data.

For more detailed ICD-9-CM codes: [Legacy ICD-9-CM billing codes](#)

For more detailed ICD-10-CM codes: [ICD-10-CM billing codes](#)

For more detailed ICD-10 mortality codes: [ICD-10 mortality codes](#)

The following ICD-CM codes were used to define hospital encounters and admissions:

**All Diagnosis:**

Anxiety: 300.0 (9); F41 (10)  
Bi-Polar: 296.40-296.89 (9); F32.89, F31 (10)  
Depression: 296.20-296.36, 311 (9); F32.0-F32.5, F33.0-F33.4, F32.9 (10)  
Post-Traumatic Stress Disorder: 309.81 (9); F43.10, F43.12 (10)  
Schizophrenia: 295 V11.0 (9); F20, Z65.8 (10)  
Suicidal Ideation: V62.84 (9); R45.851 (10)  
Suicide Attempts: E95.0-E95.9 (9); X71-X83, T36-T65, T71 (10)

**Primary and All Diagnosis:**

Alcohol: 291, 303, 980, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3 (9); F10, K70, G62.1, I42.6, K29.2, R78.0, T51 (10).  
Drug: 292, 304, 965, 967, 968, 969, 970, 305.2, 305.3, 305.4, 305.5, 305.6, 305.7, 305.8, 305.9 (9); F11- F16, T39, T40, T43, F18, F19 T410, T41.1, T41.2, T41.3, T41.4, T42.3, T43.4, T42.6, T42.7, T42.8 (10).

\*Alcohol and drug use encounters are both Primary Diagnosis and All diagnosis were analyzed:

The following ICD-10 codes were used to define mortality causes:

Suicide-related deaths: X60-X84, Y87.0 (Initial cause of death is suicide).  
Mental and behavioral-related deaths: F00-F09, and F20-F99 (Initial or contributing cause of death).  
Alcohol-related deaths: K70, Y90, Y91, X45, X65, Y15, T51, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1 (Initial cause of death).  
Drug-related deaths: X40-X44, X60-S64, X85, Y10-Y14 (Initial cause of death).

# Clark County Behavioral Health Epidemiologic Profile

## Data Tables

**Table 1. Population Distribution, Clark County, Nevada, 2012-2021.**

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
<b>Clark</b>	1,988,195	2,031,723	2,069,450	2,118,353	2,166,177	2,193,818	2,251,175	2,293,391	2,337,410	2,378,903
<b>Sex</b>										
Female	987,211	1,009,806	1,029,445	1,056,208	1,080,984	1,095,543	1,125,173	1,147,138	1,170,025	1,191,647
Male	1,000,985	1,021,917	1,040,005	1,062,145	1,085,193	1,098,275	1,126,003	1,146,253	1,167,385	1,187,256
<b>Age</b>										
<1	25,778	25,766	27,156	26,829	27,658	28,357	28,724	29,666	30,311	31,021
1-4	111,709	109,003	107,498	109,444	110,667	111,363	115,157	117,500	120,321	122,804
5-14	277,599	286,221	291,394	304,637	307,778	308,203	311,011	311,048	310,964	309,260
15-24	260,630	266,774	271,719	280,770	288,540	291,397	301,208	309,384	318,198	327,591
25-34	279,240	281,152	282,754	292,924	299,546	305,043	316,591	324,608	333,309	340,263
35-44	298,055	304,228	308,571	307,932	313,075	314,897	320,693	323,113	325,412	327,535
45-54	270,717	276,837	283,538	286,194	293,497	295,811	299,678	303,583	307,535	312,397
55-64	220,293	227,371	233,618	239,885	246,670	251,401	259,455	265,921	272,357	277,386
65-74	151,822	159,316	164,726	169,259	173,582	177,562	183,791	188,747	194,718	201,302
75-84	69,707	71,568	74,136	75,939	79,834	83,767	88,470	92,602	95,991	99,592
85+	22,644	23,486	24,339	24,539	25,330	26,016	26,398	27,219	28,292	29,753
<b>Race/Ethnicity</b>										
White non-Hispanic	971,165	977,281	982,223	985,690	992,118	993,805	1,001,941	1,006,468	1,011,208	1,015,195
Black non-Hispanic	211,021	217,814	223,543	231,243	238,599	243,157	251,873	258,488	265,352	271,865
Native American/Alaskan Native non-Hispanic	13,324	13,413	13,548	14,553	14,727	14,851	15,053	15,208	15,369	15,516
Asian/Pacific Islander non-Hispanic	199,045	208,021	215,690	229,502	239,493	244,808	256,983	265,621	274,648	283,054
Hispanic	593,640	615,194	634,447	657,366	681,240	697,196	725,326	747,606	770,833	793,273

Source: Nevada State Demographer, Vintage 2020.

Clark County Behavioral Health Epidemiologic Profile

**Table 2: Prevalence Estimates of Health Risk Behaviors by Region, Nevada Adults, 2021.**

Indicator	Clark	Northern	Rural	Southern	Washoe	Nevada
Ever seriously considered attempting suicide during the past 12 months	4.9% (3.2-6.6)	5.4% (2.7-8.1)	6.1% (1.6-10.6)	5.2% (0.0-11.9)	4.1% (2.6-5.5)	4.8% (3.6-6.0)
Heavy drinkers	6.2% (4.6-7.8)	7.9% (4.9-10.9)	7.4% (3.1-11.6)	2.2% (0.0-6.6)	6.8% (4.8-8.8)	6.4% (5.1-7.7)
Binge drinkers	16.4% (13.8-19.0)	15.9% (11.7-20.1)	22.0% (15-29)	11.3% (0.2-22.5)	18.3% (15.2-21.4)	15.0% (13.2-16.9)
General health poor or fair	21.4% (18.7-24.4)	18.7% (14.4-23.1)	16.1% (10.2-22.0)	22.4% (5.3-36.5)	19.6% (16.3-22.8)	20.9% (18.7-23.1)
Depressive disorder diagnosis	18.0% (15.5-20.7)	21.9% (18.0-25.8)	15.2% (9.5-20.9)	16.9% (1.2-32.9)	16.8% (13.8-19.9)	17.7% (15.7-19.7)
Ten or more days of poor mental health	17.4% (15.0-20.3)	22.4% (17.4-27.2)	19.5% (12.9-26)	17.3% (1.3-25.5)	17.3% (14.4-20.2)	17.6% (15.5-19.6)
Ten or more days of poor mental or physical health kept from usual activities	23.3% (19.7-27.6)	20.5% (14.8-26.2)	24.4% (14.0-34.9)	29.1% (12.8-45.3)	20.3% (16.1-24.5)	22.9% (19.8-25.9)
Used marijuana/hashish in the last 30 days	16.4% (13.8-19.3)	20.3% (15.6-25.1)	21.5% (14.0-29.0)	11.0% (1.9-11.5)	18.7% (15.4-21.9)	17.4% (15.3-19.4)
Used other illegal drugs in the last 30 days	1.7% (0.8-2.6)	1.6% (0.1-3.1)	0.0% --	2.3% (0.0-4.5)	3.1% (1.6-4.6)	1.9% (1.2-2.6)
Used prescription drugs/pain killer to get high in last 30 days	0.6% (0.5-1.1)	1.0% (0.0-2.2)	0.9% (0.0-2.2)	0.0% (0.0-2.9)	0.9% (0.4-1.5)	1.0% (0.2-1.1)
Current tobacco cigarette smokers	14.9% (12.7-17.5)	17.4% (13.0-21.8)	23.1% (15.7-30.4)	17.0% (3.9-26.5)	15.7% (12.7-18.8)	15.7% (13.8-17.5)
Difficulty doing errands alone because of physical, mental, or emotional condition	8.7% (6.8-10.9)	10.6% (6.9-14.3)	7.2% (3.3-11.1)	10.8% (0.0-25.2)	7.5% (5.5-9.5)	8.6% (7.1-10.2)
Serious difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional condition	13.0% (10.8-15.4)	13.9% (9.8-18.0)	14.4% (8.2-20.7)	9.4% (1.5-16.9)	11.1% (8.5-13.7)	12.8% (11.0-14.6)

Source: Behavioral Risk Factor Surveillance System (BRFSS).

Clark County Behavioral Health Epidemiologic Profile

**Table 3a. Age-Adjusted Rates per 100,000 of Mental Health-Related Emergency Department Encounters by Region, Nevada Residents, 2021.**

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	497.7 (488.7-506.6)	1,523.8 (1,508.2-1,539.4)	700.1 (689.6-710.6)	687.2 (676.7-697.8)	114.0 (109.7-118.3)	608.3 (598.3-618.3)
Northern	107.4 (92.2-122.5)	1,161.5 (1,113.9-1,209.1)	439.7 (411.1-468.3)	370.1 (342.6-397.7)	90.4 (76.9-104.0)	339.7 (312.4-367.0)
Rural	97.3 (77.9-116.8)	1,196.3 (1,125.8-1,266.8)	768.8 (713.1-824.6)	249.4 (218.3-280.6)	171.6 (143.9-199.2)	246.3 (214.0-278.7)
Southern	279.6 (234.1-325.1)	1,114.7 (1,030.8-1,198.5)	437.3 (384.7-489.8)	347.7 (298.2-397.1)	116.5 (87.7-145.2)	538.7 (474.9-602.5)
Washoe	224.0 (210.6-237.5)	1,318.4 (1,286.0-1,350.7)	701.1 (677.8-724.4)	345.9 (329.3-362.5)	88.2 (79.8-96.6)	406.4 (388.1-424.6)
Nevada	420.5 (413.4-427.7)	1,457.5 (1,444.3-1,470.6)	681.9 (673.0-690.8)	602.0 (593.5-610.5)	110.6 (107.0-114.3)	553.3 (545.0-561.5)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

**Table 3b. Crude Rates per 100,000 of Mental Health-Related Emergency Department Encounters by Region, Nevada Residents, 2021.**

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	496.1 (487.1-505.0)	1,541.1 (1,525.3-1,556.9)	716.0 (705.2-726.8)	686.0 (675.5-696.5)	113.9 (109.6-118.2)	601.1 (591.3-611.0)
Northern	98.4 (84.5-112.3)	1,165.3 (1,117.5-1,213.1)	462.1 (432.0-492.1)	353.9 (327.6-380.3)	86.7 (73.7-99.7)	302.9 (278.6-327.3)
Rural	99.9 (79.9-119.9)	1,150.8 (1,082.9-1,218.6)	759.5 (704.4-814.6)	256.0 (224.0-287.9)	154.0 (129.2-178.8)	232.0 (201.6-262.5)
Southern	237.6 (199.0-276.3)	1,112.8 (1,029.1-1,196.5)	435.9 (383.5-488.3)	311.4 (267.1-355.7)	103.2 (77.8-128.7)	449.0 (395.9-502.2)
Washoe	221.5 (208.2-234.8)	1,326.2 (1,293.6-1,358.7)	720.3 (696.4-744.3)	345.7 (329.1-362.3)	88.1 (79.8-96.5)	395.7 (378.0-413.5)
Nevada	414.7 (407.6-421.7)	1,470.3 (1,457.0-1,483.5)	698.6 (689.5-707.8)	596.0 (587.6-604.5)	109.7 (106.0-113.3)	540.1 (532.1-548.2)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

Clark County Behavioral Health Epidemiologic Profile

**Table 4a. Age-Adjusted Rates per 100,000 of Mental Health-Related Inpatient Admissions by Region, Nevada Residents, 2021.**

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	242.1 (236.0-248.3)	1,220.3 (1,206.6-1,234.0)	888.2 (876.5-900.0)	475.6 (467.0-484.2)	214.4 (208.5-220.2)	470.3 (461.6-479.0)
Northern	74.1 (61.9-86.3)	1,077.0 (1,032.8-1,121.1)	912.2 (871.0-953.4)	397.9 (369.6-426.3)	324.6 (298.0-351.3)	656.9 (618.8-695.1)
Rural	51.6 (37.0-66.2)	535.4 (489.8-581.0)	512.7 (467.6-557.8)	188.9 (160.9-216.8)	139.7 (114.7-164.7)	273.6 (239.4-307.8)
Southern	103.2 (76.8-129.5)	1,153.8 (1,079.8-1,227.9)	900.2 (832.8-967.7)	395.0 (344.4-445.6)	269.8 (228.1-311.5)	369.4 (318.1-420.8)
Washoe	201.4 (188.9-213.9)	892.1 (866.1-918.2)	900.8 (874.7-926.9)	303.4 (288.1-318.7)	232.3 (218.5-246.0)	628.9 (606.3-651.5)
Nevada	218.0 (212.9-223.0)	1,133.5 (1,122.2-1,144.8)	873.4 (863.5-883.3)	434.4 (427.3-441.5)	221.5 (216.4-226.7)	496.5 (488.8-504.2)

Source: Hospital Inpatient Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

**Table 4b. Crude Rates per 100,000 of Mental Health-Related Inpatient Admissions by Region, Nevada Residents, 2021.**

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	249.0 (242.7-255.4)	1,279.5 (1,265.1-1,293.9)	926.6 (914.4-938.9)	491.6 (482.7-500.5)	217.2 (211.2-223.1)	471.9 (463.2-480.7)
Northern	72.4 (60.5-84.3)	1,165.3 (1,117.5-1,213.1)	960.3 (916.9-1,003.7)	387.1 (359.5-414.6)	290.7 (266.8-314.6)	580.9 (547.1-614.6)
Rural	49.9 (35.8-64.1)	551.5 (504.5-598.4)	516.1 (470.7-561.5)	182.1 (155.1-209.1)	124.9 (102.5-147.2)	256.0 (224.0-287.9)
Southern	96.7 (72.0-121.4)	1,529.0 (1,430.9-1,627.1)	1,121.0 (1,037.0-1,205.0)	383.5 (334.4-432.6)	263.9 (223.1-304.6)	326.1 (280.8-371.4)
Washoe	206.6 (193.7-219.4)	936.2 (908.9-963.5)	950.5 (923.0-978.1)	314.6 (298.8-330.5)	227.5 (214.1-241.0)	615.4 (593.2-637.5)
Nevada	223.5 (218.3-228.7)	1,207.3 (1,195.3-1,219.3)	926.9 (916.3-937.4)	448.4 (441.1-455.7)	222.2 (217.0-227.3)	492.4 (484.7-500.1)

Source: Hospital Inpatient Billing.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

Clark County Behavioral Health Epidemiologic Profile

**Table 5. Mental Health-Related Deaths Age-Adjusted Rates and Region, Nevada Residents, 2021.**

Region	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native non-Hispanic	Asian/Pacific Islander non-Hispanic	Hispanic	Total
Clark	44.3 (40.9-47.8)	53.2 (43.0-63.4)	60.9 (12.2-109.7)	30.3 (23.2-37.4)	31.3 (24.7-37.8)	42.0 (39.3-44.8)
Northern	79.5 (69.1-89.9)	0.0 (0.0-0.0)	26.7 (0.0-63.8)	47.7 (0.0-113.8)	39.7 (7.9-71.5)	74.8 (65.2-84.3)
Rural	39.0 (24.8-53.2)	0.0 (0.0-0.0)	31.1 (0.0-74.2)	0.0 (0.0-0.0)	22.7 (0.0-48.3)	36.2 (24.0-48.4)
Southern	32.6 (21.9-43.2)	73.7 (0.0-218.3)	38.6 (0.0-114.2)	0.0 (0.0-0.0)	74.0 (1.5-146.5)	34.0 (23.7-44.3)
Washoe	78.3 (69.6-87.0)	106.5 (27.6-185.4)	154.5 (30.9-278.1)	67.6 (35.4-99.7)	45.9 (25.8-66.0)	75.4 (67.7-83.2)
Nevada	53.9 (50.9-56.9)	54.5 (44.4-64.6)	54.0 (28.3-79.7)	34.2 (27.1-41.3)	33.9 (27.8-39.9)	49.8 (47.4-52.3)

Source: Electronic Death Registry System.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.

**Table 6. Suicide Attempts and Suicides by Leading Method and Region, Nevada Residents, 2021.**

Region	Suicide Attempts				Suicides		
	Emergency Department Encounters		Inpatient Admissions		Substance	Hanging/ Suffocation	Firearms/ Explosives
	Substance	Cutting	Substance	Cutting			
Clark	55.4 (52.4-58.4)	32.7 (30.4-35.0)	51.2 (48.3-54.1)	17.8 (16.1-19.5)	2.6 (2.0-3.3)	3.5 (2.7-4.2)	10.7 (9.4-12.0)
Northern	88.2 (75.1-101.4)	13.3 (8.2-18.4)	63.7 (52.6-74.9)	8.2 (4.2-12.2)	2.5 (0.3-4.8)	7.1 (3.4-10.9)	24.5 (17.6-31.4)
Rural	45.8 (32.3-59.3)	18.7 (10.1-27.4)	25.0 (15.0-35.0)	4.2 (0.1-8.2)	5.2 (0.6-9.8)	5.2 (0.6-9.8)	28.1 (17.5-38.7)
Southern	67.2 (46.6-87.8)	36.1 (21.0-51.1)	42.6 (26.2-59.0)	9.8 (2.0-17.7)	1.6 (0.0-4.9)	4.9 (0.0-10.5)	27.9 (14.6-41.1)
Washoe	57.5 (50.7-64.2)	4.4 (2.5-6.2)	48.1 (41.9-54.3)	9.5 (6.8-12.3)	3.9 (2.2-5.7)	4.1 (2.3-6.0)	13.3 (10.0-16.5)
Nevada	57.8 (55.2-60.4)	27.1 (25.3-28.9)	50.7 (48.3-53.2)	15.4 (14.1-16.8)	2.9 (2.3-3.4)	3.9 (3.2-4.6)	12.8 (11.6-14.0)

Source: Hospital Emergency Department Billing, Inpatient Billing, and the Electronic Death Registry System.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.

Clark County Behavioral Health Epidemiologic Profile

**Table 7. Suicides (Crude) Rates by Age, Race/Ethnicity and Region, Nevada Residents, 2021.**

	Clark	Northern	Rural	Southern	Washoe	Nevada
<b>Age Group</b>						
Less than 15	0.9 (0.0-1.7)	0.0 (0.0-0.0)	0.0 (0.0-0.0)	11.7 (0.0-34.7)	2.2 (0.0-5.3)	1.1 (0.3-2.0)
15-24	19.2 (14.5-24.0)	18.1 (0.4-35.7)	105.5 (45.8-165.2)	0.0 (0.0-0.0)	20.4 (9.7-31.1)	21.3 (17.0-25.7)
25-34	20.0 (15.2-24.7)	35.0 (12.1-57.8)	26.8 (3.3-50.3)	39.0 (0.0-83.2)	25.5 (13.4-37.7)	22.2 (17.9-26.5)
35-44	20.5 (15.6-25.4)	76.0 (37.5-114.5)	87.2 (30.2-144.2)	17.1 (0.0-50.7)	23.8 (11.7-35.8)	25.1 (20.3-29.8)
45-54	27.2 (21.4-33.0)	43.7 (17.9-69.5)	38.2 (0.8-75.5)	29.3 (0.0-69.9)	28.7 (14.6-42.7)	28.7 (23.5-33.9)
55-64	22.7 (17.1-28.3)	30.5 (9.4-51.7)	41.5 (5.1-77.8)	65.6 (13.1-118.1)	23.4 (11.2-35.7)	25.0 (20.0-30.0)
65-74	17.9 (12.0-23.7)	45.4 (19.7-71.0)	31.3 (0.0-66.7)	22.0 (0.0-52.4)	28.5 (13.6-43.4)	22.7 (17.2-28.1)
75-84	33.1 (21.8-44.4)	85.3 (37.0-133.5)	69.6 (0.0-148.5)	70.4 (1.4-139.5)	48.3 (19.8-76.9)	43.0 (32.4-53.7)
85+	50.4 (24.9-75.9)	79.6 (1.6-157.5)	0.0 (0.0-0.0)	161.2 (0.0-343.5)	119.5 (36.7-202.4)	67.3 (43.2-91.4)
<b>Race/Ethnicity</b>						
White non-Hispanic	27.0 (23.8-30.2)	44.9 (34.1-55.6)	48.6 (31.7-65.4)	42.7 (24.0-61.5)	32.5 (26.0-38.9)	31.1 (28.3-33.8)
Black non-Hispanic	17.3 (12.3-22.2)	88.6 (0.0-211.3)	0.0 (0.0-0.0)	0.0 (0.0-0.0)	0.0 (0.0-0.0)	16.9 (12.2-21.6)
Native American/Alaskan Native non-Hispanic	6.4 (0.0-19.1)	16.9 (0.0-50.1)	37.8 (0.0-90.1)	51.6 (0.0-152.7)	26.8 (0.0-64)	19.4 (5.0-33.7)
Asian/Pacific Islander non- Hispanic	11.0 (7.1-14.8)	0.0 (0.0-0.0)	77.5 (0.0-229.5)	0.0 (0.0-0.0)	5.7 (0.0-13.6)	10.4 (6.9-14.0)
Hispanic	10.2 (8.0-12.4)	11.9 (0.2-23.5)	27.1 (5.4-48.8)	10.9 (0.0-32.2)	7.0 (2.4-11.6)	10.2 (8.2-12.2)
<b>Total</b>	<b>18.2</b> <b>(16.5-20.0)</b>	<b>38.2</b> <b>(29.6-46.9)</b>	<b>42.7</b> <b>(29.6-55.7)</b>	<b>36.1</b> <b>(21.0-51.1)</b>	<b>23.0</b> <b>(18.7-27.3)</b>	<b>21.2</b> <b>(19.7-22.8)</b>

Source: Electronic Death Registry System.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.



Clark County Behavioral Health Epidemiologic Profile

**Table 8a. Drug-Related Emergency Department Encounters Age-Adjusted Rates by Drug Type and Region, Nevada Residents, 2021.**

Region	Opioids	Heroin	Cocaine	Methamphetamine	Marijuana	Hallucinogens
Clark	174.9 (169.7-180.2)	11.1 (9.8-12.5)	63.3 (60.1-66.5)	476.9 (468.1-485.8)	334.1 (326.8-341.5)	20.6 (18.8-22.5)
Northern	130.1 (114.3-146.0)	12.4 (7.1-17.8)	19.5 (12.6-26.4)	276.9 (252.1-301.7)	332.8 (306.0-359.5)	6.5 (2.7-10.3)
Rural	115.6 (94.4-136.8)	13.7 (6.3-21.2)	16.0 (7.3-24.7)	231.0 (200.2-261.8)	325.5 (288.9-362.0)	12.3 (4.7-19.9)
Southern	264.0 (224.5-303.6)	10.2 (2.0-18.3)	42.9 (25.0-60.8)	479.8 (421.8-537.8)	366.4 (314.4-418.4)	18.9 (5.8-31.9)
Washoe	166.1 (154.6-177.6)	17.2 (13.4-21)	28.3 (23.6-33.0)	442.3 (423.1-461.5)	216.7 (203.4-229.9)	5.3 (3.2-7.3)
Nevada	171.3 (166.8-175.8)	12.2 (11.0-13.4)	53.7 (51.2-56.2)	454.8 (447.3-462.2)	317.3 (311.2-323.5)	17.2 (15.8-18.7)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

**Table 8b. Drug-Related Emergency Department Encounters Crude Rates by Drug Type Region, Nevada Residents, 2021.**

Region	Opioids	Heroin	Cocaine	Methamphetamine	Marijuana	Hallucinogens
Clark	178.3 (172.9-183.6)	11.1 (9.8-12.4)	64.7 (61.5-68.0)	466.9 (458.2-475.5)	333.4 (326.1-340.8)	20.3 (18.5-22.1)
Northern	131.6 (115.5-147.6)	10.7 (6.1-15.3)	15.8 (10.2-21.4)	244.3 (222.4-266.2)	303.4 (279.1-327.8)	5.6 (2.3-8.9)
Rural	118.6 (96.8-140.4)	13.5 (6.2-20.9)	13.5 (6.2-20.9)	224.7 (194.8-254.7)	317.3 (281.7-353.0)	10.4 (4.0-16.9)
Southern	280.2 (238.2-322.2)	9.8 (2.0-17.7)	36.1 (21.0-51.1)	431.0 (378.9-483.1)	313.0 (268.6-357.4)	13.1 (4.0-22.2)
Washoe	166.5 (155.0-178.1)	16.6 (13.0-20.2)	28.6 (23.8-33.4)	424.8 (406.4-443.2)	213.6 (200.6-226.7)	5.2 (3.2-7.2)
Nevada	174.1 (169.5-178.6)	12.0 (10.8-13.2)	54.4 (51.8-56.9)	440.5 (433.2-447.8)	313.7 (307.5-319.8)	16.7 (15.3-18.1)

Source: Hospital Emergency Department Billing.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

Clark County Behavioral Health Epidemiologic Profile

**Table 9a. Drug-Related Inpatient Admissions Age-Adjusted Rates by Drug Type and Region, Nevada Residents, 2021.**

Region	Opioids	Heroin	Cocaine	Methamphetamine	Marijuana	Hallucinogens
Clark	241.7 (235.6-247.8)	3.1 (2.4-3.8)	68.4 (65.2-71.6)	413.5 (405.4-421.7)	508.9 (499.9-517.8)	12.2 (10.8-13.6)
Northern	275.0 (252.7-297.4)	2.1 (0.0-4.2)	22.2 (15.3-29.1)	358.5 (330.4-386.6)	386.2 (357.9-414.4)	6.6 (2.7-10.6)
Rural	110.1 (89.5-130.7)	3.5 (0.1-6.9)	15.4 (7.0-23.7)	178.6 (151.6-205.6)	213.8 (183.4-244.2)	7.3 (1.5-13.2)
Southern	157.2 (128.2-186.2)	3.7 (0.0-8.9)	24.5 (13.5-35.5)	294.4 (250.9-337.9)	373.7 (337.7-414.4)	4.4 (0.0-10.4)
Washoe	297.8 (282.6-312.9)	2.7 (1.3-4.2)	27.4 (22.7-32.1)	378.7 (361.4-396.1)	277.8 (263.1-292.5)	3.8 (2.1-5.5)
Nevada	245.7 (240.5-251.0)	3.0 (2.4-3.6)	56.9 (54.4-59.4)	397.1 (390.2-404.0)	455.9 (448.6-463.2)	10.4 (9.3-11.5)

Source: Hospital Inpatient Billing.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

**Table 9b. Drug-Related Inpatient Admissions Crude Rates by Drug Type and Region, Nevada Residents, 2021.**

Region	Opioids	Heroin	Cocaine	Methamphetamine	Marijuana	Hallucinogens
Clark	255.4 (249.0-261.8)	3.2 (2.4-3.9)	73.4 (70.0-76.8)	416.1 (407.9-424.3)	522.7 (513.5-531.9)	12.2 (10.8-13.6)
Northern	297.3 (273.2-321.5)	2.0 (0.0-4.0)	20.4 (14.1-26.7)	319.3 (294.2-344.3)	366.2 (339.4-393.0)	5.6 (2.3-8.9)
Rural	114.5 (93.1-135.8)	4.2 (0.1-8.2)	13.5 (6.2-20.9)	174.8 (148.4-201.2)	197.7 (169.6-225.8)	6.2 (1.2-11.2)
Southern	185.2 (151.0-219.3)	3.3 (0.0-7.8)	31.1 (17.1-45.1)	288.4 (245.8-331.0)	386.8 (337.4-436.1)	3.3 (0.0-7.8)
Washoe	307.6 (291.9-323.2)	2.7 (1.2-4.2)	27.6 (22.9-32.3)	379.8 (362.4-397.2)	283.3 (268.3-298.3)	3.9 (2.2-5.7)
Nevada	260.7 (255.1-266.2)	3.0 (2.4-3.7)	60.9 (58.2-63.6)	396.5 (389.7-403.4)	466.1 (458.7-473.6)	10.3 (9.2-11.4)

Source: Hospital Inpatient Billing.

Rates are per 100,000 population, provided by the state demographer, Vintage 2020.

Categories are not mutually exclusive.

Clark County Behavioral Health Epidemiologic Profile

**Table 10. Alcohol and/or Drug-Related Age-Adjusted Death Rates by Race/Ethnicity and Region, Nevada Residents, 2021.**

Region	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native non-Hispanic	Asian/Pacific Islander non-Hispanic	Hispanic	Total
Clark	71.3 (66.6-76.1)	74.7 (64.4-84.9)	114.9 (63.2-166.5)	11.5 (7.6-15.3)	35.4 (31.0-39.8)	54.6 (51.8-57.5)
Northern	91.7 (78.4-104.9)	102.6 (0.0-244.7)	115.7 (23.1-208.3)	23.0 (0.0-68.0)	61.3 (32.2-90.4)	86.5 (74.8-98.2)
Rural	78.8 (58.4-99.3)	0.0 (0.0-0.0)	116.6 (23.3-209.9)	0.0 (0.0-0.0)	47.5 (18.1-77.0)	72.9 (56.2-89.7)
Southern	89.9 (65.9-113.9)	77.1 (0.0-228.2)	43.8 (0.0-129.8)	0.0 (0.0-0.0)	65.4 (8.1-122.7)	83.3 (62.4-104.2)
Washoe	101.8 (91.3-112.2)	170.3 (97.4-243.1)	150.7 (61.6-239.7)	17.7 (4.6-30.8)	43.5 (31.1-55.9)	85.0 (77.2-92.9)
Nevada	80.3 (76.3-84.3)	79.0 (68.7-89.2)	117.7 (82.5-152.9)	12.1 (8.4-15.8)	38.0 (33.9-42.1)	62.8 (60.2-65.5)

Source: Electronic Death Registry System.

Rates are per 100,000 age-specific population, provided by the state demographer, Vintage 2020.