

Behavioral Health Epidemiologic Profile 2024: Clark County, Nevada

February 2025



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Acknowledgements

Prepared by and Additional Information:

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Recommended Citation

State of Nevada, Department of Health and Human Services – Office of Analytics. Behavioral Health Epidemiologic Profile 2024: Clark County, Nevada. Carson City, Nevada. January 2025.

For more information about this report, please contact: data@dhhs.nv.gov

Executive Summary

Purpose

This report is intended to provide an overview of behavioral health in Clark County, Nevada for public health authorities, Nevada legislators, behavioral health boards, and the public. The analysis can provide insights to inform policies, programs, and resource allocation to address behavioral health needs effectively. By monitoring changes in behavioral health indicators, stakeholders can evaluate the impact of emerging trends and areas requiring attention.

Key Findings 2024

Mental Health

- Anxiety (34.7%) is the leading diagnosis for mental health-related emergency department encounters for 2023 ([Mental Health - ER](#)).
- Anxiety (32.3%) and depression (25.6%) are the leading diagnoses for mental health-related inpatient encounters for 2023 ([Mental Health - IP](#)).
- In 2023, Black non-Hispanics had the highest age adjusted rate of state mental health service utilization compared to White non-Hispanics (423.6 and 113.8 per 100,000 population, respectively) ([Avatar - State-Funded Mental Health Services](#)).
- Clark County adults reporting poor mental health for 14 or more days in the past 30 days has increased from 9.2% in 2014 to 20.8% in 2023 ([Mental Health - BRFSS](#)).

National Violent Death Reporting System (NVDRS)

- Firearms were used in 57.7% of suicides and 70.9% of homicides among Clark County residents from 2018-2022 ([Firearm Deaths - NVDRS](#)).
- Males accounted for 77% of suicide cases and 78.5% of homicide cases from 2018-2022 ([Deaths by Sex - NVDRS](#)).
- The rate of suicide deaths among Clark County residents from 2018-2022 was highest in the 75+ age group ([Deaths by Age Group - NVDRS](#)).
- Among suicide deaths for Clark County residents from 2018-2022, it was reported that 37% had been identified as currently having a mental health problem, and 36.8% had a history of suicidal thoughts or plans ([Circumstances of Deaths - NVDRS](#)).

Substance Use

- Males are disproportionately affected by opioid emergency room overdose encounters ([Male Opioid Overdose - ER](#)), inpatient admissions ([Male Opioid Overdose - IP](#)) and deaths ([Male Opioid Overdose - Deaths](#)).
- The rates of stimulant-related overdose deaths have steadily increased since 2014, resulting in a 215% overall increase from 2014 to 2023 ([Stimulant-Related Overdose Deaths](#)).
- Emergency department encounters, inpatient admissions, and deaths from diseases and chronic conditions related to long-term alcohol use have all increased over the reporting period, particularly in the years during and immediately following the COVID-19 pandemic ([Chronic Alcohol Diseases](#)).
- The rate of overdose deaths, when considering all substances including alcohol, has increased substantially since the start of the COVID-19 pandemic, from 18.7 per 100,000 in 2019 to 28.8 per 100,000 in 2023. ([Alcohol- and/or Drug-Related Overdose Deaths](#)).

State Unintentional Drug Overdose Reporting System (SUDORS)

- Of the 498 unintentional/ undetermined intent drug overdose deaths among Clark County residents in 2022, 58.4% had non-specified opioids and 55.2% had methamphetamines listed in the cause of death ([Toxicology - SUDORS](#)).

Youth – Adverse Childhood Experiences

- Combined data from 2019-2023 shows that 14.3% of adults in Clark County had been touched sexually at least once during childhood ([ACEs - BRFSS](#)).
- Clark County adults with four or more Adverse Childhood Experiences (ACEs) were significantly more likely to have depression compared to those with no ACEs ([ACEs - BRFSS](#)).

Maternal and Child Health

- The rate of neonatal abstinence syndrome among Clark County residents from 2014-2023 was highest in 2022 (11.9 per 1,000 live births) ([Rate of NAS](#)).

LGBT

- LGBT Clark County adults were significantly more likely to report having worse mental health and substance use behaviors than non-LGBT adults, including attempting suicide, depressive disorder diagnosis, 14+ days of poor mental health in a month, used marijuana in past 30 days, and current e-cig smoker ([LGBT Adults - BRFSS](#)).

Data Sources

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 (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.

Medicaid Data Warehouse

The Medicaid Data Warehouse is a database which stores medical and pharmacy claims data for the Medicaid Managed Care and Fee for Service populations, at a claim line level. The data includes provider information, member demographics such as age, gender, race/ethnicity, eligibility/enrollment information, and information of the diagnoses given to members and treatment received. It 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, as well as standard billing and coding schemes such as CPT/HCPCS, NDC, etc.

National Violent Death Reporting System (NVDRS)

NVDRS is a CDC-funded program that collects information about violent deaths including homicides, suicides, and deaths caused by law enforcement acting in the line of duty. Data are collected from death certificates, coroner/medical examiner reports (including toxicology), and law enforcement reports. Data elements collected provide valuable context about violent deaths, such as relationship problems, mental health conditions and treatment, toxicology results, and life stressors, including recent money- or work-related or physical health problems.

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.

Prescription Drug Monitoring Program (PDMP)

The Prescription Drug Monitoring Program (PDMP) is a state-operated, CDC-supervised electronic database that monitors the prescribing and dispensing of controlled substances. It serves as a tool to identify and prevent drug misuse while equipping healthcare providers and public health authorities with timely insights into patient prescription behaviors. For more information, Nevada: [NV PMP](#). CDC: [CDC PDMP](#)

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.

Treatment Episode Data Sets

Treatment Episode Data Sets (TEDS) are a compilation of demographic, substance use, mental health, clinical, legal, and socioeconomic characteristics of persons who are receiving publicly funded substance use and/or mental health services. State administrative data systems, claims, and encounter data are the primary data sources. The state role in submitting TEDS to the Substance Abuse and Mental Health Services Administration (SAMHSA) is critical, since TEDS is the only national data source for client-level information on persons who use substance use treatment services. TEDS also provide a mechanism for states to report treatment admissions and discharges of persons receiving mental health services. This reporting framework supports SAMHSA's initiative to build a national behavioral health data set accessible (with appropriate confidentiality protection) by the public; local, state, and federal policymakers; researchers; and many others for comparisons and trends on the characteristics of persons receiving substance use and/or mental health treatment services. TEDS provides outcomes data in support of SAMHSA's program, performance measurement, and management goals.

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](#)

UNITY

The Unified Nevada Information Technology for Youth and is Nevada's Comprehensive Child Welfare Information System (CCWIS) which holds the official case record for child welfare related case management activities in Nevada. This information system and its data are dynamic and constantly being modified or updated.

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. WEVRRS includes the Nevada Electronic Birth Registry System and the Nevada Electronic Death Registry System.

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.

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 6th through 8th 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.

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

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

Terminology

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](#)) and based on Nevada population per the 2023 vintage from the State Demographer. 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.

Confidence Interval

A confidence interval is a range of numbers defined to contain an estimated value with a specified probability. For example, a 95% confidence interval for the average in an observed population will contain the “true” average 95% of the time.

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.

P-value

A p-value is the probability that an observed result could have occurred by chance alone given a specified statistical relationship. In practice, a p-value less than a defined level of significance (0.05 is used in this report) suggests that a result is unlikely to have occurred by chance and may be deemed statistically significant.

Data and Equity

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

Table 1. Select Demographics for Clark County and Nevada, 2023.

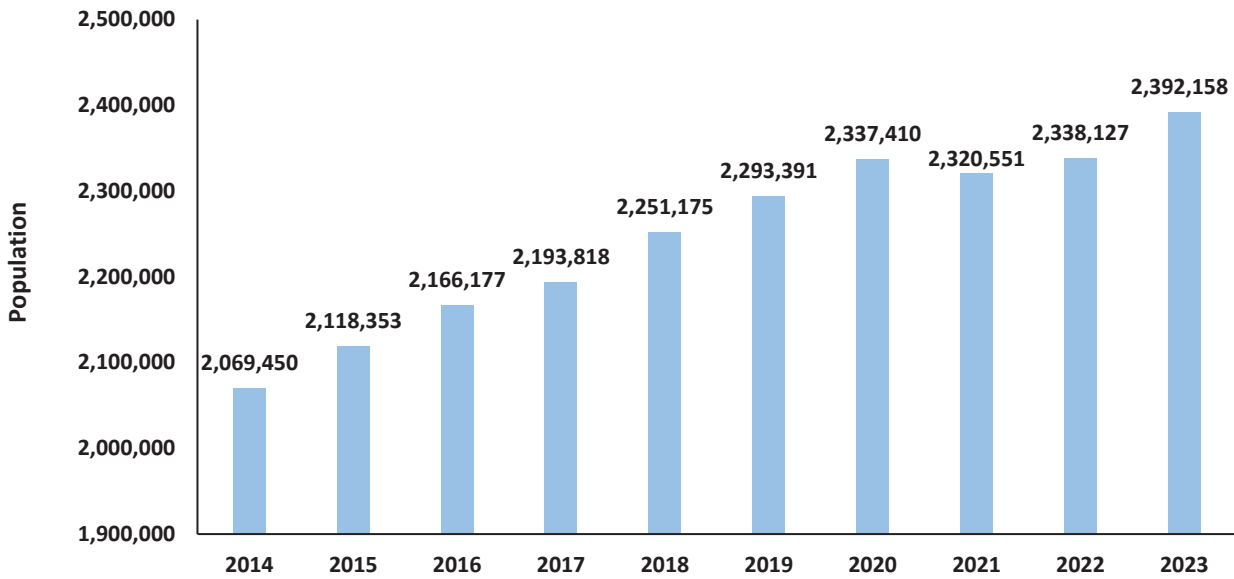
Population, Clark County, 2023 estimate*	2,392,158
Population, Clark County, 2014 estimate*	2,069,450
Population, Clark County, percent change*	13.5%
Female persons, Clark County, 2023 estimate*	1,201,295
Male persons, Clark County, 2023 estimate*	1,190,864
Median household income, Clark County (2023) **	\$73,845
Median household income, Nevada (2023) **	\$75,561
Per capita income in the past 12 months, Clark County (2023)**	\$38,654
Per capita income in the past 12 months, Nevada (2023)**	\$39,963
Percent of persons below poverty level, Clark County (2023) **	13.2%
Percent of persons below poverty level, Nevada (2023)**	12.6%
Percent uninsured, Clark County (2023)**	12.0%
Percent uninsured, Nevada (2023)**	11.4%

Source: *Nevada State Demographer, Vintage 2023, **U.S. Census Bureau.

In 2023, the estimated population for Clark County was 2,392,158, a 13.5% increase from the 2014 estimated population. The population is made up of approximately equal percent of females and males. The median household income is \$73,845, compared to \$75,561 for Nevada. The percent of uninsured Clark County residents in 2023 is 12.0%, compared to 12.6% for Nevada and 8.6% nationally.

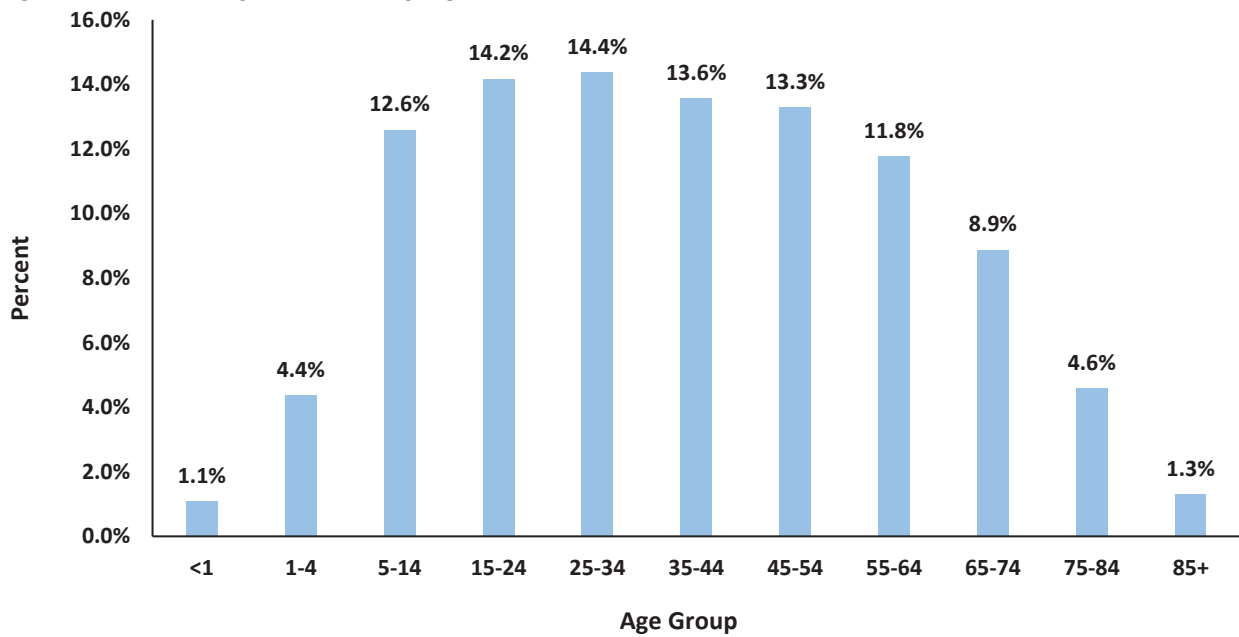
During the 2017 session, regional behavioral health boards were formed to address behavioral health in Nevada. The regions were redrawn during the 2019 session with Nye County being split into two separate regions. The northern half of Nye County is part of the southern region, and the south half is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

Figure 1. Clark County Population, 2014-2023.



Source: Nevada State Demographer, Vintage 2023.

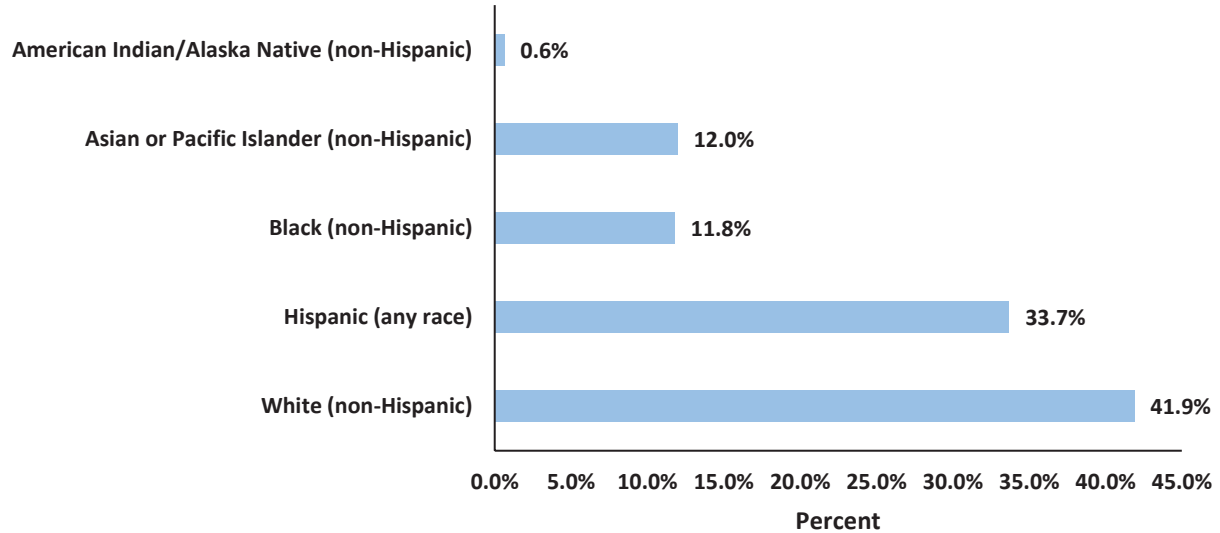
Figure 2. Clark County Population by Age Group, 2023.



Source: Nevada State Demographer, Vintage 2023.
 Chart scaled to 16.0% to display differences among groups.

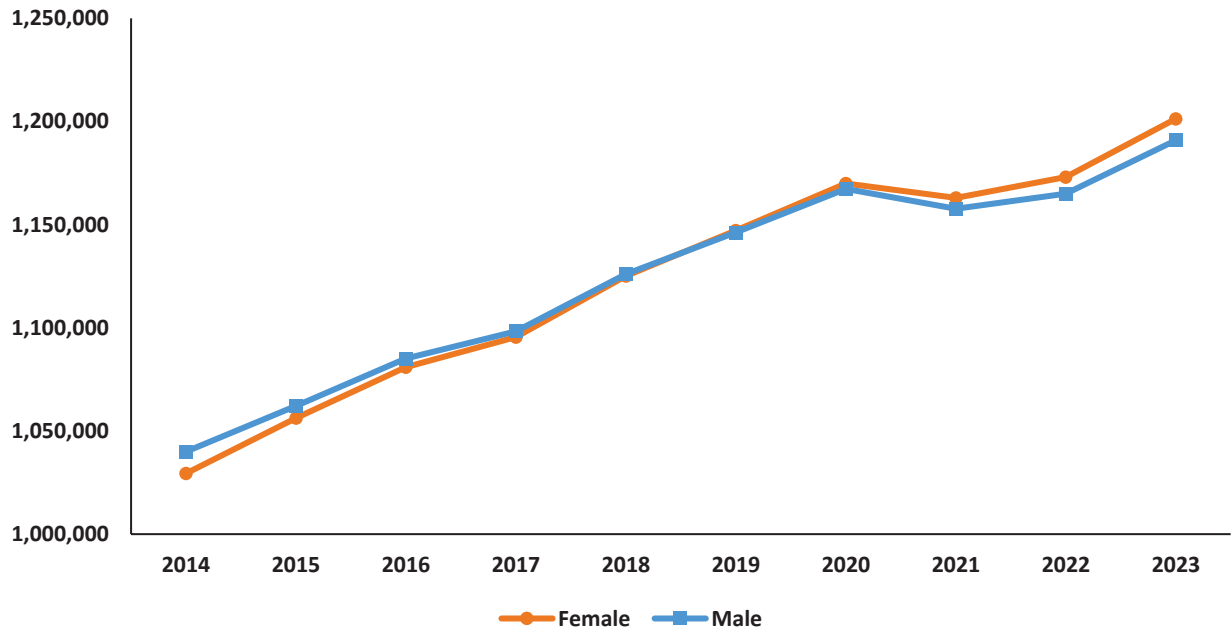
White non-Hispanics comprise 41.9% of the Clark County population, followed by Hispanics (33.7%), Black non-Hispanics (11.8%), Asian/Pacific Islander non-Hispanics (12.0%), and American Indian/Alaska Native non-Hispanics (0.6%). The population consists of approximately equal percentages of males and females.

Figure 3. Clark County Population by Race/Ethnicity, 2023.



Source: Nevada State Demographer, Vintage 2023.
 Chart scaled to 45.0% to display differences among groups.

Figure 4. Clark County Population Distribution by Sex, 2014-2023.



Source: Nevada State Demographer, Vintage 2023.

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.

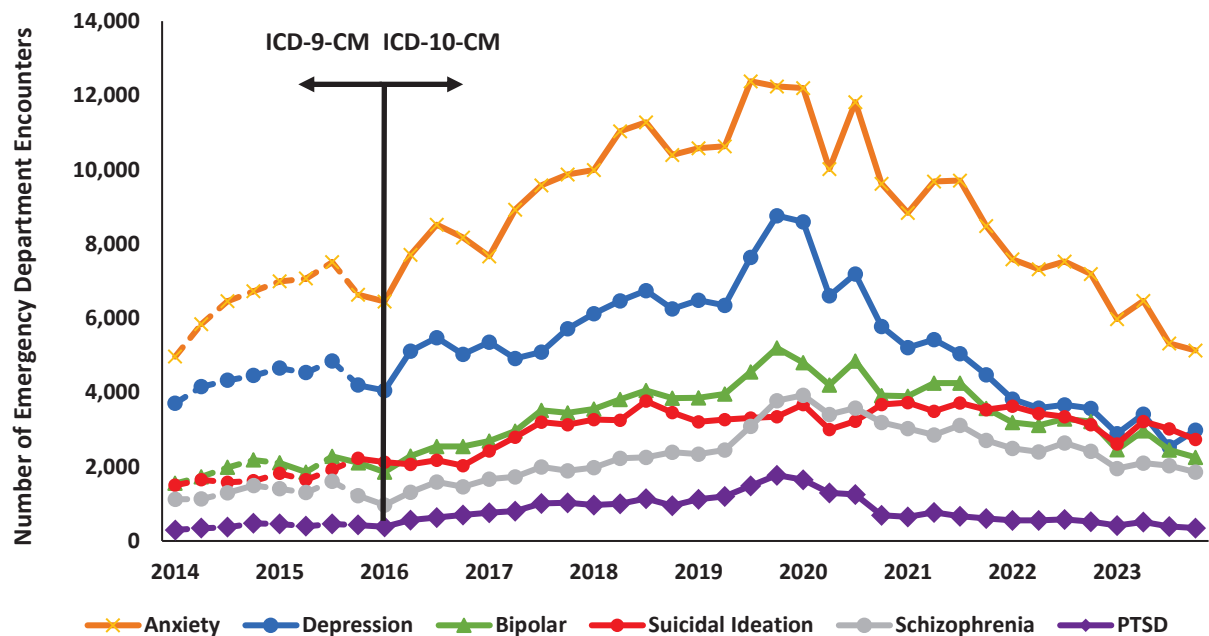
Hospital Emergency Department Encounters

The hospital emergency department billing data includes data for emergency room patients of all ages for Clark County’s non-federal hospitals. There were 66,051 visits related to mental health disorders among Clark County residents in 2023 (67.6% of all of Nevada’s mental health-related visits). Since an individual can have more than one diagnosis during a single emergency department encounter, 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.

Anxiety has been the most common mental health-related diagnosis in emergency department encounters, followed by depression, with an average of 5,727 and 2,957 encounters per quarter in 2023, respectively. Both have decreased since 2020 to below pre-pandemic levels.

For 2023, males had a higher prevalence of visits for schizophrenia (70.7%) and suicidal ideation (61.0%), whereas females had a higher prevalence of visits for anxiety (60.1%), and depression (56.8%).

Figure 5. Mental Health-Related Emergency Department Encounters by Quarter and Year, Clark County Residents, 2014-2023.



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.

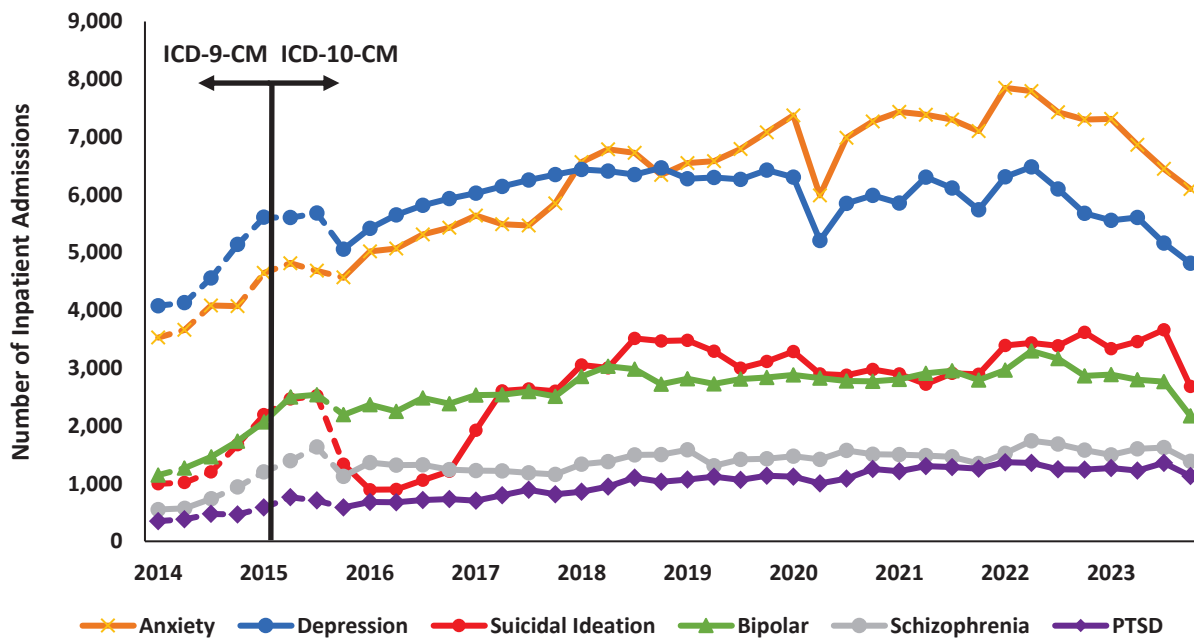
Hospital Inpatient Admissions

Hospital inpatient billing data includes data for patients of all ages discharged from Clark County’s non-federal hospitals. There were 82,716 inpatient admissions related to mental health disorders among Clark County residents in 2023. 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 and do not represent unique visits.

Anxiety and depression were the top two diagnoses for mental health-related inpatient admissions from 2014 to 2023. For 2023, males had a higher prevalence of visits for schizophrenia (64.7%) and suicidal ideation (62.2%), whereas females had a higher prevalence of visits for anxiety (57.20%) and depression (57.8%).

It should be noted that in 2016, inpatient admissions statewide dropped and then increased in 2017. This may be due to ICD-9-CM conversion to ICD-10-CM or other changes in medical billing.

Figure 6. Mental Health-Related Inpatient Admissions, by Quarter and Year, Clark County Residents, 2014-2023.



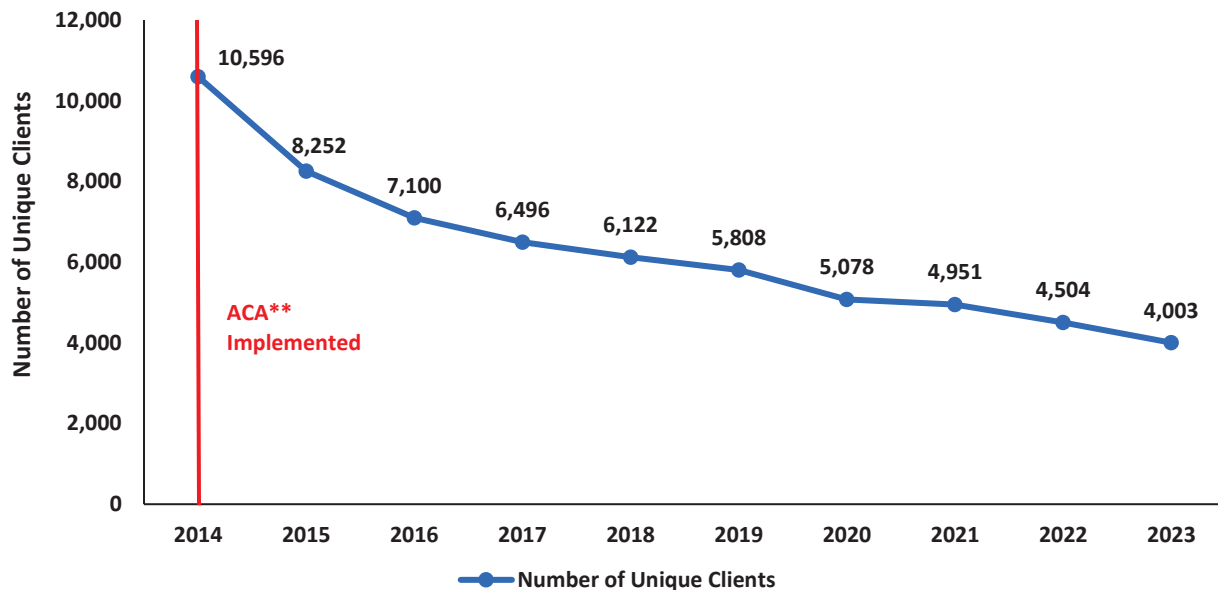
Source: Hospital Inpatient Billing.
 Categories are not mutually exclusive.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

State-Funded Adult Mental Health Services

State-funded mental health facilities, those funded by Department of Health and Human Services, Division of Public and Behavioral Health, 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. Services are not denied if an individual does not have the ability to pay.

The number of unique adult clients served by state-funded mental health facilities has declined since the implementation of the affordable care act (ACA). The ACA helped insure a much larger proportion of Nevada’s population creating more avenues for the population to seek alternative mental health services covered through private insurance.

Figure 7. Unique Adult Clients Aged 18+* Served at State-Funded Mental Health Clinics, Clark County Residents, 2014-2023.



Source: State Funded Mental Health: Avatar.

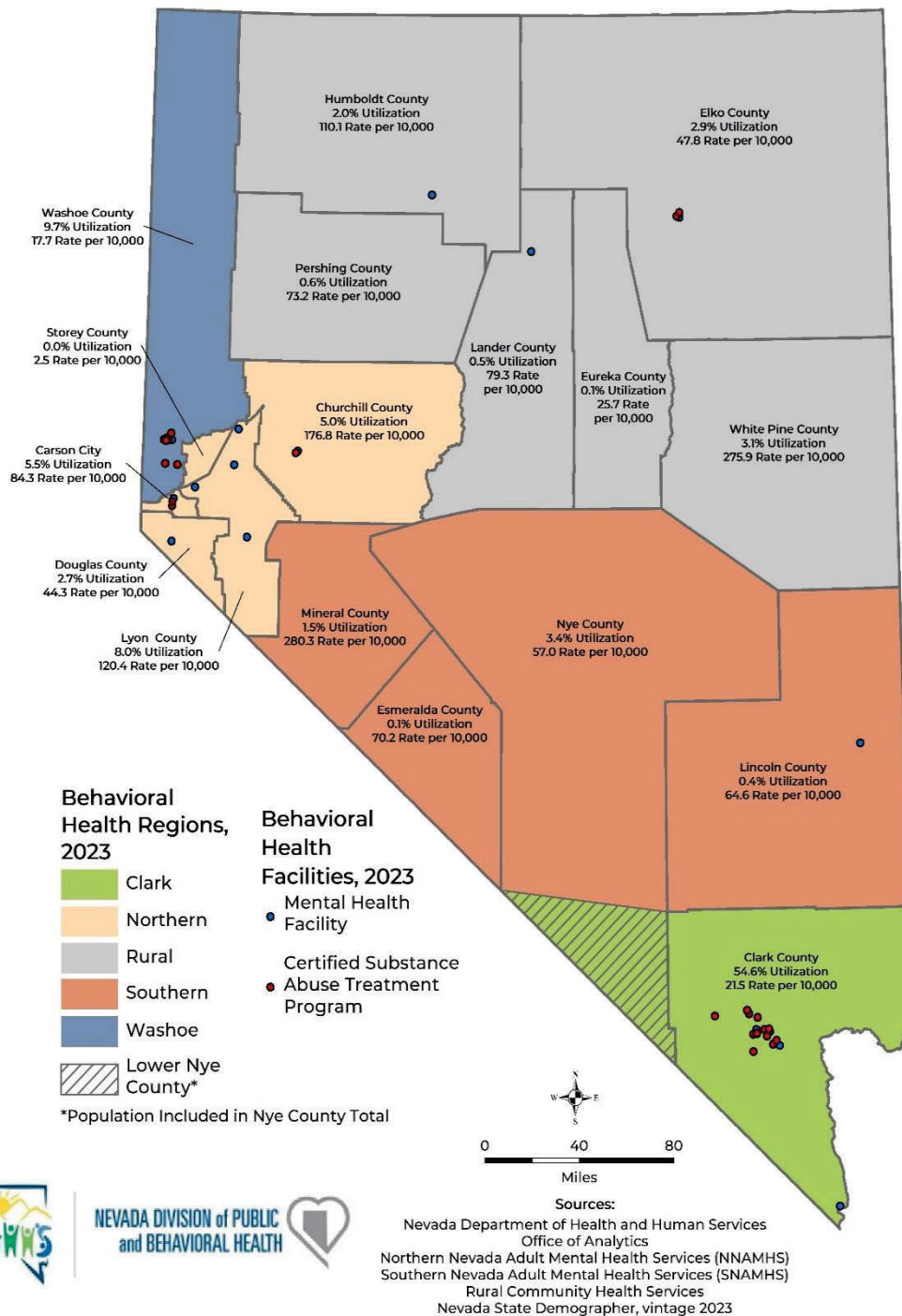
*A client is counted only once per year. Clients may be counted more than once across years.

**Affordable Care Act

Of the Nevada residents accessing Nevada Department of Health and Human Services, Division of Public and Behavioral Health-funded adult mental health services in 2023, 54.6% lived in Clark County with the rate of adults accessing state mental health services at 21.5 per 10,000 population.

Figure 8 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 8. State-Funded Adult (Aged 18+) Mental Health Clinic Utilization by County, 2023.



Source: State Funded Mental Health: Avatar.

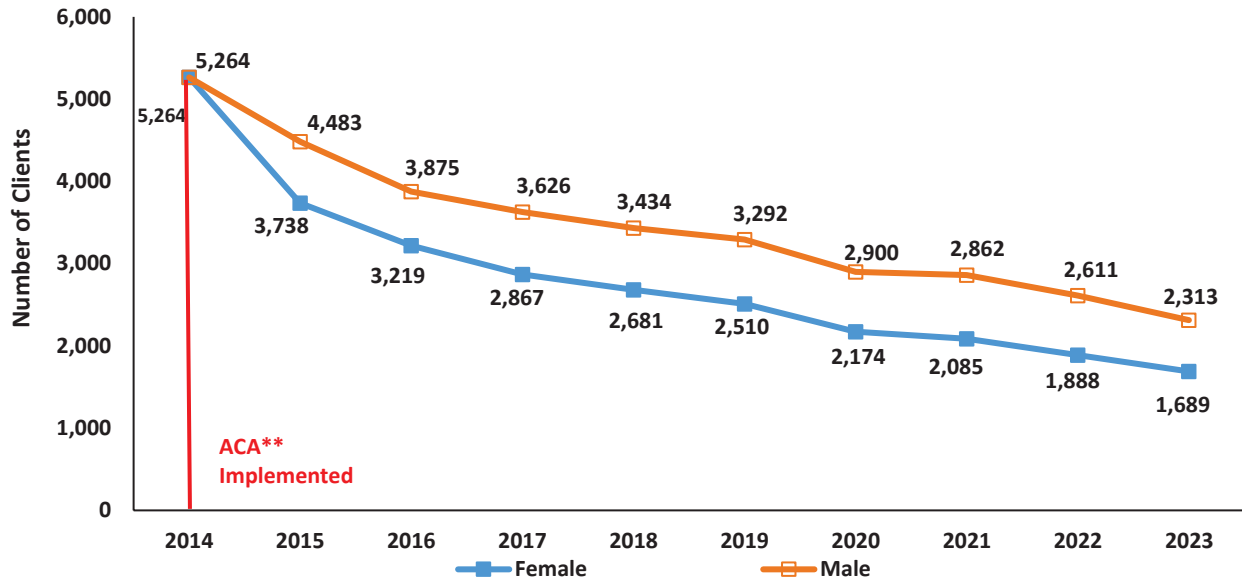
*A client is counted only once per year. Clients may be counted more than once across years.

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 population.

Since 2015, there have been more males than females receiving services. In 2023, 135 per 100,000 of the adult female population utilized state-funded mental health clinics, compared to adult males at 189 per 100,000 of the adult male population.

Figure 9. State-Funded Adult (Aged 18+) Mental Health Clinic Utilization* by Sex, Clark County Residents, 2014-2023.



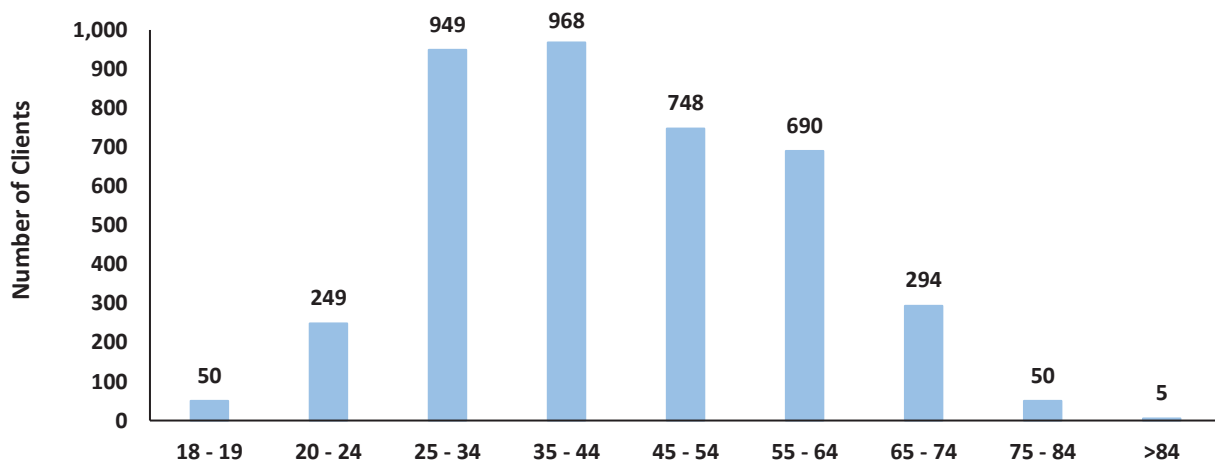
Source: State Funded Mental Health: Avatar.

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

**Affordable Care Act Implemented in 2014.

In 2023, almost half (47.9%) of adult clients were in the combined 25-44 age group. Most clients were between the ages of 25 and 64.

Figure 10. State-Funded Adult (Aged 18+) Mental Health Clinic Utilization* by Age Group, Clark County Residents, 2023.

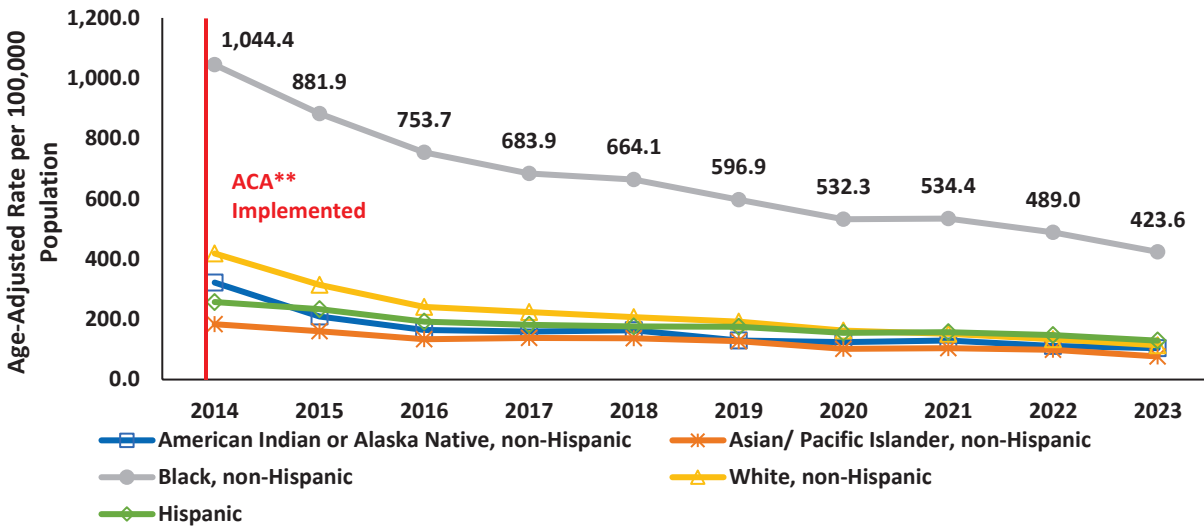


Source: State Funded Mental Health: Avatar.

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

Since 2017, the distribution of all racial and ethnic groups has remained relatively consistent. In 2023, Black non-Hispanics (423.6 per 100,000) had the highest rate while all other groups were within the range of 79.6 per 100,000 (Asian/ Pacific Islander) and 129.2 per 100,000 (Hispanic).

Figure 11. State-Funded Adult (Aged 18+) Mental Health Clinic Utilization* by Race/Ethnicity, Clark County Residents, 2014-2023.



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.

**Affordable Care Act Implemented in 2014.

Table 2 below illustrates mental health services received from 2014-2023. Patients were counted only once per program per year. Since a patient can receive services in more than one program, the counts below are not mutually exclusive.

Table 2. Top Adult Mental Health Clinic Services by Number of Patients Served*, Clark County Residents, 2014-2023.

Program	Year										
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
SNAMHS Medication Clinic - Adult	10,697	7,414	5,213	4,582	3,897	3,745	3,544	3,327	3,057	2,856	
NNAMHS Medication Clinic - Adult	66	48	30	37	22	23	7	1	2	7	
SNAMHS Inpatient Hospital - Adult	2,351	2,535	1,865	1,910	1,761	1,652	1,236	1,286	991	746	
SNAMHS Ambulatory Service - Adult	4,930	3,795	2,780	1,956	1,843	1,848	1,567	1,536	1,360	1,363	
SNAMHS Service Coordination - Adult	1,067	866	632	519	628	557	476	318	250	228	
SNAMHS Outpatient Counseling - Adult	938	707	688	675	559	560	520	393	324	223	

Source: State-Funded Mental Health: Avatar.

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

Youth Risk Behavior Survey

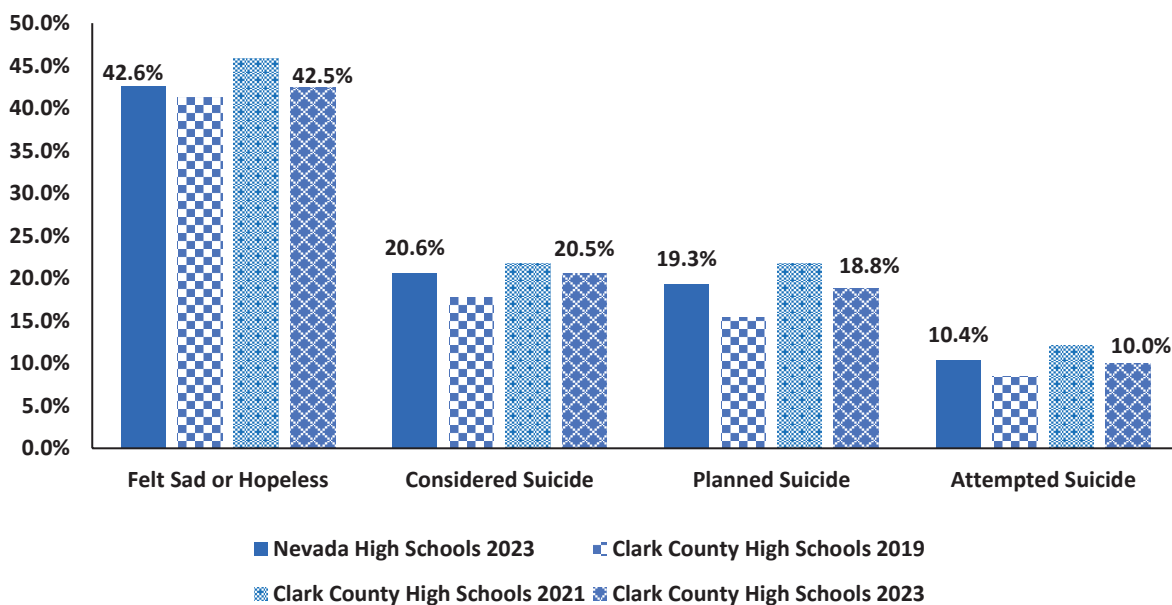
The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2023, 1,941 high school students and 2,559 middle school students participated 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](#).

The prevalence of all reported mental health outcomes for Clark County high school students was highest in 2021, with notable declines in 2023. Despite these decreases, 2023 percents are higher than 2019 percents. This may indicate that the declines may be part of the broader trend recovery from elevated worse mental health outcomes during the COVID-19 pandemic.

In 2023, students who identified as Other/Multiple races had the highest prevalence (51.4%) of feeling sad or hopeless compared to students who identified as White (40.3%).

From 2021 to 2023, there has been a decrease in the percent of Clark County high school students reporting that they felt sad or hopeless, considered suicide, planned suicide, or attempted suicide.

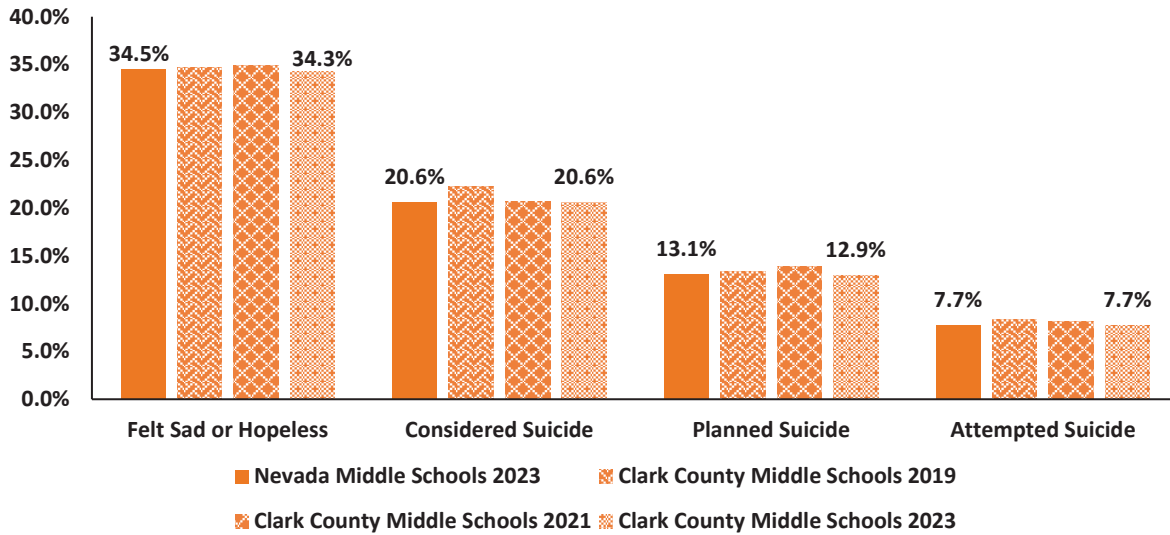
Figure 12 Mental Health Behaviors, Clark County High School Students, 2019, 2021, 2023 and Nevada High School Students, 2023.



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

Mental health behaviors for Clark County middle school students have remained relatively consistent between 2019 and 2023. Middle school students in Clark County had lower outcome percentages than high school students in all measures except for those who considered suicide.

Figure 13. Mental Health Behaviors, Clark County Middle School Students, 2019, 2021, 2023 and Nevada Middle School Students 2023.



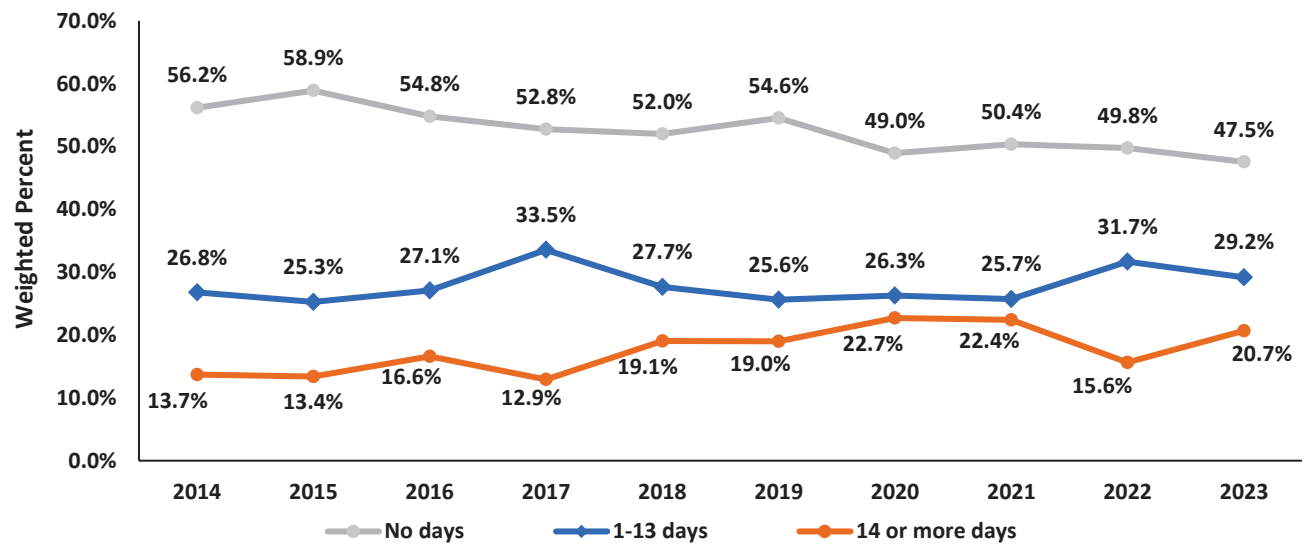
Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 40.0% to display differences among groups.

Behavioral Risk Factor Surveillance System

BRFSS collects information on self-reported 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.

Generally, adults who experience “no days” in which poor mental health or physical health prevented them from doing usual activities have decreased since 2014 while “1-13 days” and “14 or more” days have increased. Adults who reported “14 or more days” have increased by 5.1% in 2023 compared to 2022 with a high of 22.4% in 2021.

Figure 14. 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, 2014-2023.



Source: Behavioral Risk Factor Surveillance System.

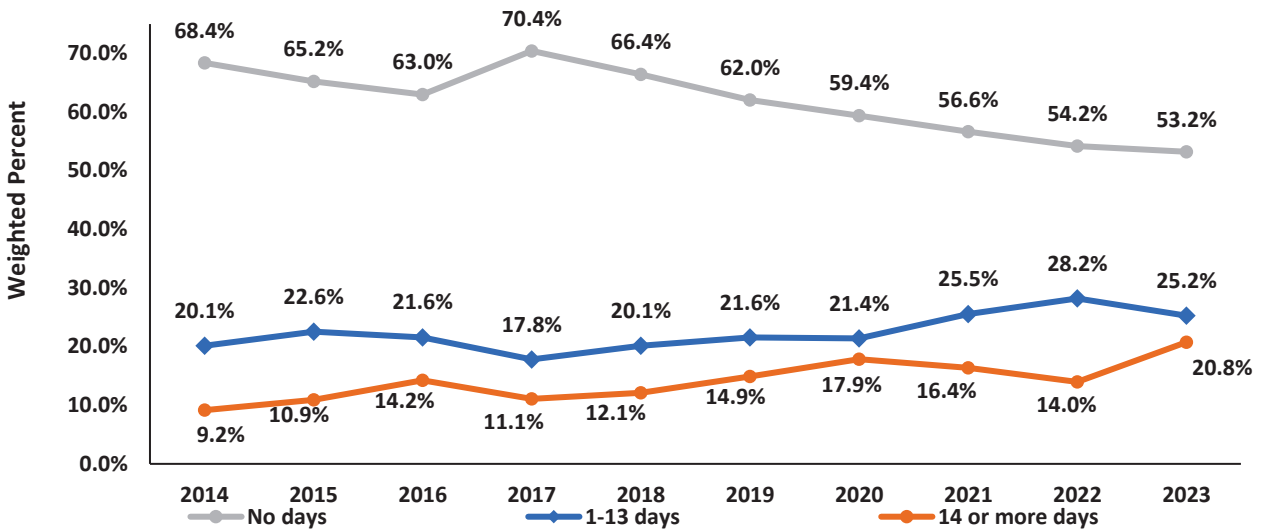
Chart scaled to 70.0% to display differences among groups.

Frequent physical or mental distress is defined as feeling emotionally unhealthy, very sad, anxious, or troubled for 14 or more days out of the past 30 days.

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?”

Generally, adults who reported any number of days in which their mental health was considered “not good” has increased while “no days” has decreased since 2014. The prevalence of adults who experienced “14 or more days” reached its peak in 2023 at 20.8%, an increase of 6.8% since 2022.

Figure 15. Percent of Adult BRFSS Respondents Whose Mental Health was Not Good by Number of Days Experienced in the Past Month, Clark County Residents, 2014-2023.



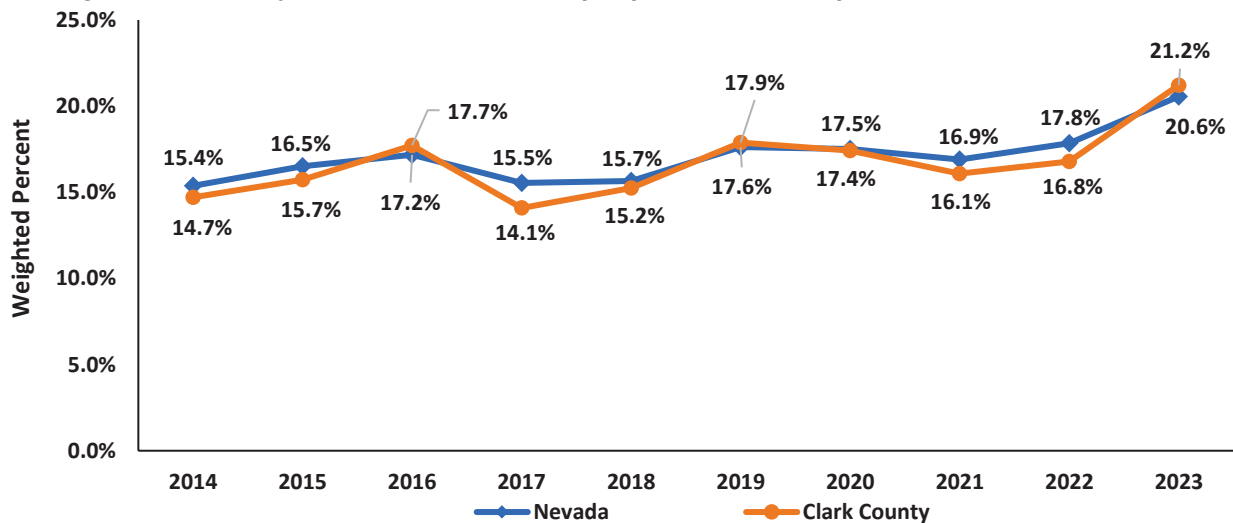
Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 70.0% to display differences among groups.

Frequent mental distress is defined as feeling emotionally unhealthy, very sad, anxious, or troubled for 14 or more days out of the past 30 days. 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 2023, the prevalence of those who reported having ever been told they have a depressive disorder by a doctor, nurse, or other health professional in Clark County (21.2%) surpassed Nevada’s prevalence for the first time since 2020.

Figure 16. 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, 2014-2023.



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 25.0% 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)?”

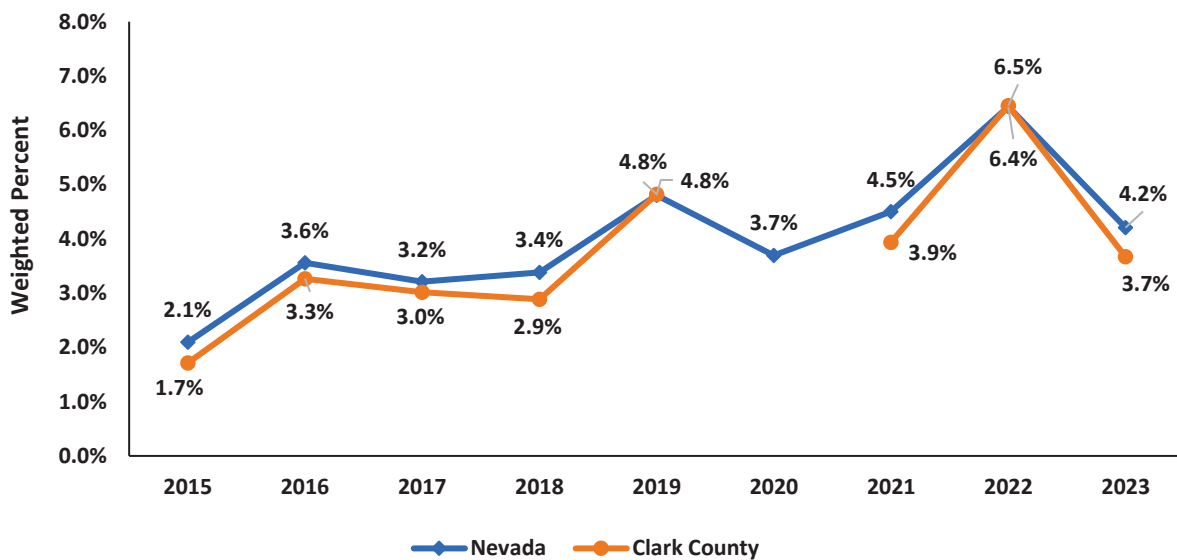
Suicide

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

The 988 Lifeline is available 24/7/365 for anyone dealing with mental health struggles, emotional distress, substance use concerns or thoughts of suicide. Call or text 988 or visit [988lifeline.org](https://www.988lifeline.org) to speak to a trained counsellor who can help to provide resources.

When asked “Have you seriously considered attempting suicide during the past 12 months,” 3.7% of adult Clark County resident BRFSS respondents responded “yes” in 2023, a drop of 2.7% from the previous year. In 2022 there was a high of 6.5%, almost four times more than what was seen in 2015 (1.7%). This question was not sufficiently asked to Clark County residents in 2020 for reasons that may pertain to survey collection issues during COVID, therefore, it is not reflective of the community and is omitted from this report.

Figure 17. Percent of Adult BRFSS Respondents Who Have Seriously Considered Attempting Suicide, Clark County Residents, 2015-2023.



Source: Behavioral Risk Factor Surveillance System (BRFSS).

Chart scaled to 8.0% to display differences among groups.

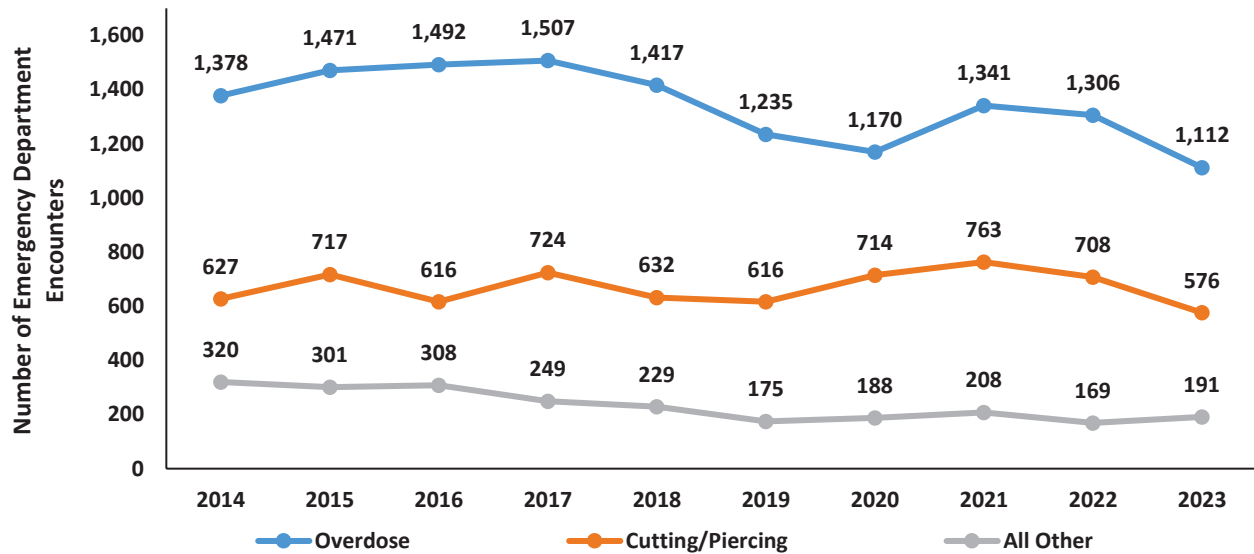
*Question was not asked in 2014.

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

2020: Question not asked up to BRFSS standards in Clark County.

Emergency department encounters related to suicide attempt where the patient did not expire at the hospital have decreased slightly from 2014 to 2023. The most common method for attempted suicide is overdose (substance or drug poisoning), followed by cutting/piercing. This is the case for both attempts ending in an emergency department encounter as well as those leading to an inpatient admission.

Figure 18. Suicide Attempt Emergency Department Encounters by Method, All Ages, Clark County Residents, 2014-2023.



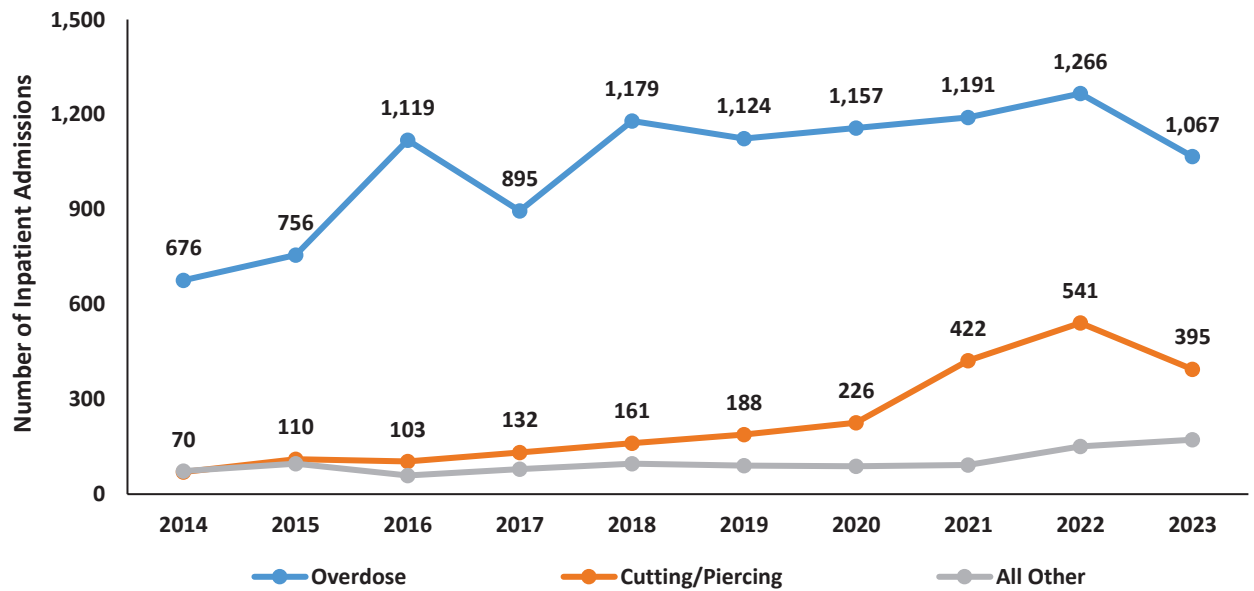
Source: Hospital Emergency Department Billing.

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.

Inpatient admissions for non-fatal suicide attempts involving substances or drugs have increased since 2014, peaking in 2022. This method is significantly more common than any other resulting in hospitalization.

Figure 19. Suicide Attempt Inpatient Admissions by Method, All Ages, Clark County Residents, 2014-2023.



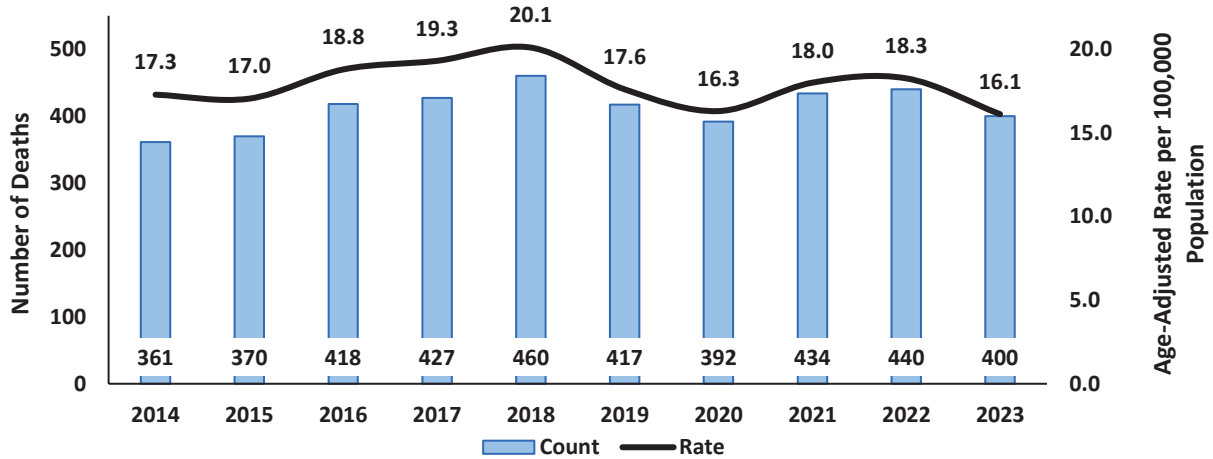
Source: Hospital Inpatient Billing.

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.

The age-adjusted suicide rate for Clark County in 2023 was 16.1 per 100,000 population. This is the lowest rate in the reporting period following an increase in the years immediately after the COVID-19 pandemic. This is lower than the Nevada rate for 2023 of 19.3 per 100,000 population, but still higher than the national age-adjusted rate in 2022 (the most recent year with complete CDC data) of 14.2 per 100,000 population - [AFSP](#).

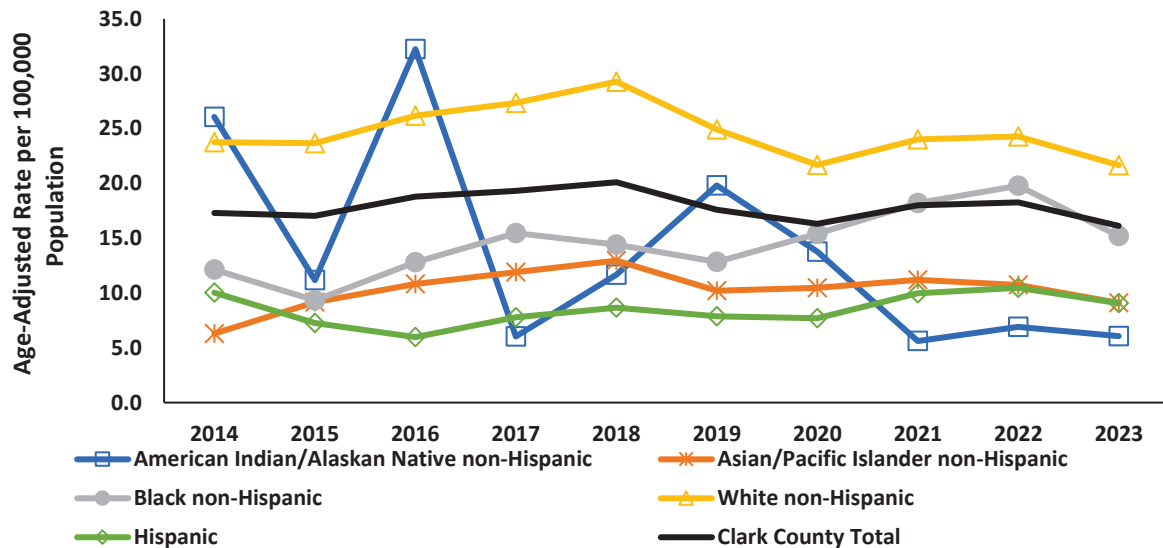
Figure 20. Number of Suicides and Rates, All Ages, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rates for White non-Hispanics among Clark County residents were higher than the overall county rate and the Nevada overall rate for each year from 2014 to 2023 with a rate of 21.7 per 100,000 population in 2023. The age-adjusted rates for Clark County and Nevada in 2023 were 16.1 and 19.3 per 100,000, respectively. Note that the rate fluctuations among the American Indian/Alaska Native non-Hispanic population is a result of high volatility due to the relatively low population of this demographic in the state and should not be taken as a significant change from the other years in the reporting period.

Figure 21. Suicide Rates by Race/Ethnicity, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System.

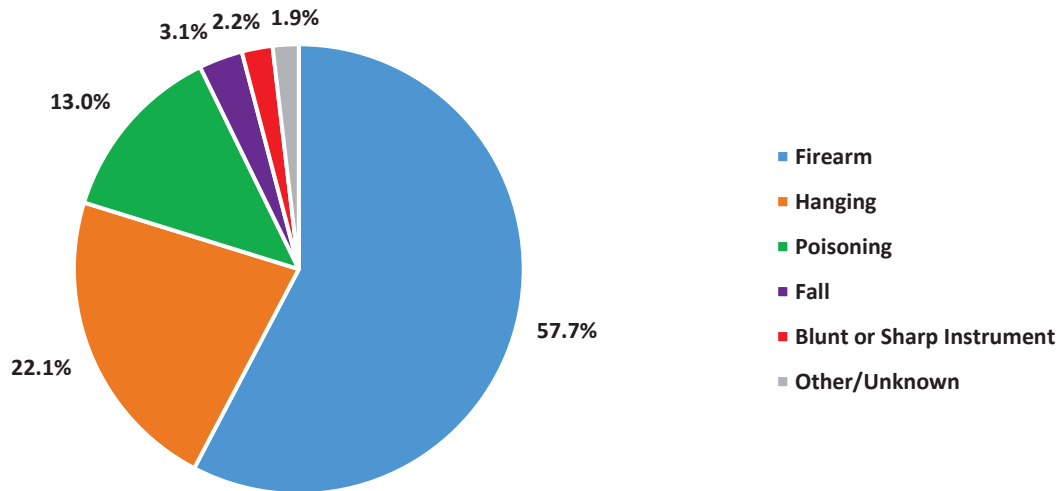
National Violent Death Reporting System (NVDRS)

NVDRS is a CDC-funded program that collects information about violent deaths including homicides, suicides, and deaths caused by law enforcement acting in the line of duty. Data are collected from death certificates, coroner/medical examiner reports (including toxicology), and law enforcement reports. Data elements collected provide valuable context about violent deaths, such as relationship problems, mental health conditions and treatment, toxicology results, and life stressors, including recent money- or work-related or physical health problems.

From 2018-2022, there were 2,975 deaths among Clark County residents reported in the Nevada Violent Death Reporting System (NVVDRS). Of those deaths, 68.3% (n=2,033) were suicides, 26.9% (n=800) were homicides, 1.8% were legal interventions, and the remainder were categorized as unintentional involving firearms or undetermined.

Among the 2,033 suicides, the method was firearms in 57.7% of cases (n=1,173), 22.1% hanging/strangulation/suffocation, 13.0% overdose, 3.1% fall, 2.2% blunt/sharp instrument, and 1.9% other/unknown. About 77% of persons were male and 23% were female.

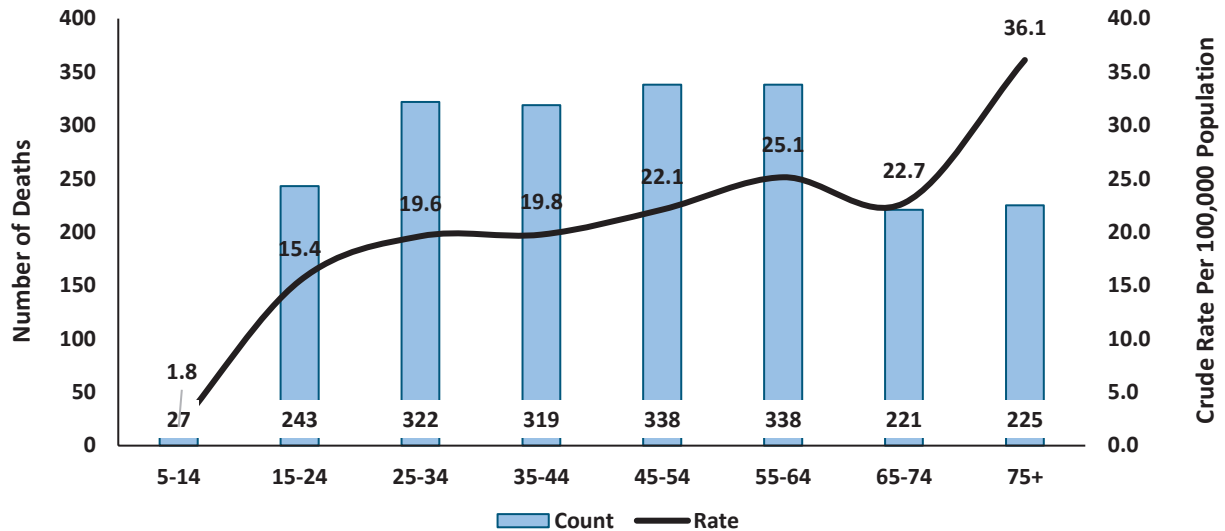
Figure 22. Method of Suicide Deaths, Clark County Residents, 2018-2022.



Source: Nevada Violent Death Reporting System.

The rates of deaths by suicide are fairly consistent from ages 25 to 74, then significantly increased in the 75+ age group.

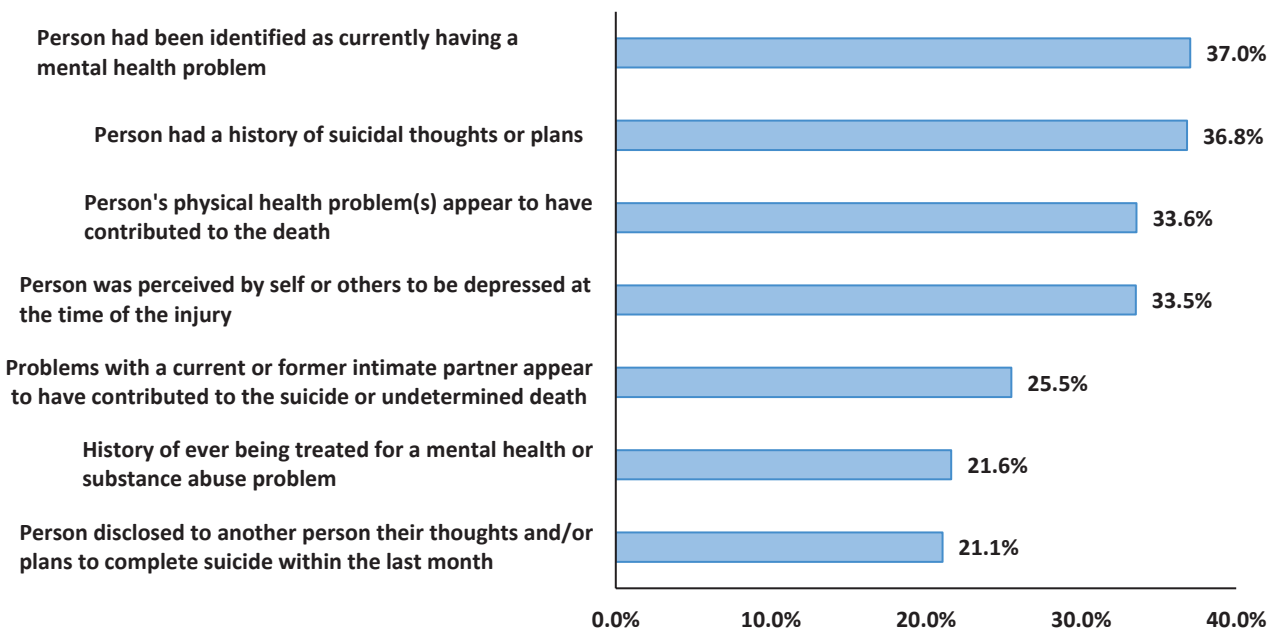
Figure 23. Number of Suicide Deaths and Rates by Age Group, Clark County Residents, 2018-2022.



Source: Nevada Violent Death Reporting System.

Of the 2,033 suicides among Clark County residents from 2018-2022 that were entered into NVDRS, 93.9% (n=1,909) had circumstantial information available. About 37% of those suicides involved persons reported to have a mental health problem, 36.8% had a history of suicidal thoughts or plans, 33.6% had a physical health problem(s) that appeared to contribute to the death, 33.5% were perceived by self or others to be depressed at the time of injury, 25.5% had problems with a current or former intimate partner that appeared to contribute to the death, 21.6% had a history of ever being treated for a mental health or substance abuse problem, and 21.1% disclosed their suicidal thoughts and/or plans to another person within a month before the death.

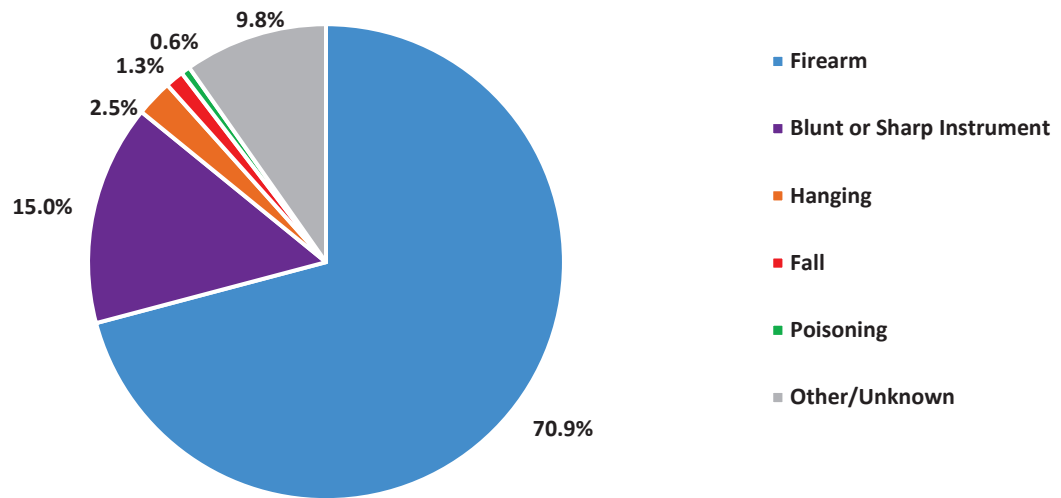
Figure 24. Circumstances Among Suicide Deaths, Clark County Residents, 2018-2022.



Source: Nevada Violent Death Reporting System.
 Chart scaled to 40.0% to display differences among groups.

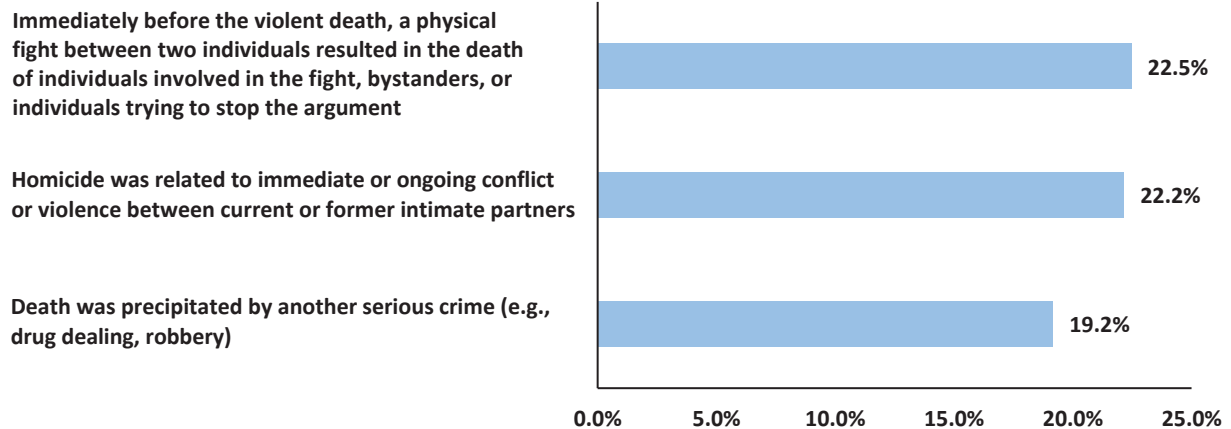
Among the 800 homicides, the method was firearms in 70.9% of cases, 15.0% blunt/sharp instrument, 2.5% hanging, 1.3% fall, 0.6% overdose, and 9.8% other/unknown. Males accounted for 78.5% of homicide victims, and 21.5% were females.

Figure 25. Method of Homicide Deaths, Clark County Residents, 2018-2022.



Source: Nevada Violent Death Reporting System.

Of the 800 homicides among Clark County residents from 2018-2022 that were entered into NVDRS, 99.1% (n=793) had circumstantial information available. Of those homicides, 22.5% involved a physical fight immediately before the homicide, 22.2% were related to ongoing conflict or violence between current or former intimate partners, and 19.2% were precipitated by another serious crime, such as drug dealing or robbery.



Source: Nevada Violent Death Reporting System.
 Chart scaled to 25.0% to display differences among groups.

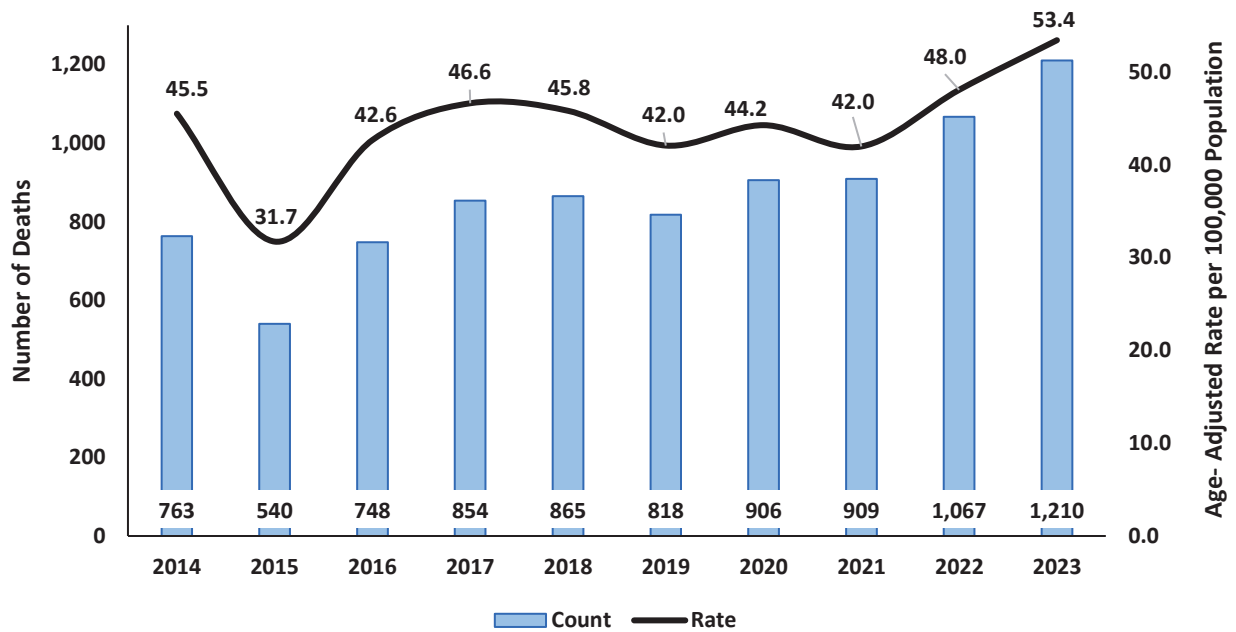
Mental Health-Related Deaths

Mental health-related deaths are deaths with the following ICD-10 code 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
- Intellectual disabilities
- Disorders of psychological development
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
- Unspecified mental disorder

Mental health-related deaths in Clark County for 2023 occurred at an age-adjusted rate of 53.4 per 100,000 population, with a death count of 1,210 persons.

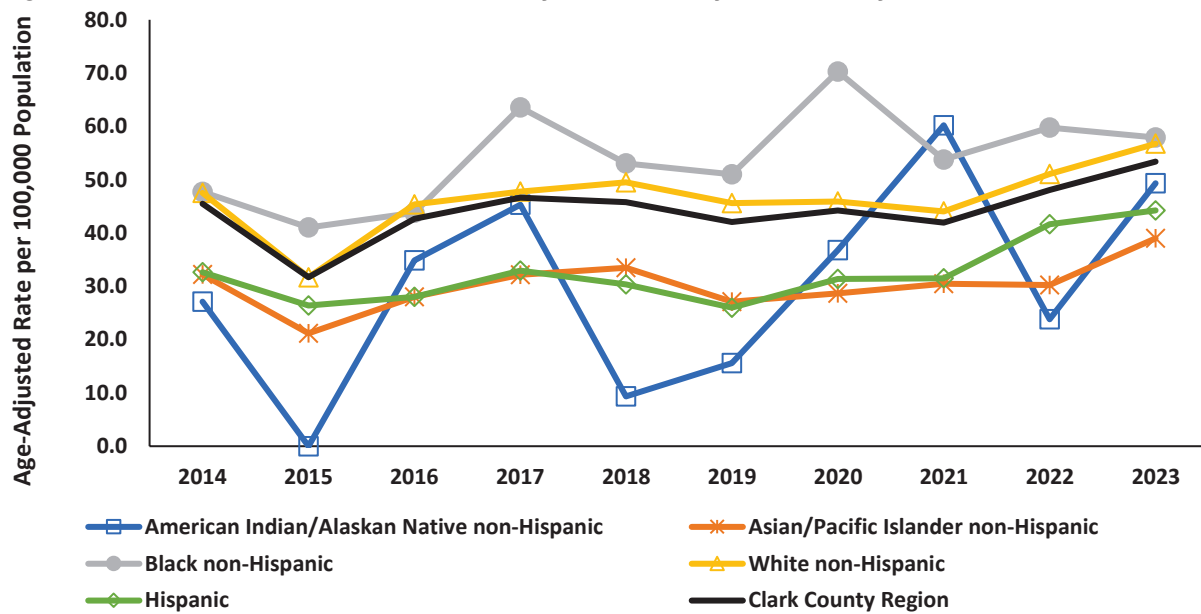
Figure 27. Mental Health-Related Deaths and Rates, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System.

From 2014 to 2023, there were no significant differences in age-adjusted mental health-related death rates among race/ethnicities. However, rates for all groups, as well as state and county total rates, have shown an upward trend over this period. Note that the rate fluctuations among the American Indian/Alaska Native non-Hispanic population is a result of high volatility due to the relatively low population of this demographic in the state and should not be taken as a significant change from the other years in the reporting period.

Figure 28. Mental Health-Related Death Rates by Race/Ethnicity, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System.

Substance Use

Opioids

Opioids are a class of drugs that act on the nervous system to relieve pain. They work by binding to opioid receptors in the brain, spinal cord, and other areas of the body, reducing the intensity of pain signals and affecting areas of the brain that control emotion. This release of endorphins lessens in intensity the longer they are taken, as the body builds a tolerance.

Throughout the 1990s, overdose deaths nationwide shifted from being primarily driven by illegal street drugs like heroin to prescription opioids. This was, at least partially, caused by the over-prescription of opioids for pain management.

In response to increased government oversight of these prescriptions, a second wave of overdose deaths emerged in 2010, mainly involving heroin. This was followed by another surge in overdose deaths, this time involving synthetic opioids including fentanyl and fentanyl analogs (IMFs). Synthetic opioids became the leading cause of overdose deaths in the United States starting 2016.¹

In 2017, the U.S. Department of Health and Human Services (HHS) officially declared the opioid crisis a public health emergency. In response to this crisis, Nevada introduced [Assembly Bill 474](#), which went into effect on January 1, 2018. This bill placed stricter requirements on the prescription of controlled substances. Additionally, the Nevada Board of Health adopted regulations requiring the reporting of drug overdoses by physicians, physician assistants, nurses, and veterinarians to the State's Chief Medical Officer.² Nevada AB 474 has led to measurable outcomes. Figures 29 and 30 below show the sharp decline in the number and rate of both opioid and controlled substance prescriptions in Clark County since 2017. These trends reflect the broader national picture of decreased prescription and utilization of opioids.

Per [NRS 453.226](#) (as revised by AB474) prescribers with a controlled substance prescribing license are required to register with the Prescription Drug Monitoring Program (PDMP). The PDMP is a state-operated, CDC-supervised electronic database that monitors the prescribing and dispensing of controlled substances. It serves as a tool to identify and prevent drug misuse while equipping healthcare providers and public health authorities with timely insights into patient prescription behaviors.

In addition to opioids, Nevada's Prescription Drug Monitoring Program tracks information about all Schedule II–V prescriptions dispensed to patients in the state. These drugs are classified as having accepted medical use and, at minimum, a low potential for abuse and risk of dependence. Schedule I drugs, such as ecstasy, heroin, lysergic acid diethylamide (LSD), and marijuana, are not included in the PDMP because they are defined as having no accepted medical use and a high potential for abuse.

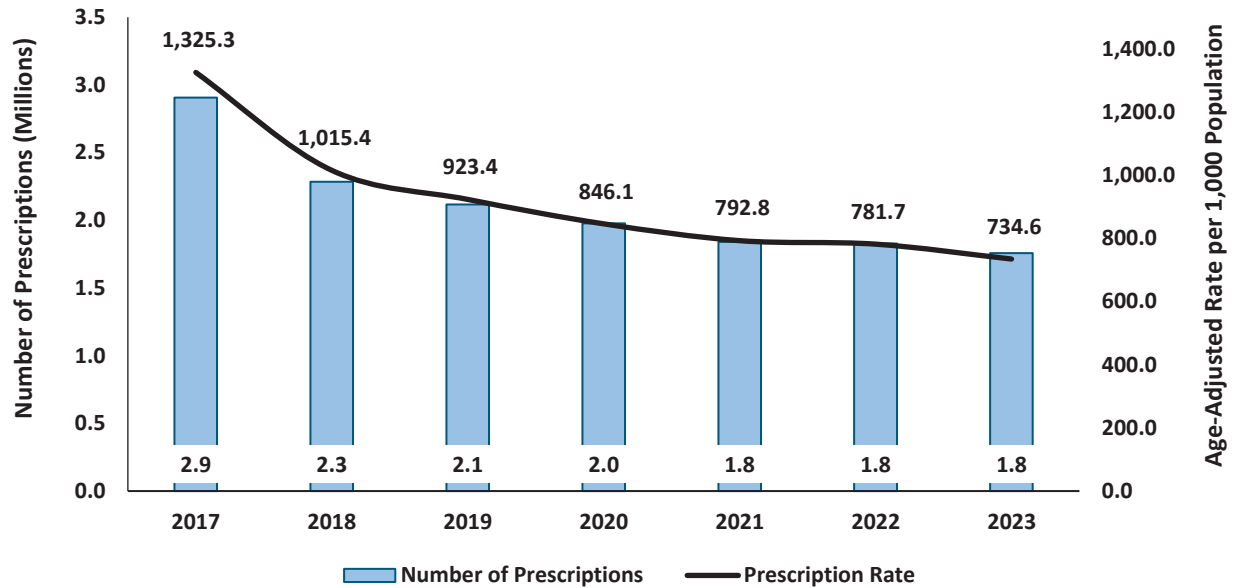
Note that PDMP rates are presented per 1,000 population, which is the standard for this measure, unlike most rates in this report, which are calculated per 100,000 population.

¹ [The Opioid Crisis | NIH HEAL Initiative](#)

² [Prescription Drug Abuse Prevention \(nv.gov\)](#)

PDMP total prescriptions among Clark County residents have decreased markedly from an age-adjusted rate of 1,325.3 per 1,000 population in 2017 to 734.6 per 1,000 population in 2023.

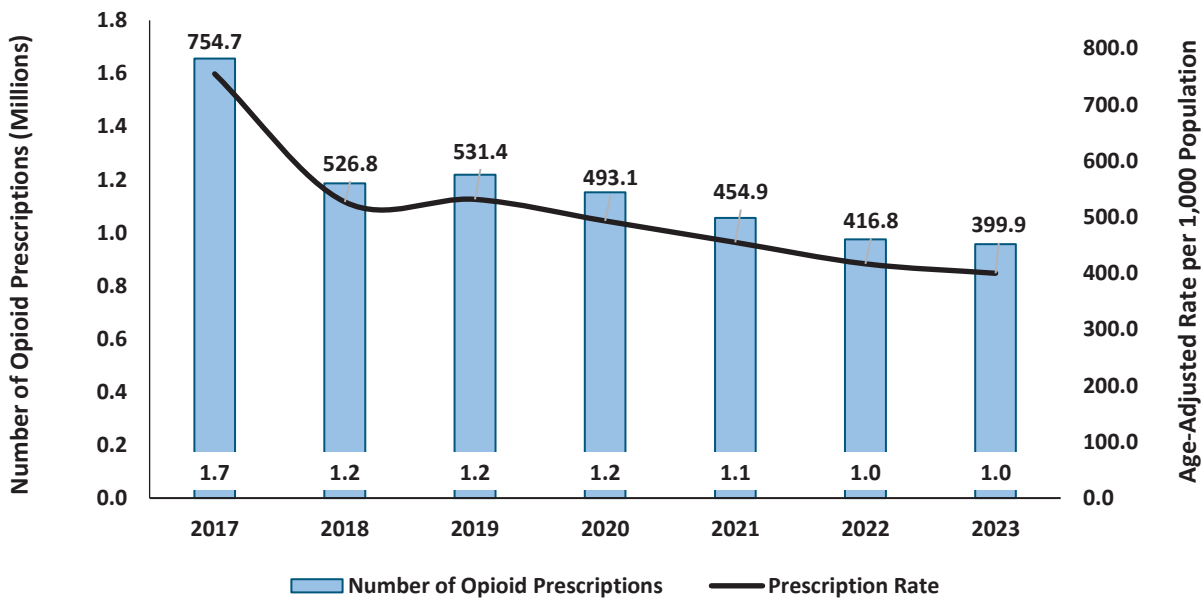
Figure 29. Total Prescriptions and Rates, Clark County Residents, 2014-2023.



Source: Prescription Drug Monitoring Program.

Mirroring total prescription trends, total opioid prescriptions have decreased significantly from an age-adjusted rate of 754.7 per 1,000 population in 2017 to 399.9 per 1,000 population in 2023.

Figure 30. Total Opioid Prescriptions and Rates, Clark County Residents, 2014-2023.

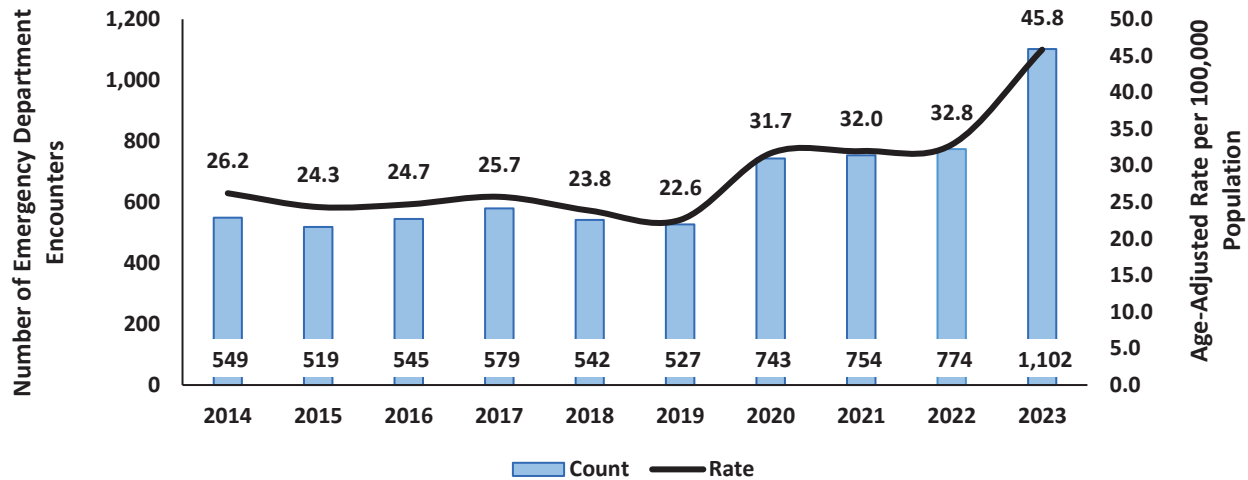


Source: Prescription Drug Monitoring Program.

Hospital Emergency Department Encounters

While total opioid prescriptions among Clark County residents decreased significantly since 2017, opioid overdose emergency department encounters increased significantly since 2019, with the highest rate in 2023, at 45.8 per 100,000 population. This trend may suggest that there are other factors driving opioid misuse.

Figure 31. Opioid Overdose Emergency Department Encounters and Rates by Year, Clark County Residents, 2014-2023.

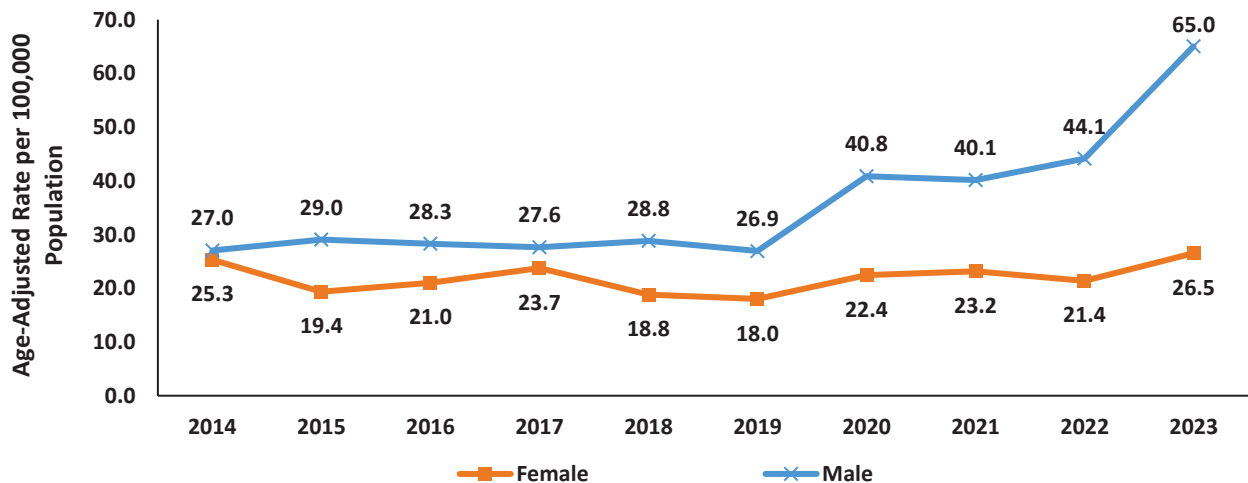


Source: Hospital Emergency Department Billing.

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.

Opioid overdose emergency department encounter rates for both females and males remained relatively close and stable over time. However, rates for both sexes increased from 2020 through 2023, with a significant rise among males and a slight increase in females starting in 2021.

Figure 32. Opioid Overdose Emergency Department Encounter Rates by Year and Sex, Clark County Residents, 2014-2023.

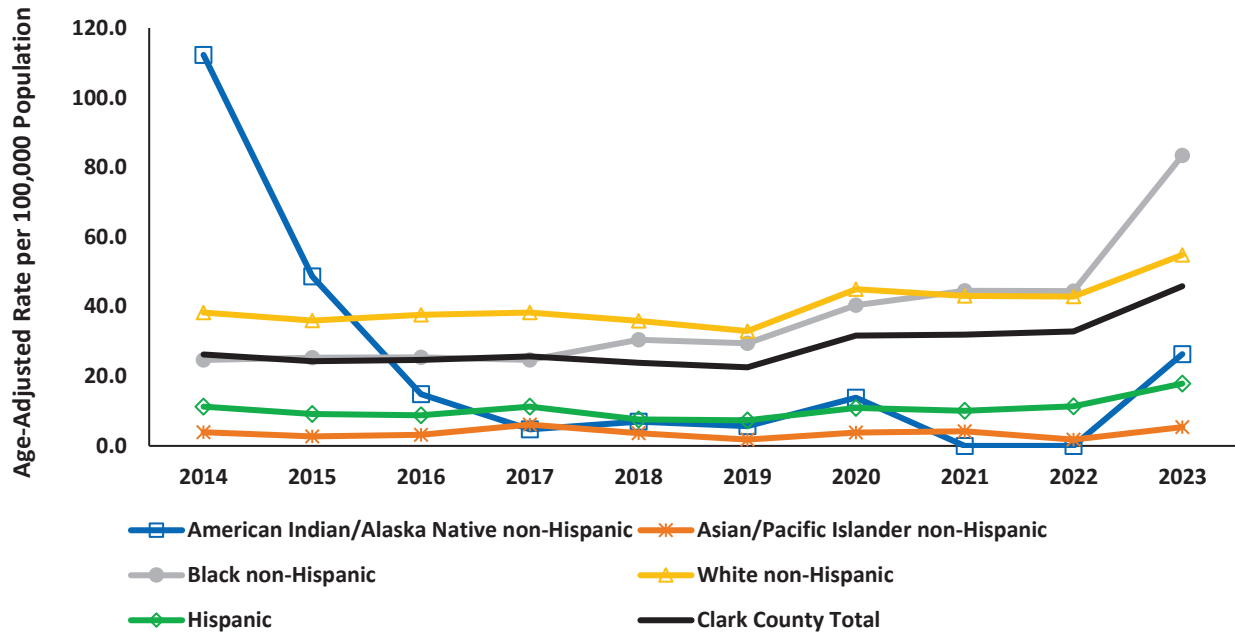


Source: Hospital Emergency Department Billing.

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.

Opioid overdose emergency department encounter rates among White non-Hispanics have been consistently higher than the overall Clark County rate, and among Black non-Hispanics since 2018, with a statistically significant increase from 2022 to 2023. Note that the rate fluctuations among the American Indian/Alaska Native non-Hispanic population is a result of high volatility due to the relatively low population of this demographic and should not be taken as a significant change from the other years in the reporting period.

Figure 33. Opioid Overdose Emergency Department Encounter Rates by Year and Race/Ethnicity, Clark County Residents, 2014-2023.



Source: Hospital Emergency Department Billing.

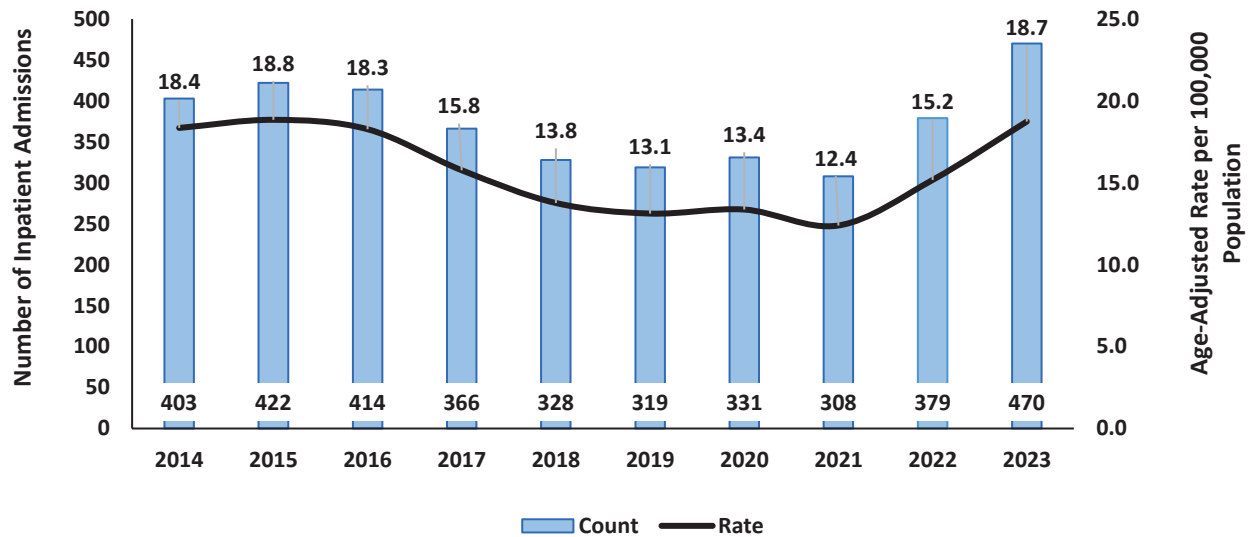
Categories are not mutually exclusive.

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.

Hospital Inpatient Admissions

Opioid-related inpatient admission rates decreased from 2014 to 2021 before notable increases beginning in 2022. This is indicative of an increase in cases involving complications requiring extended care.

Figure 34. Opioid Overdose Inpatient Admissions and Rates by Year, Clark County Residents, 2014-2023.

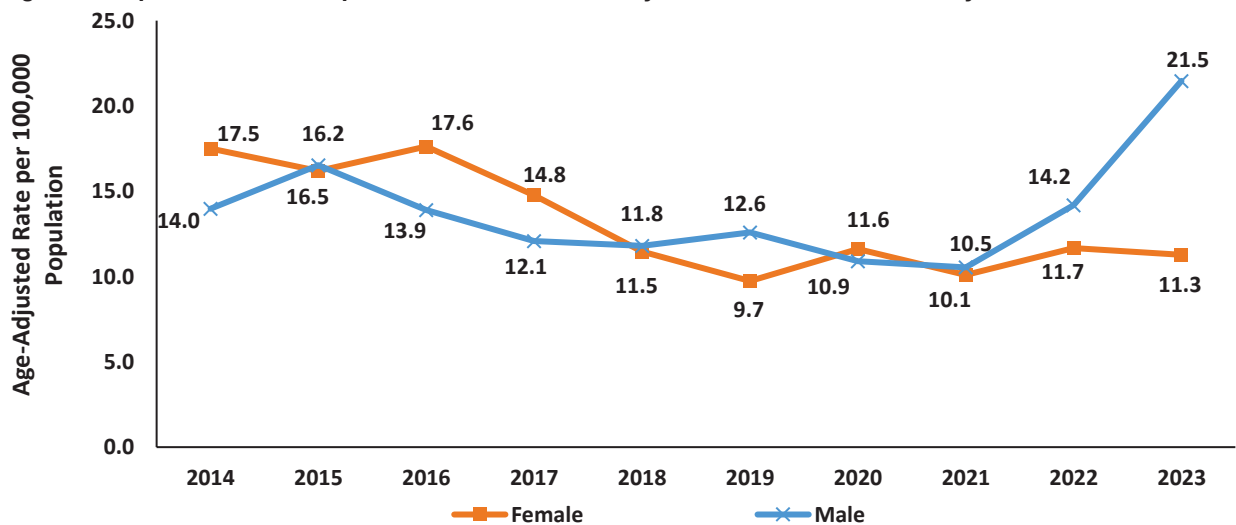


Source: Hospital Inpatient Billing.

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.

From 2016 to 2023, the inpatient admission rate for opioid overdoses among females has decreased, while the rate among males has significantly increased between 2021 and 2023.

Figure 35. Opioid Overdose Inpatient Admission Rates by Year and Sex, Clark County Residents, 2014-2023.

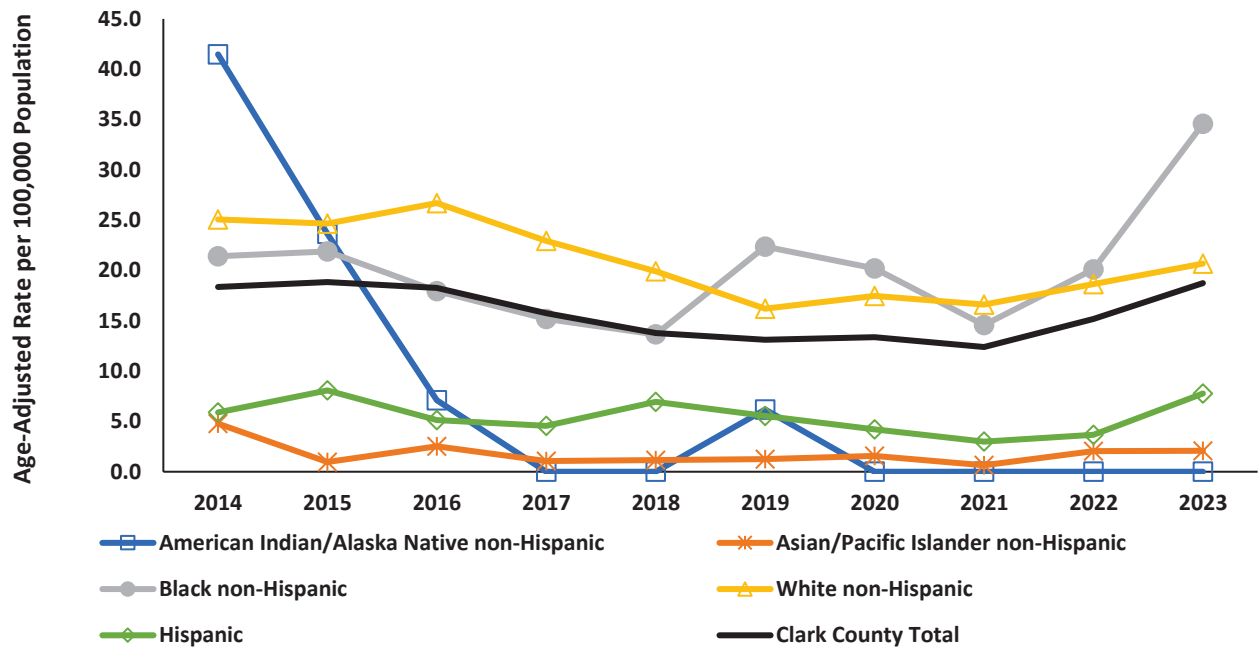


Source: Hospital Inpatient Billing.

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.

Consistent with opioid overdose emergency room encounters, the rates among White non-Hispanics have been consistently higher than the overall Clark County rate. This also the case for Black non-Hispanics since 2019. Note that the rate fluctuations among the American Indian/Alaska Native non-Hispanic population is a result of high volatility due to the relatively low population of this demographic in the state and should not be taken as a significant change from the other years in the reporting period.

Figure 36. Opioid Overdose Inpatient Admission Rates by Year and Race/Ethnicity, Clark County Residents, 2014-2023.

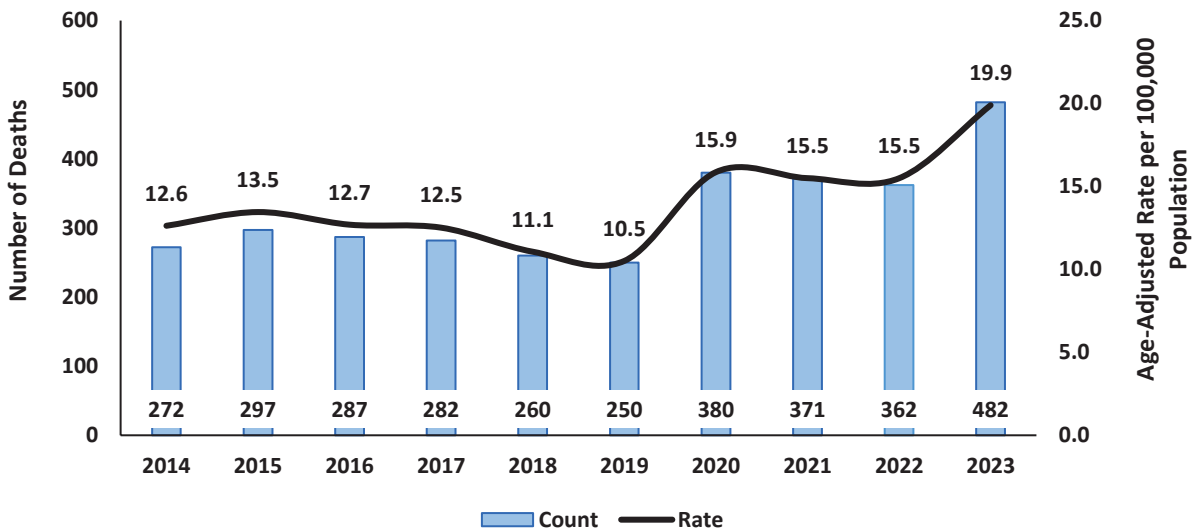


Source: Hospital Inpatient Billing.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Opioid Overdose Deaths

Opioid overdose deaths have increased from 2020 to 2023, mirroring the rise in emergency room encounters starting in 2019 and inpatient admissions starting in 2022. This sharp increase may reflect a worsening opioid epidemic, with the rise of emergency room encounters providing an early indicator of overdose trends.

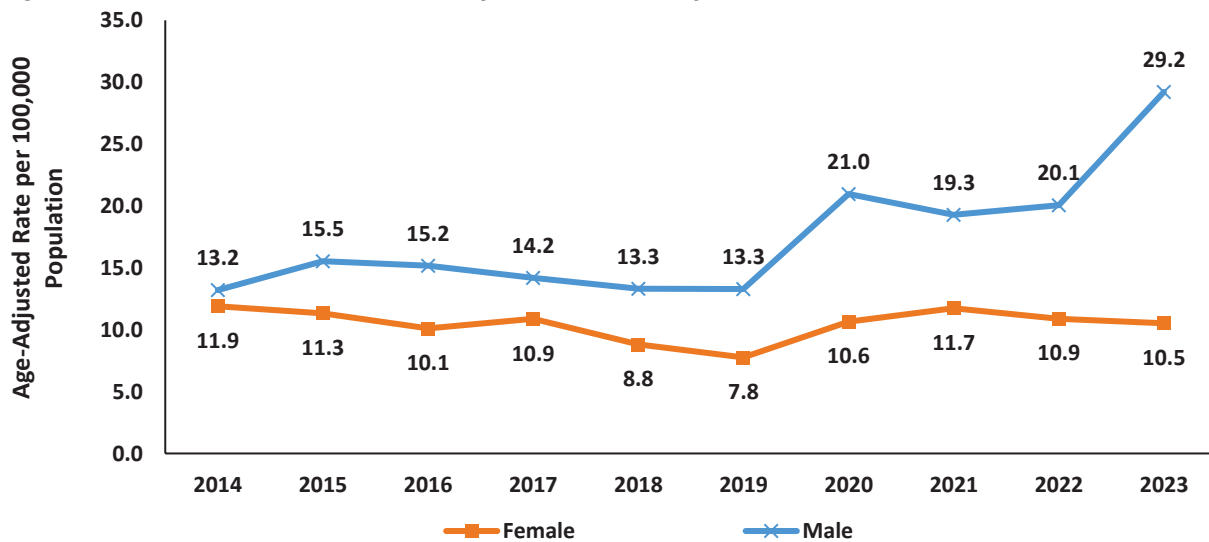
Figure 37. Opioid Overdose Deaths and Rates, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System.

Opioid overdoses by sex also reflect trends in emergency department encounters, with relatively steady rates among females and a significant increase among males starting in 2020. This suggests that the opioid crisis among females has not worsened and that males have been disproportionately affected.

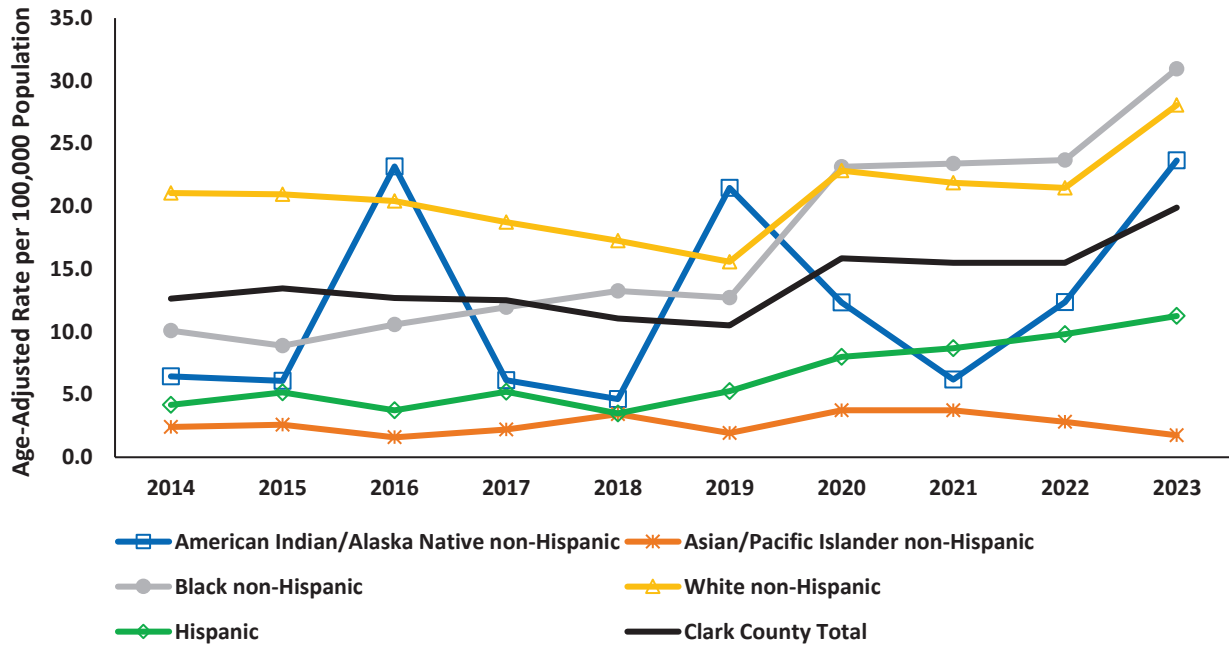
Figure 38. Opioid Overdose Death Rates by Sex, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System.

Opioid overdose deaths by race/ethnicity are also consistent with opioid overdose emergency room encounters. The rates among White non-Hispanics and Black non-Hispanics have been consistently higher than the overall Clark County rates since 2018 and both groups had an increase from 2019 to 2023. Note that the rate fluctuations among the American Indian/Alaska Native non-Hispanic population is a result of high volatility due to the relatively low population of this demographic in the state and should not be taken as a significant change from the other years in the reporting period.

Figure 39. Opioid Overdose Death Rates by Race/Ethnicity, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System.

Stimulants

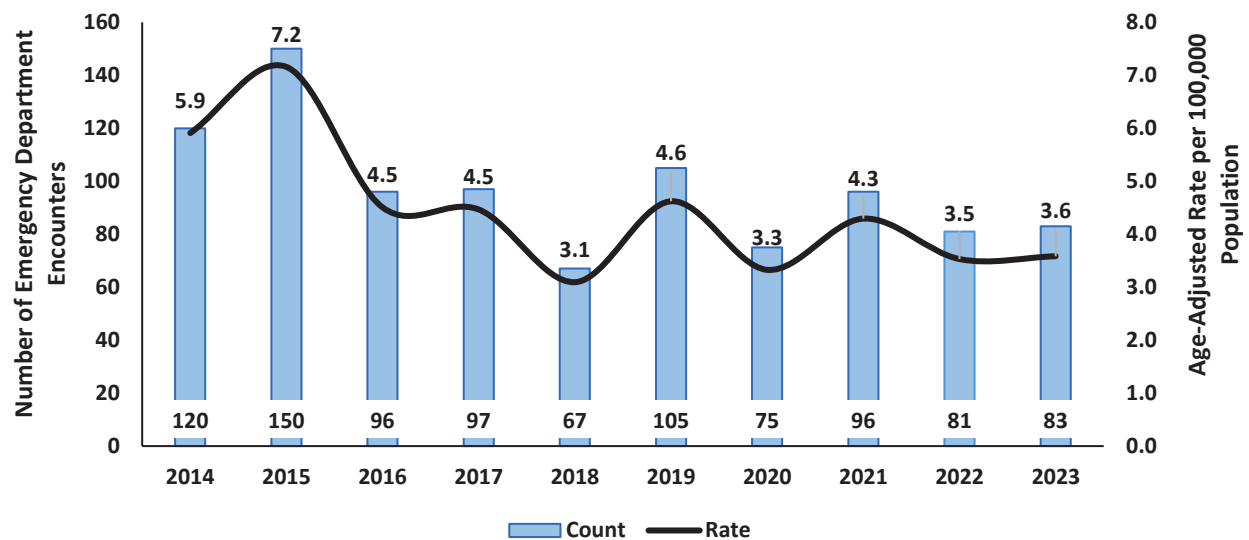
Stimulants are a class of drugs that accelerate communication between the brain and body, often making individuals feel more awake, alert, confident, or energetic. They include legal substances like caffeine and prescription medications such as dexamphetamines, Adderall, and methylphenidate (Ritalin), as well as illicit substances like methamphetamines, speed, and cocaine.

In addition to the risk of death from overdose, long term misuse of stimulants can lead to a variety of health effects including permanent damage to the heart and brain, high blood pressure, and damage to internal organs.³

Hospital Emergency Department Encounters

The rate of stimulant overdose emergency department encounters has remained steady after a decrease in 2016. The number of stimulant overdoses is relatively small compared to opioids.

Figure 40. Stimulant Overdose Emergency Department Encounters and Rates by Year, Clark County Residents, 2014-2023.

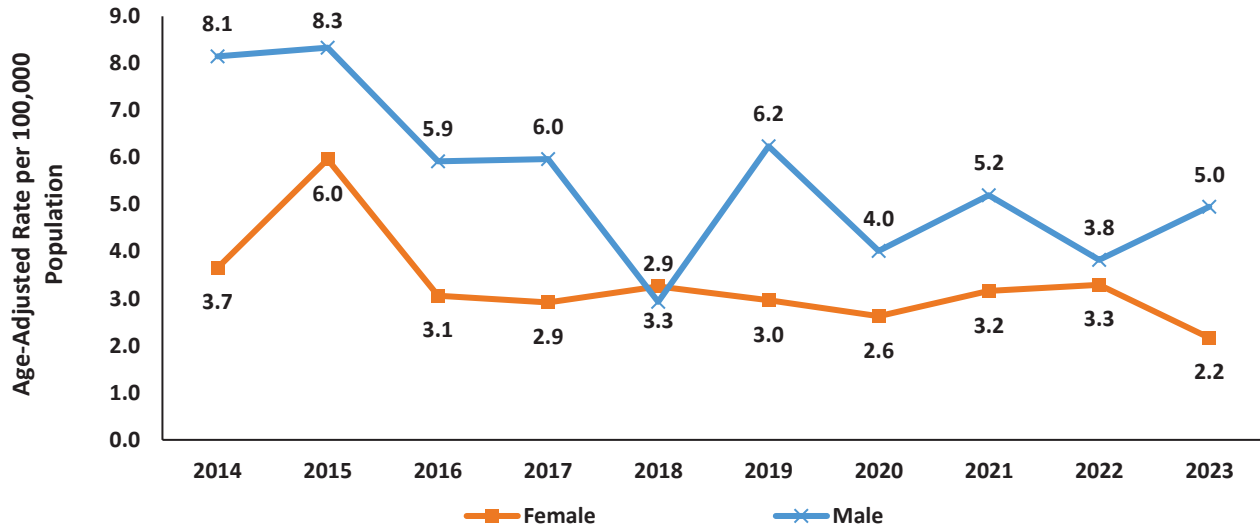


Source: Hospital Emergency Department Billing.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Males have had a higher rate of stimulant overdose emergency department encounters compared to females for all years from 2014-2023, with the exception of 2018.

³ [What are Stimulants? Side Effects, Short and Long Term Risks | SAMHSA](#)

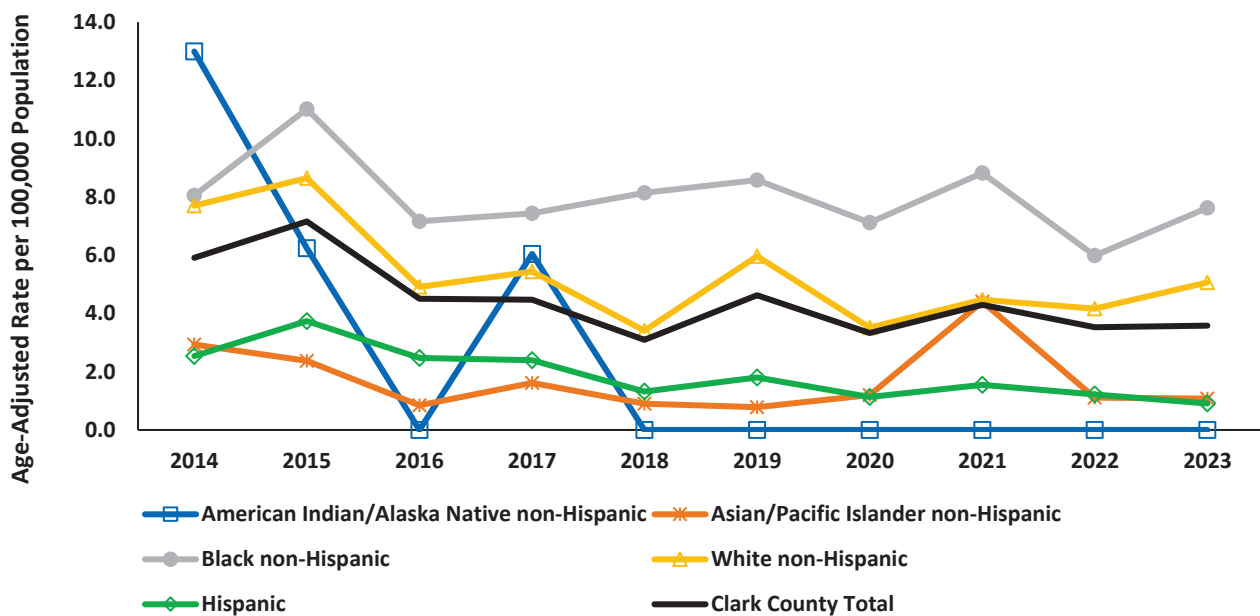
Figure 41. Stimulant Overdose Emergency Department Encounter Rates by Year and Sex, Clark County Residents, 2014-2023.



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.

Similar to opioids, White non-Hispanics and Black non-Hispanics experience higher rates of stimulant overdose-related emergency room encounters compared to the overall Clark County rate. However, unlike opioids, Black non-Hispanics have a higher rate of these encounters than White non-Hispanics. Note that the rate fluctuations among the American Indian/Alaska Native non-Hispanic population is a result of high volatility due to the relatively low population of this demographic in the state and should not be taken as a significant change from the other years in the reporting period.

Figure 42. Stimulant Overdose Emergency Department Encounter Rates by Year and Race/Ethnicity, Clark County Residents, 2014-2023.

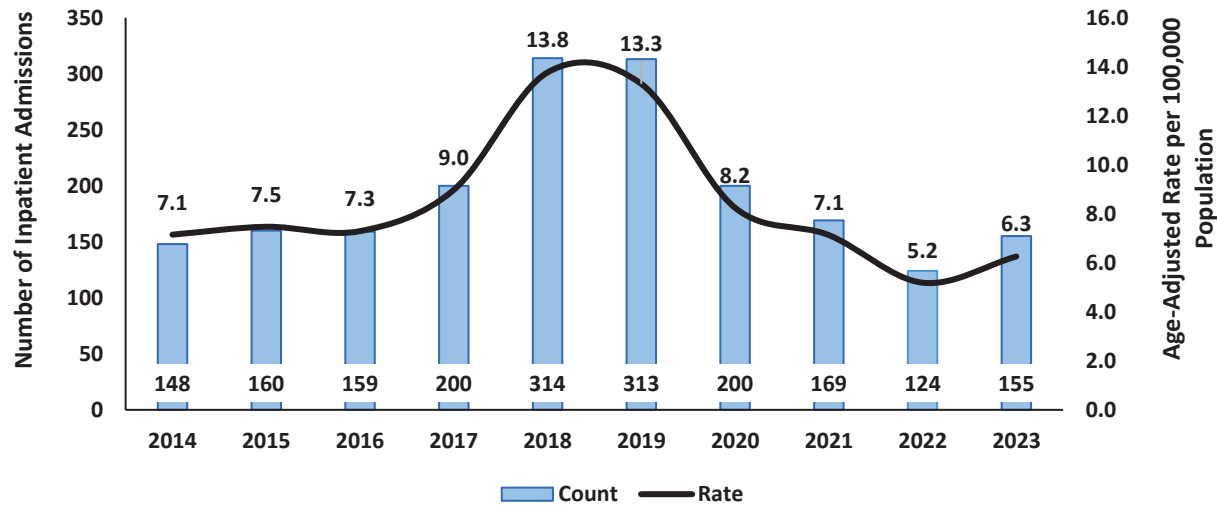


Source: Hospital Emergency Department Billing.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hospital Inpatient Admissions

Unlike opioid- or alcohol-related overdoses, which result in higher counts and rates of emergency department encounters, stimulant overdoses are more associated with higher inpatient admission rates. The rates peaked in 2018 and 2019, followed by a steady decline through 2022.

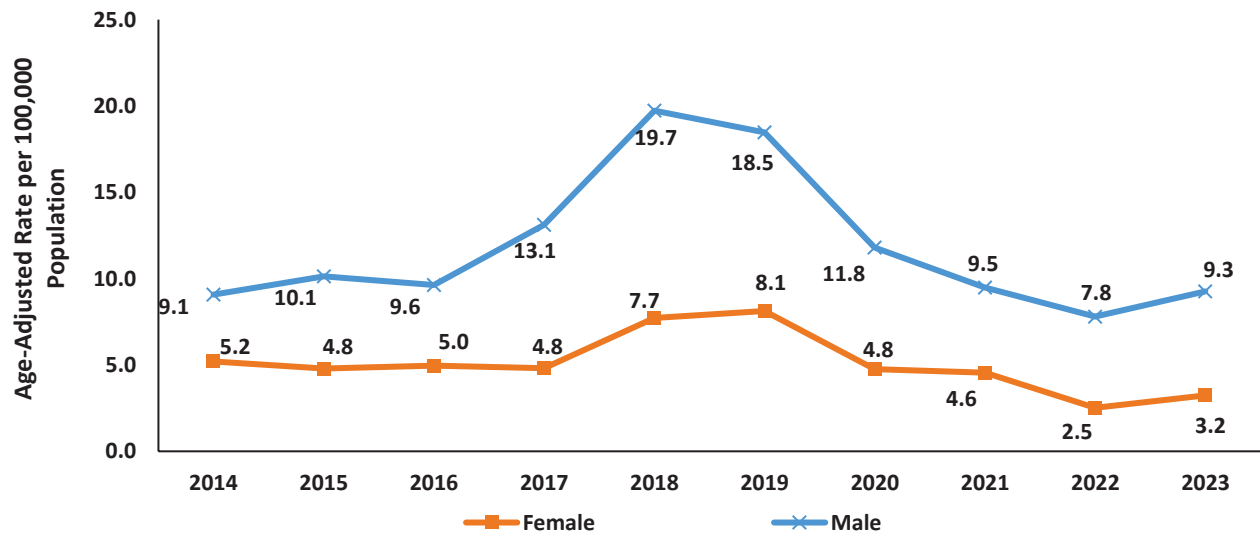
Figure 43. Stimulant Overdose Inpatient Admissions and Rates by Year, Clark County Residents, 2014-2023.



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.

From 2014 to 2023, males consistently had significantly higher stimulant overdose inpatient admission rates compared to females. Rates for both sexes experienced an increase in 2018, followed by a decrease.

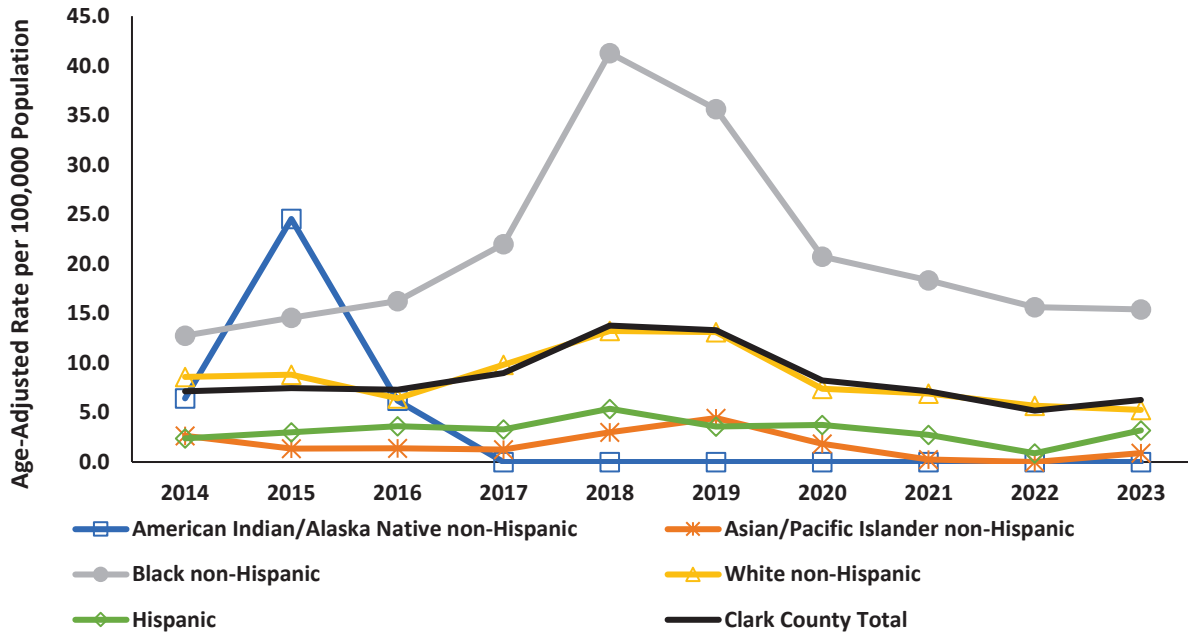
Figure 44. Stimulant Overdose Inpatient Admission Rates by Year and Sex, Clark County Residents, 2014-2023.



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.

The rates of stimulant overdose inpatient admissions among Black non-Hispanics are significantly higher than the rates of both White non-Hispanics and Clark County totals for all years 2014-2023.

Figure 45. Stimulant Overdose Inpatient Admission Rates by Year and Race/Ethnicity, Clark County Residents, 2014-2023.

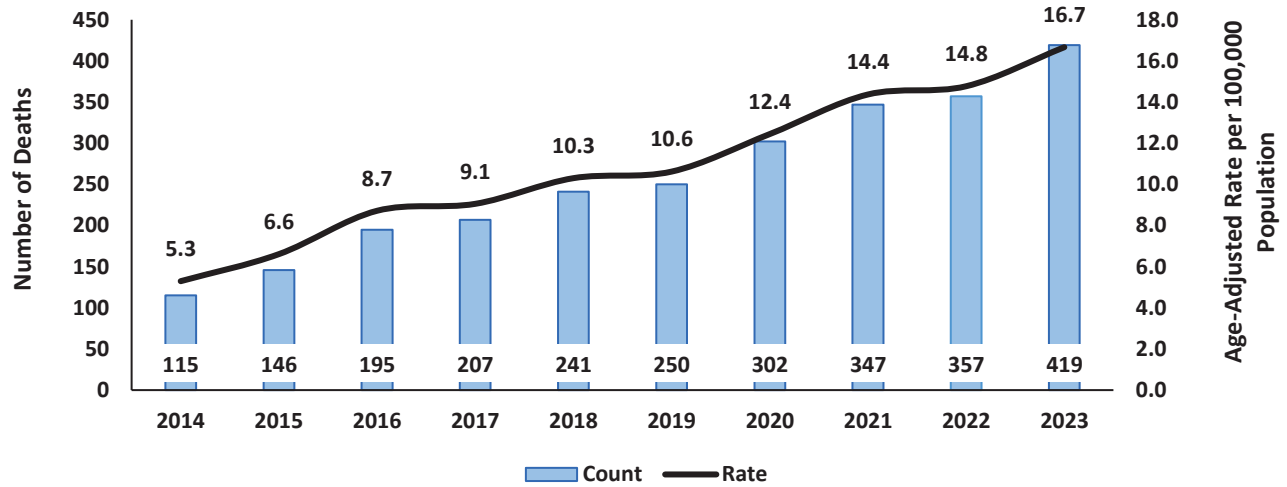


Source: Hospital Inpatient Billing.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Stimulant Overdose Deaths

The rates of stimulant-related overdose deaths have steadily increased since 2014, resulting in a 215% overall increase from 2014 to 2023. Methamphetamine toxicity was a contributing factor in the majority of deaths.

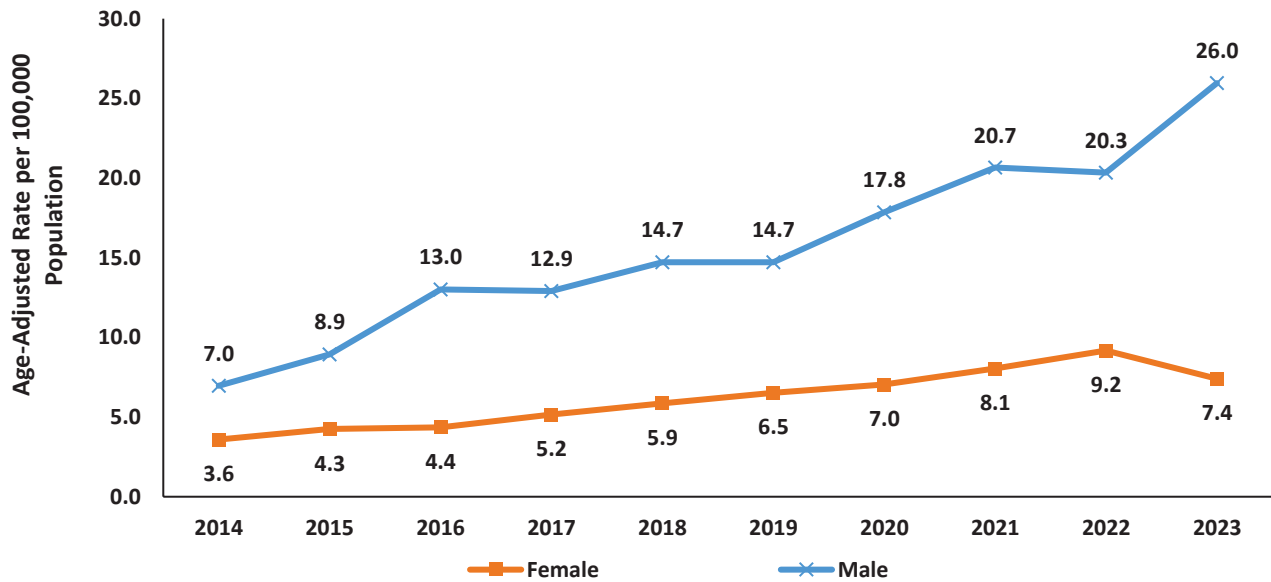
Figure 46. Stimulant Overdose Deaths and Rates, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System.

Since 2014, stimulant overdose death rates have increased among both males and females. Throughout this period, male rates remained consistently and considerably higher than female rates.

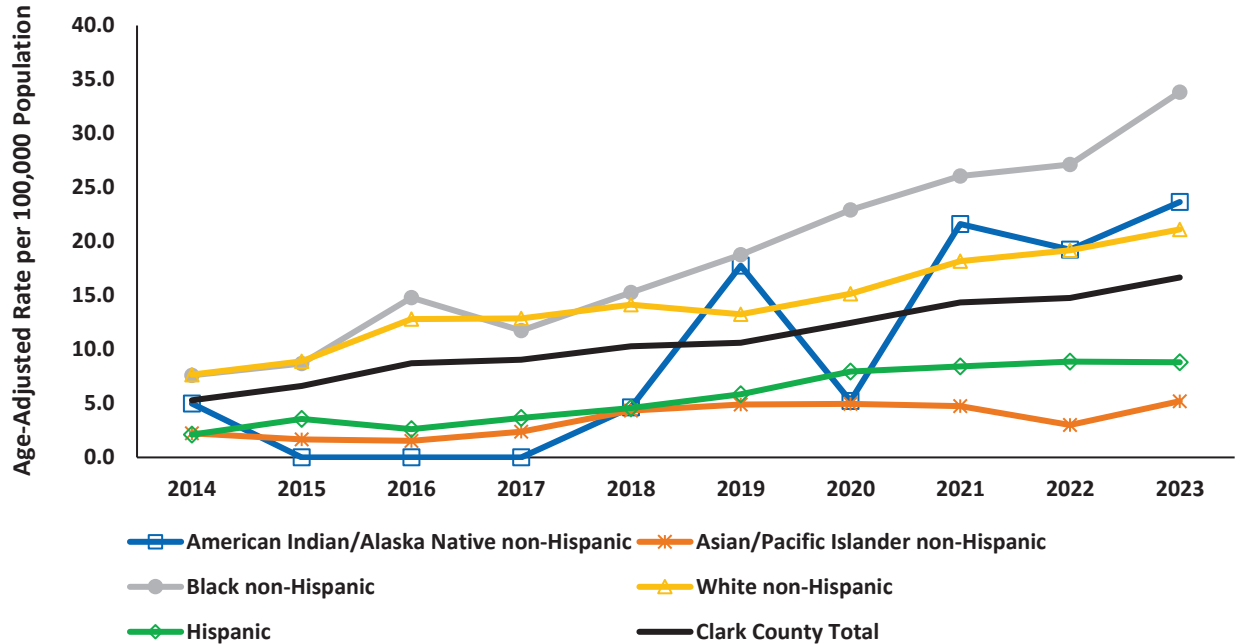
Figure 47. Stimulant Overdose Death Rates by Sex, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System.

The stimulant overdose death rate among White non-Hispanics and Black non-Hispanics has been consistently higher than the Clark County total rates for all years. Note that the rate fluctuations among the American Indian/Alaska Native non-Hispanic population is a result of high volatility due to the relatively low population of this demographic in the state and should not be taken as a significant change from the other years in the reporting period.

Figure 48. Stimulant Overdose Death Rates by Race/Ethnicity, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System.

Alcohol

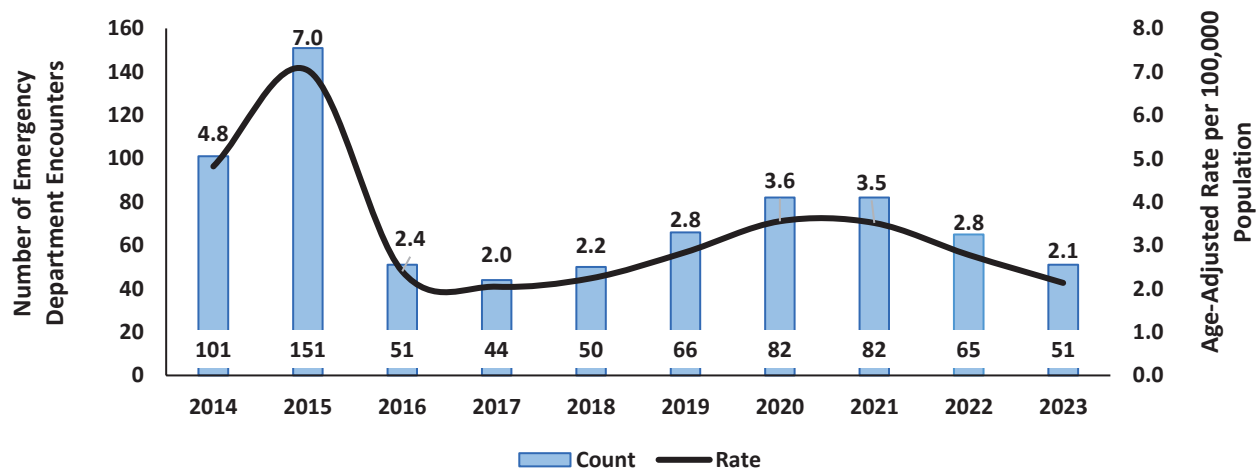
According to research from the CDC⁴, alcohol misuse causes roughly 178,000 deaths each year in the United States and shortens the lives of those who die by 24 years on average. About two-thirds of those deaths are from chronic conditions developed from long-term alcohol use, while the other one-third result from binge drinking or a single instance of over-consumption. Those chronic conditions include cancers, heart disease, liver disease and other complications from alcohol use disorder. The latter category of deaths includes motor vehicle crashes, alcohol poisoning, alcohol-involved drug overdoses and deaths by suicide. Both nationally, per the CDC⁵, and for Clark County residents (as illustrated in this section) alcohol-related deaths, particularly related to chronic alcohol use, disproportionately affect men.

There are several potential causes for the notable increase in deaths and hospitalizations (for chronic conditions) related to alcohol use and misuse. Due to its legality and social acceptability, alcohol is easily accessible and available to most Americans. While the effects of the COVID-19 pandemic are still yet to be fully understood, “stress, loneliness, and social isolation; and mental health conditions”⁶ can all lead to a rise in excessive alcohol consumption and may help explain the increases in negative health outcomes in the years immediately following lockdowns.

Overdoses

In contrast to the stark increase in emergency department encounters for opioids, alcohol overdose hospitalizations have been trending down. While there was an increase in emergency department encounters during and immediately following COVID-19 lockdowns, the rate has dropped substantially post-pandemic. Hospital visits for alcohol overdoses have been decreasing, but it should be noted that there has been an increase in alcohol-related deaths in Clark County in the past several years.

Figure 49. Alcohol Overdose Emergency Department Encounters and Rates by Year, Clark County Residents, 2014-2023.



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.

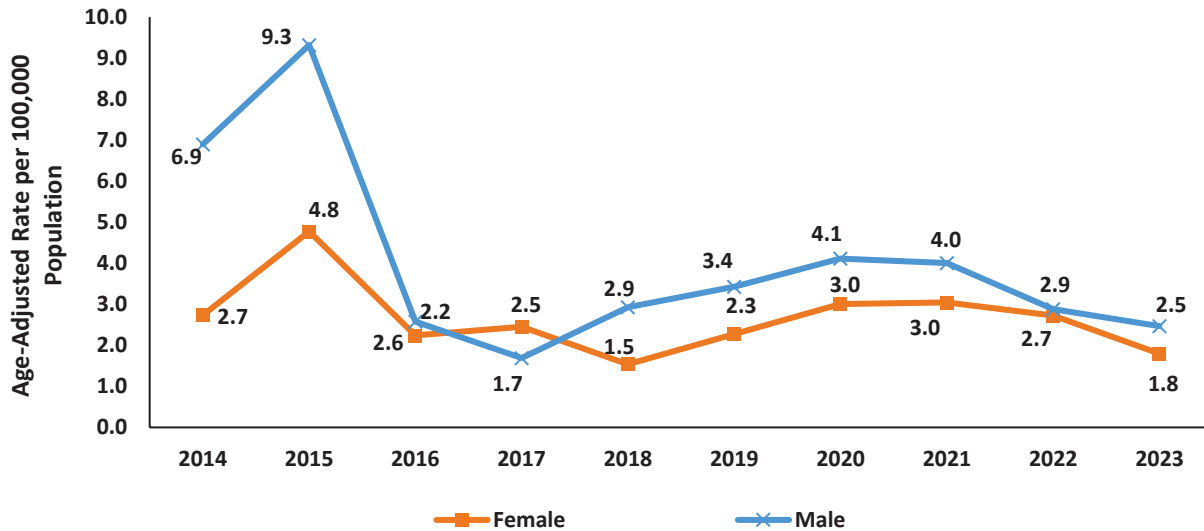
⁴ [Facts About U.S. Deaths from Excessive Alcohol Use | Alcohol Use | CDC](#)

⁵ [Sex and Gender Considerations on Alcohol Use and Health | Alcohol Use | CDC](#)

⁶ [Deaths from Excessive Alcohol Use — United States, 2016–2021 | MMWR](#)

The rates of emergency department encounters for alcohol overdose have been largely comparable between female and male since 2016 and both reflect the overall trend for the reporting period.

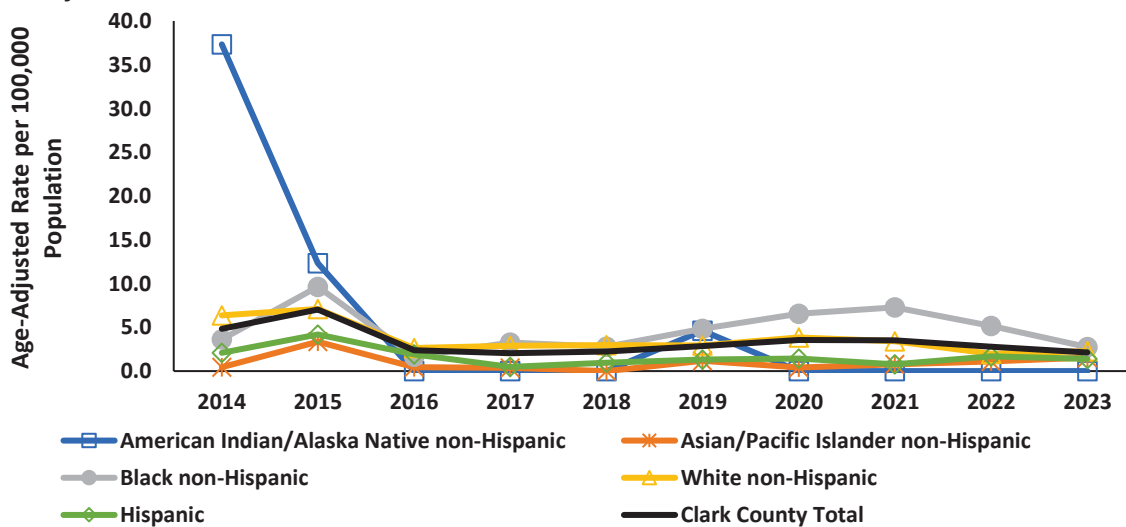
Figure 50. Alcohol Overdose Emergency Department Encounter Rates by Year and Sex, Clark County Residents, 2014-2023.



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.

The variance in the rate of encounters for American Indian/Alaska Native non-Hispanics is a result of high volatility due to the relatively low population of this demographic in the state and should not be taken as a significant. Other race/ethnicity demographics do not differ significantly from the overall trend for Clark County.

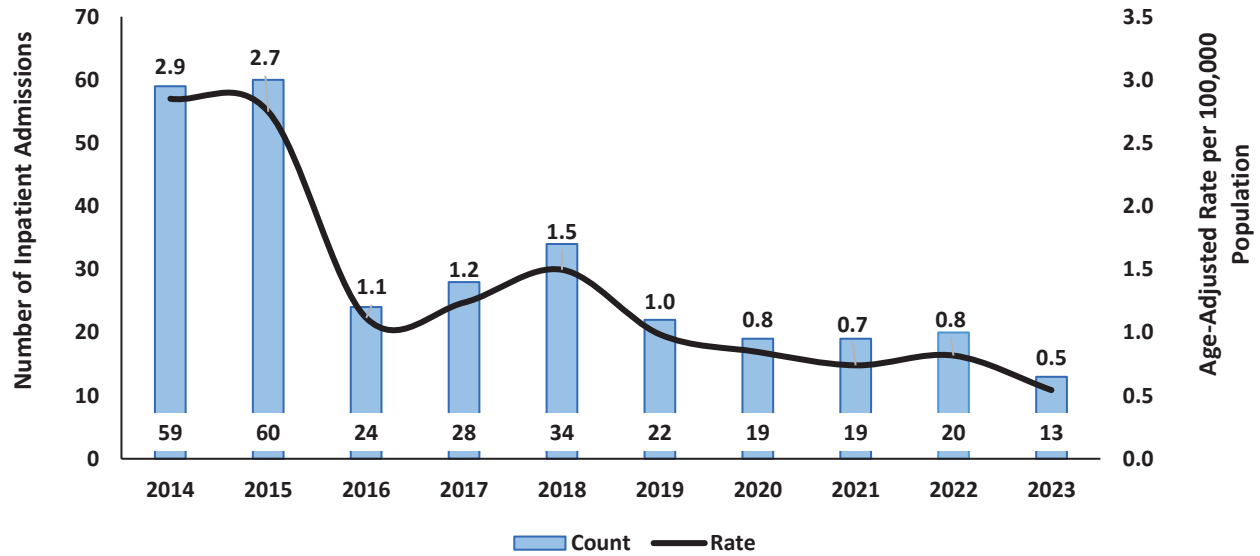
Figure 51. Alcohol Overdose Emergency Department Encounter Rates by Year and Race/Ethnicity, Clark County Residents, 2014-2023.



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.

Hospital inpatient admissions due to alcohol overdoses have been decreasing steadily over the past decade, including in the years immediately following the COVID-19 pandemic. The rate per 100,000 in 2023 was the lowest in the reporting period. While this number may adjust slightly due to lag in hospital billing claims data, the rate has stayed consistently below 1.5 per 100,000 population since 2018.

Figure 52. Alcohol Overdose Inpatient Admissions and Rates by Year, Clark County Residents, 2014-2023.

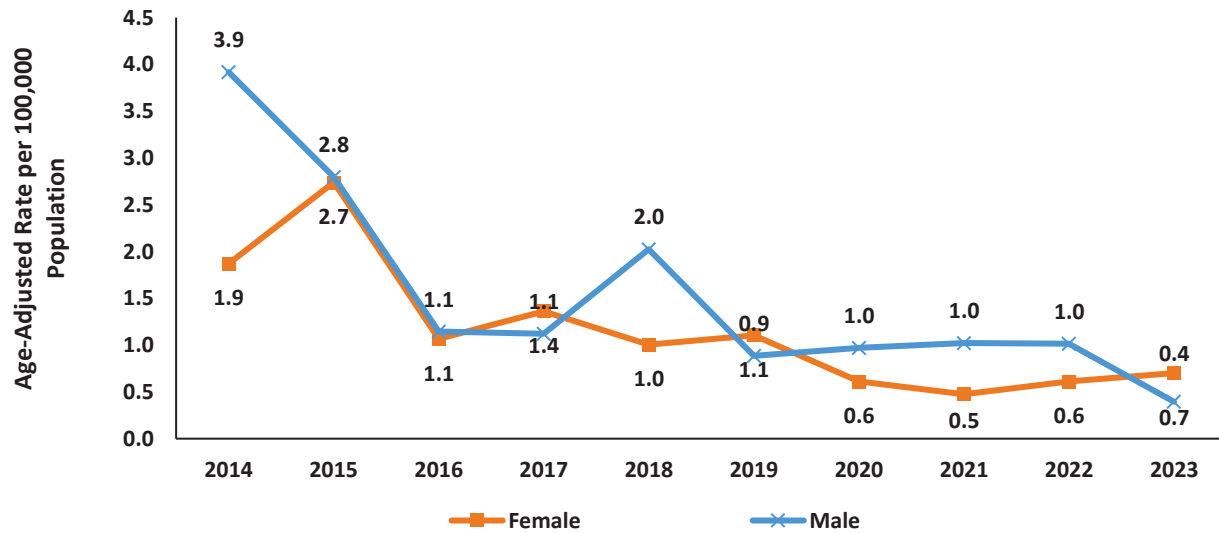


Source: Hospital Inpatient Billing.

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.

The inpatient admissions are generally comparable between female and male and the rate for both demographics have been decreasing concurrently.

Figure 53. Alcohol Overdose Inpatient Admission Rates by Year and Sex, Clark County Residents, 2014-2023.

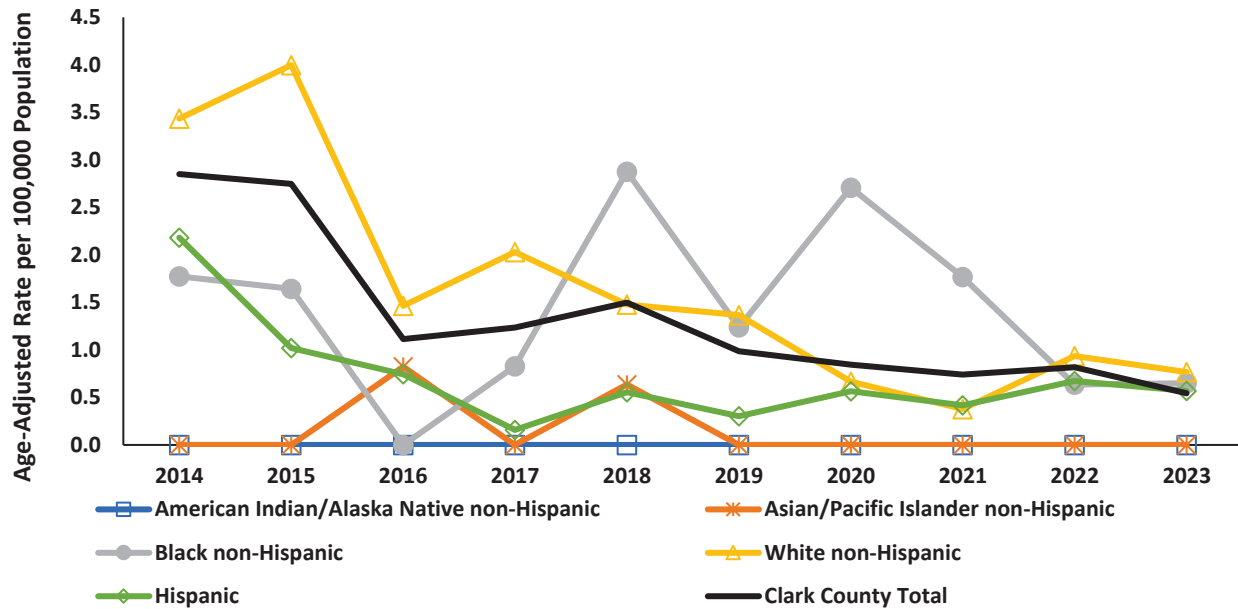


Source: Hospital Inpatient Billing.

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.

The rate for White non-Hispanics has consistently been slightly higher than the overall Clark County rate from 2014-2017. In 2018, 2020 and 2021, Black non-Hispanics were significantly higher than the Clark County rate.

Figure 54. Alcohol Overdose Inpatient Admission Rates by Year and Race/Ethnicity, Clark County Residents, 2014-2023.



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.

Chronic Alcohol Conditions

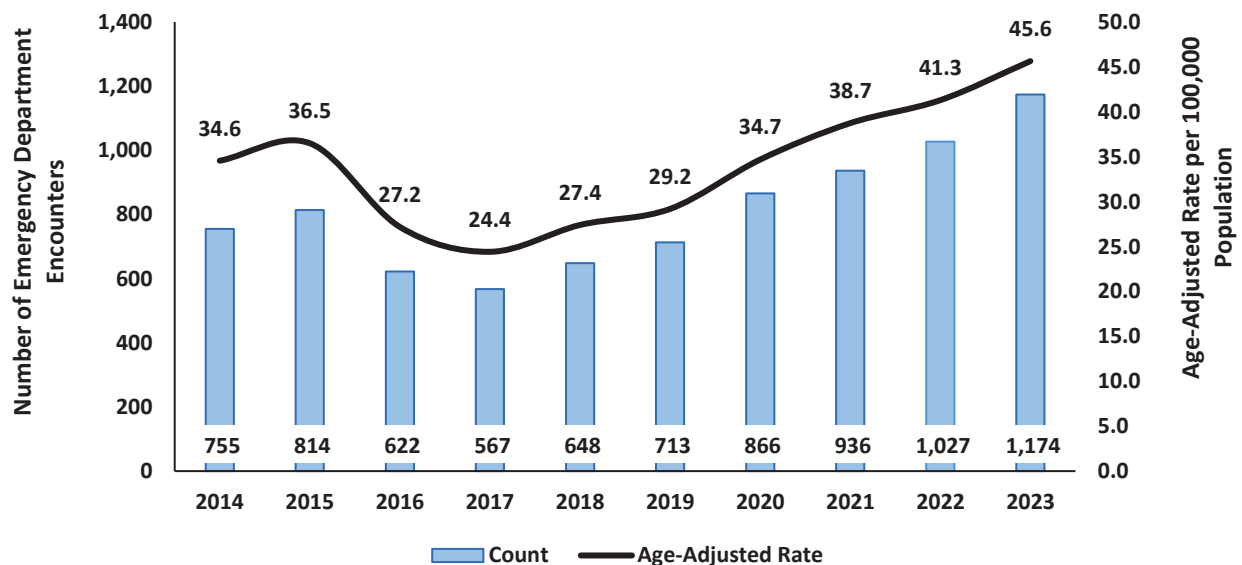
There are many chronic conditions and diseases that can occur from long-term misuse of alcohol and contribute to an increased mortality rate for those users. These include multiple types of cancer (throat, colon, liver, and breast cancer), heart disease, liver disease, high blood pressure, and strokes.

In contrast to the trends for alcohol overdoses, hospital encounters for chronic conditions related to alcohol use in Clark County have consistently increased since 2017. Deaths attributable to diseases of chronic alcohol misuse also increased throughout the pandemic.

Hospital Emergency Department Encounters

Emergency department encounters for alcohol-related diseases have increased every year since 2017.

Figure 55. Chronic Alcohol Diseases Emergency Department Encounters and Rates by Year, Clark County Residents, 2014-2023.

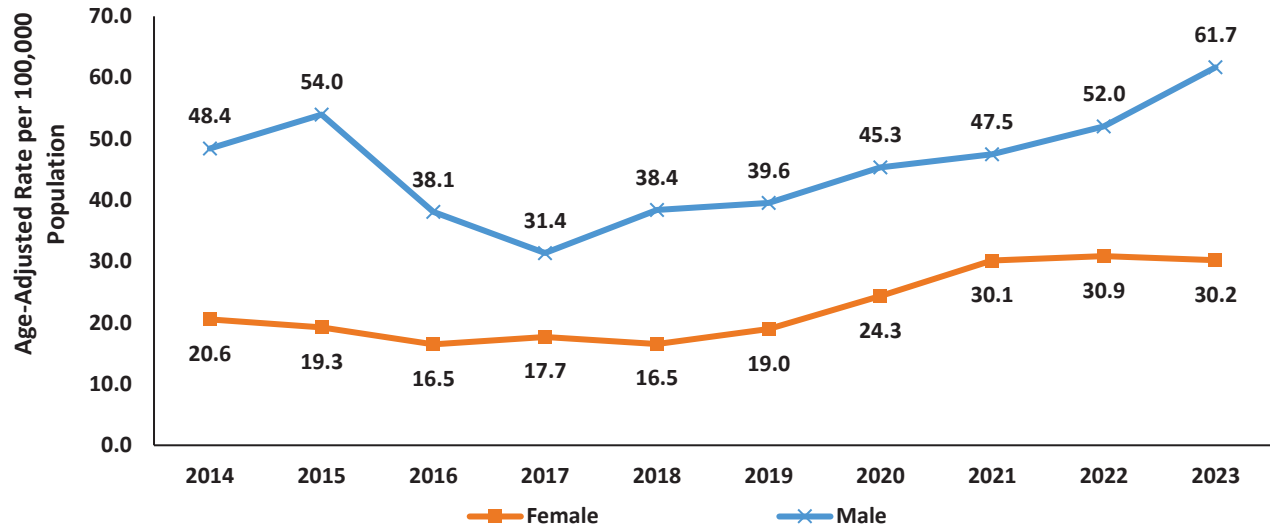


Source: Hospital Emergency Department Billing.

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.

The rates for both females and males have been increasing since 2018 and are consistently higher for men than for women. The rate of emergency department encounters for men was 61.7 per 100,000 population in 2023 which was 50% higher than for women and substantially higher than the lowest rate for men (31.4 per 100,000 population in 2017). The 2023 rates for Clark County residents are significantly lower than the overall rates for the state in the same year (85.0 per 100,000 population for males and 49.3 per 100,000 population for females).

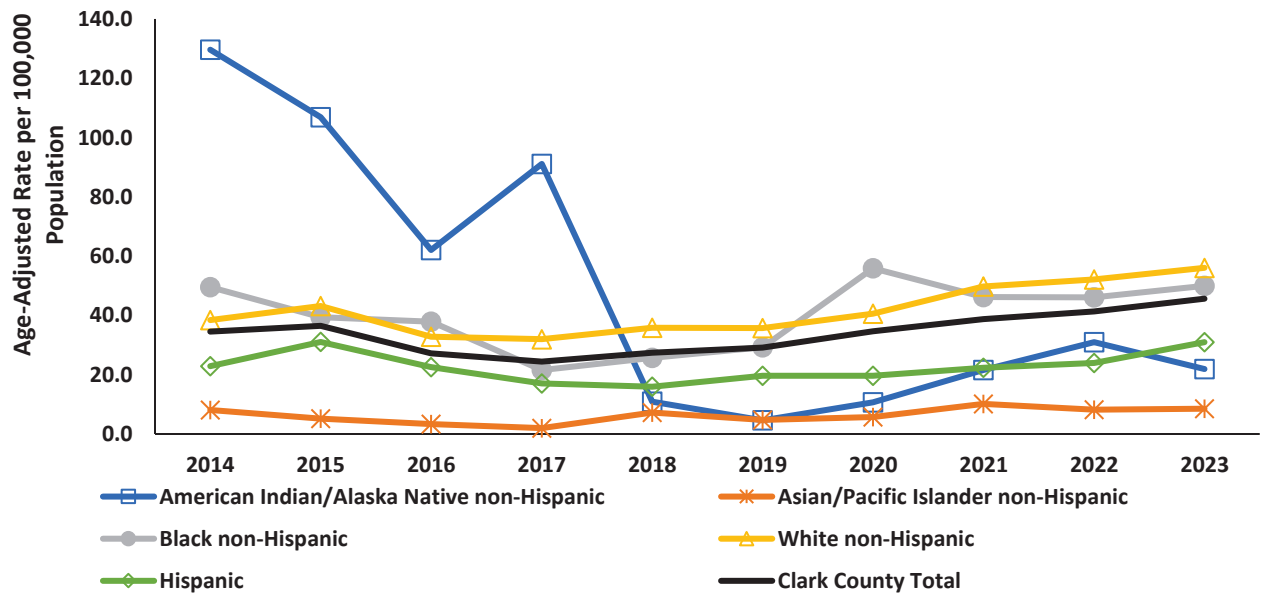
Figure 56. Chronic Alcohol Diseases Emergency Department Encounter Rates by Year and Sex, Clark County Residents, 2014-2023.



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.

The rate of chronic alcohol diseases was significantly higher for American Indian/Alaska Native non-Hispanics than for any other racial/ethnic group in Clark County from 2014-2017, then dropped below the Clark County rate for the remaining years. White non-Hispanics remained above the Clark County rate from 2014-2023.

Figure 57. Chronic Alcohol Diseases Emergency Department Encounter Rates by Year and Race/Ethnicity, Clark County Residents, 2014-2023.

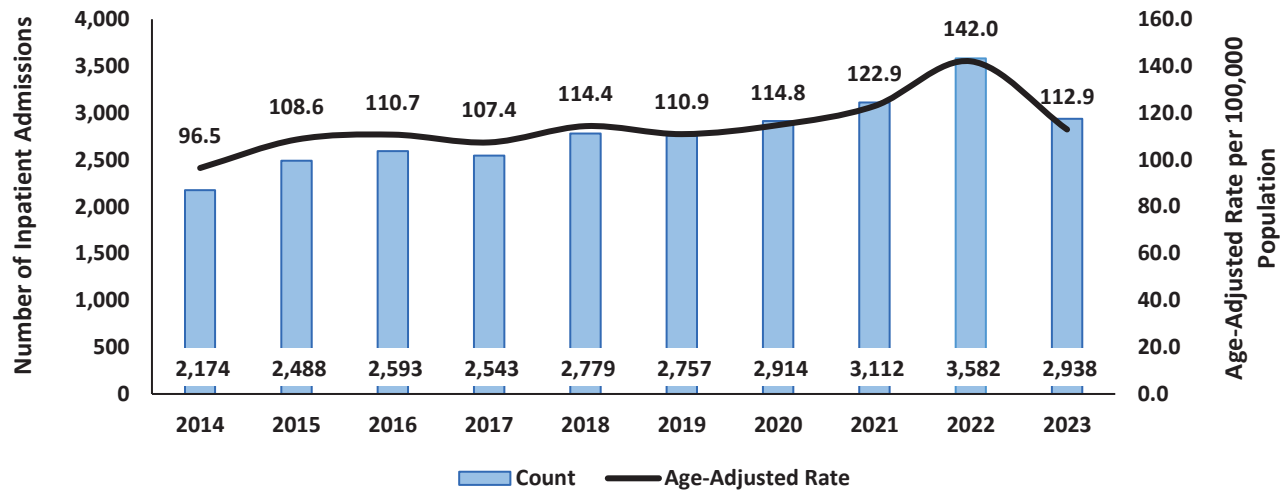


Source: Hospital Emergency Department Billing.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hospital Inpatient Admissions

Following the trend seen in emergency departments, there has also been an increase over the reporting period in inpatient admissions for chronic conditions due to alcohol use. While the rate did drop noticeably in 2023, it should be noted that due to a lag in hospital billing data, this number may change in future reporting.

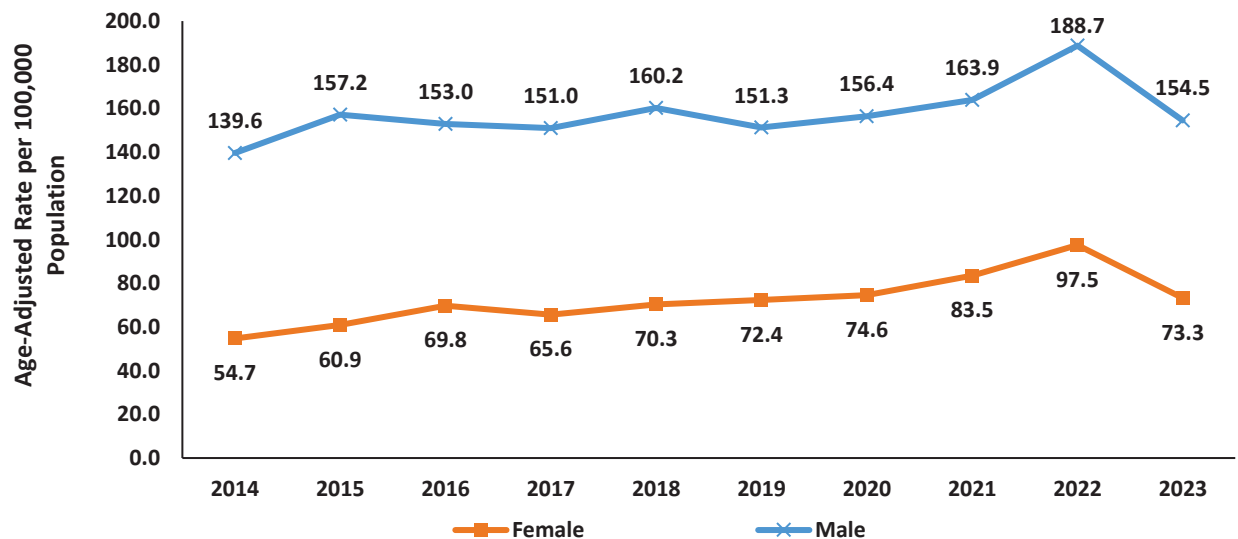
Figure 58. Chronic Alcohol Diseases Inpatient Admissions and Rates by Year, Clark County Residents, 2014-2023.



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.

The rate for males has remained significantly higher than that of females for the duration of the reporting period, with admits being roughly twice as likely to be men.

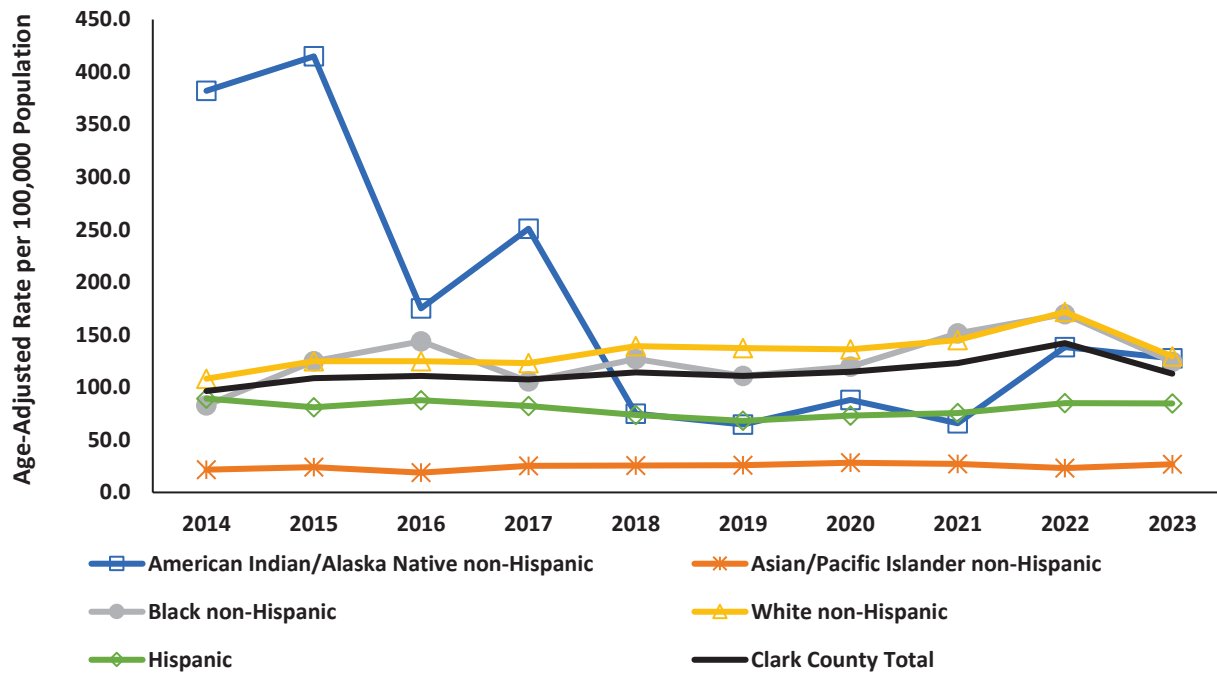
Figure 59. Chronic Alcohol Diseases Inpatient Admission Rates by Year and Sex, Clark County Residents, 2014-2023.



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.

As with emergency department encounters, American Indian/Alaskan Native non-Hispanics had a rate of inpatient admissions that was notably higher than the total rate for Clark County between 2014-2017, then dropped below the Clark County rate for the remaining years. White non-Hispanics remained above the Clark County rate from 2014-2023.

Figure 60. Chronic Alcohol Diseases Inpatient Admission Rates by Year and Race/Ethnicity, Clark County Residents, 2014-2023.



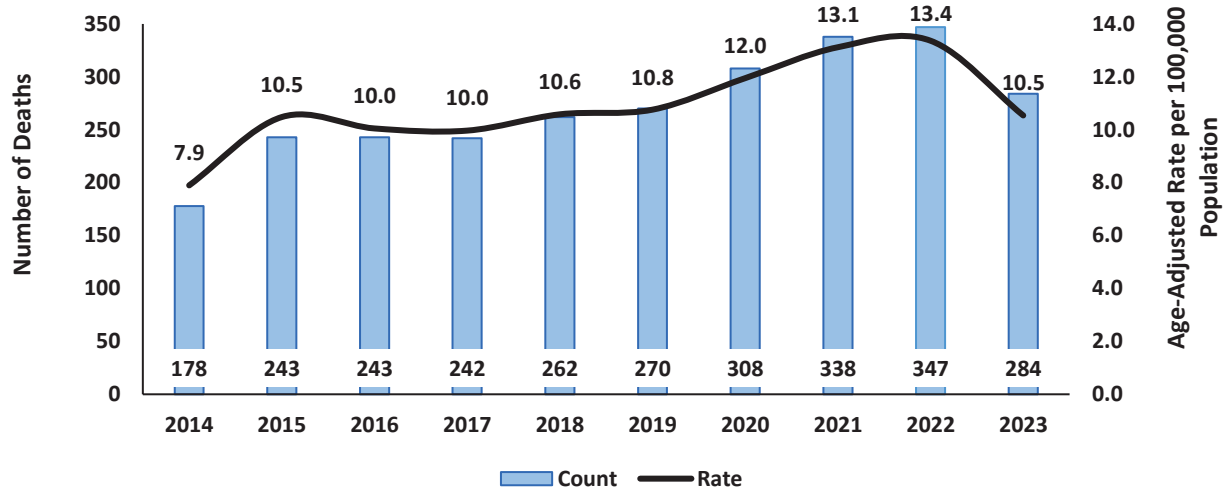
Source: Hospital Inpatient Billing.

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.

Chronic Alcohol Diseases Deaths

Deaths related to chronic diseases from alcohol increased in 2020 and the two years following the height of the COVID-19 pandemic.

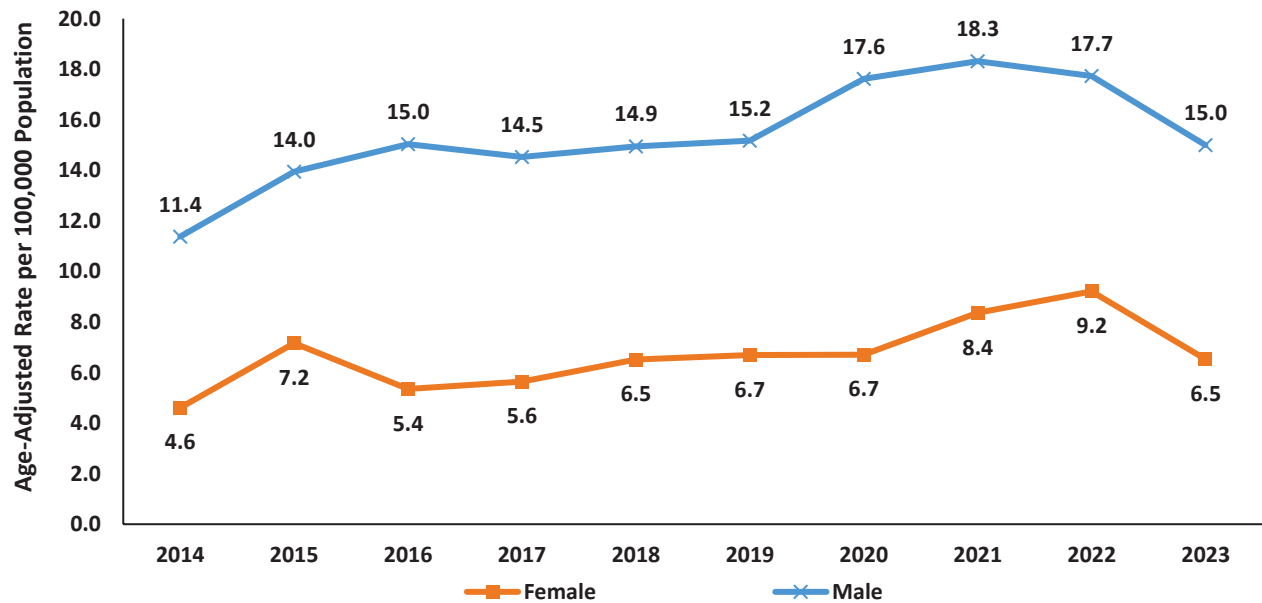
Figure 61. Chronic Alcohol Diseases Deaths and Rates, All Ages, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System

As with hospital visits, the rate of deaths from these conditions is significantly higher for men than it is for women. In all years of the reporting period the rate for men was between double and triple that of women.

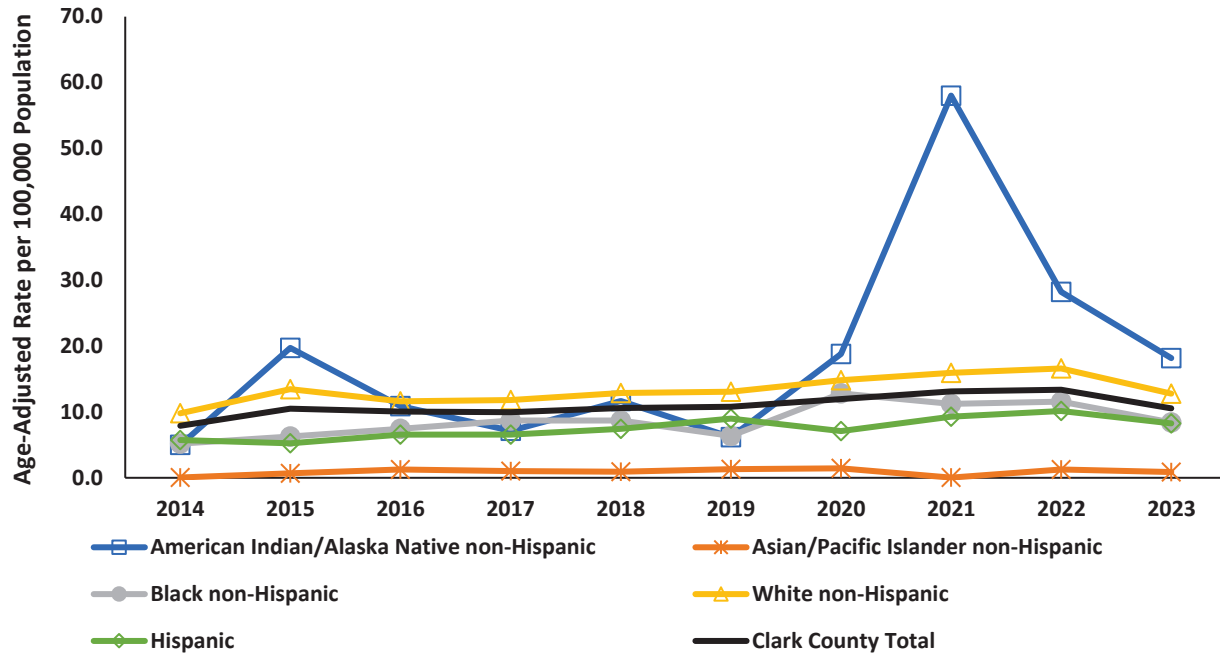
Figure 62. Chronic Alcohol Diseases Death Rates by Sex, Clark County Residents, 2014-2023.



Source: Nevada Electronic Death Registry System

While it should again be noted that the relatively small population of indigenous people in the Nevada population can lead to volatility in rates per 100,000, the rate of death for this demographic due to these chronic conditions is higher than any other demographic and Clark County as a whole for the years 2020-2023.

Figure 63. Chronic Alcohol Diseases Death Rates by Race/Ethnicity, Clark County Residents, 2014-2023.



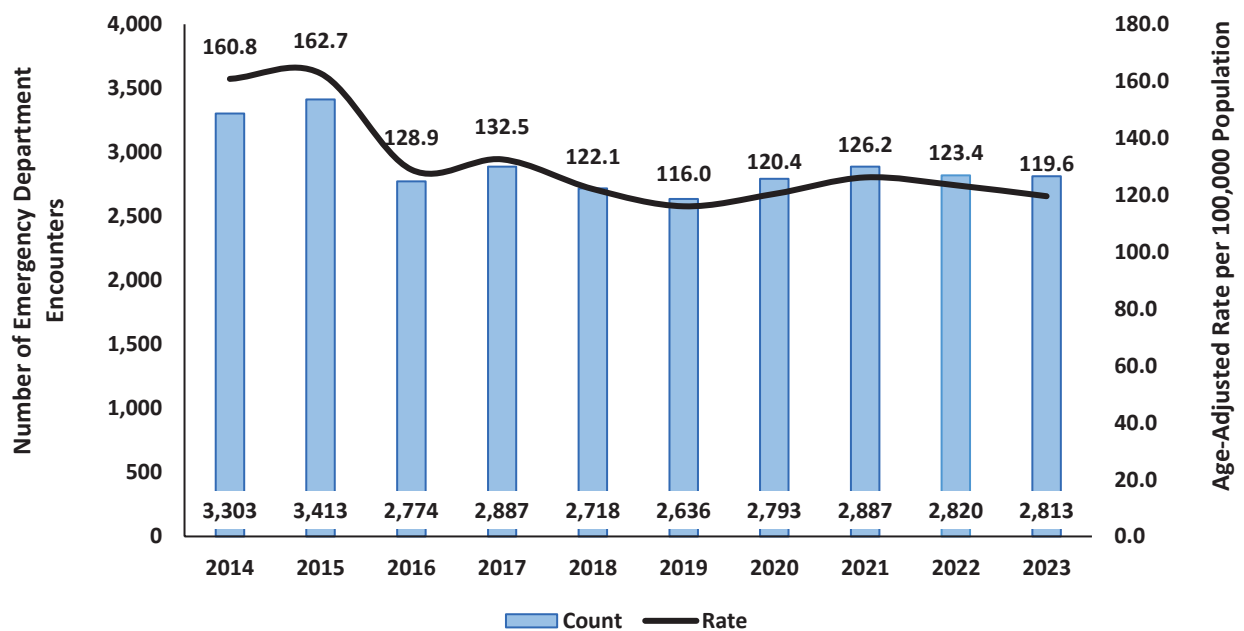
Source: Electronic Death Registry System.

Alcohol- and/or Drug-Related Overdoses

This section combines alcohol with all other substances including opioids, stimulants, hallucinogens, and other prescription medications to present a broader picture of overdose-related hospitalizations and deaths in Clark County. Much like the data presented above, there is an overall decreasing trend in the rate of emergency department encounters and inpatient admissions while associated deaths have increased significantly.

Hospital Emergency Department Encounters

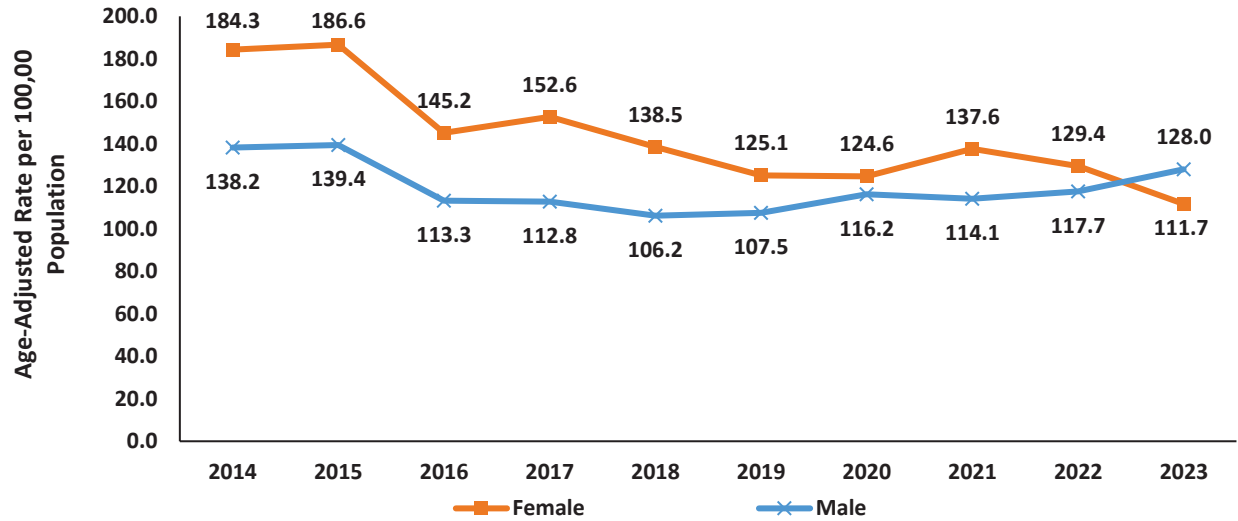
Figure 64. Alcohol- and/or Drug-Related Overdose Emergency Department Encounters and Rates by Year, Clark County Residents, 2014-2023.



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.

From 2014 to 2022, females consistently had higher rates of alcohol- and drug-related overdose emergency department encounters compared to males. However, in 2023, males surpassed females with rates of 128 and 111.7 per 100,000 population, respectively.

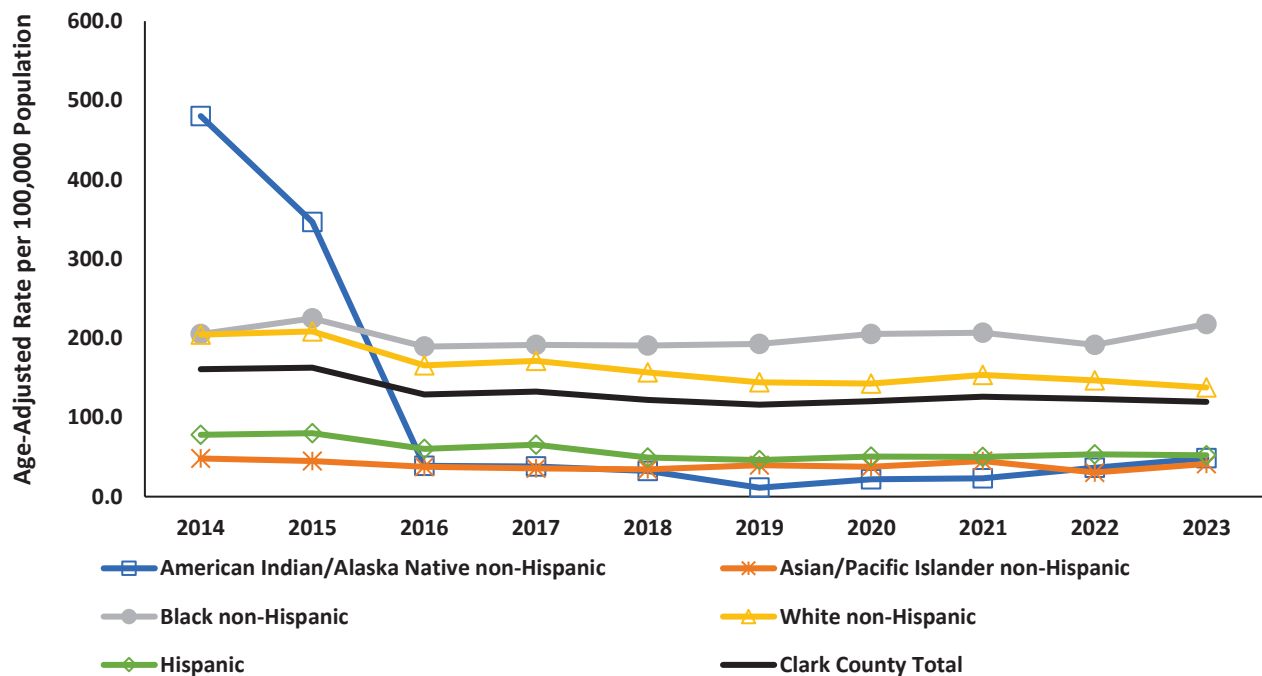
Figure 65. Alcohol- and/or Drug-Related Overdose Emergency Department Encounter Rates by Year and Sex, Clark County Residents, 2014-2023.



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.

Black non-Hispanic and White non-Hispanic populations consistently had higher rates of alcohol- and drug-related overdose emergency department encounters compared to other race/ethnicities.

Figure 66. Alcohol- and/or Drug-Related Overdose Emergency Department Encounter Rates by Year and Race/Ethnicity, Clark County Residents, 2014-2023.

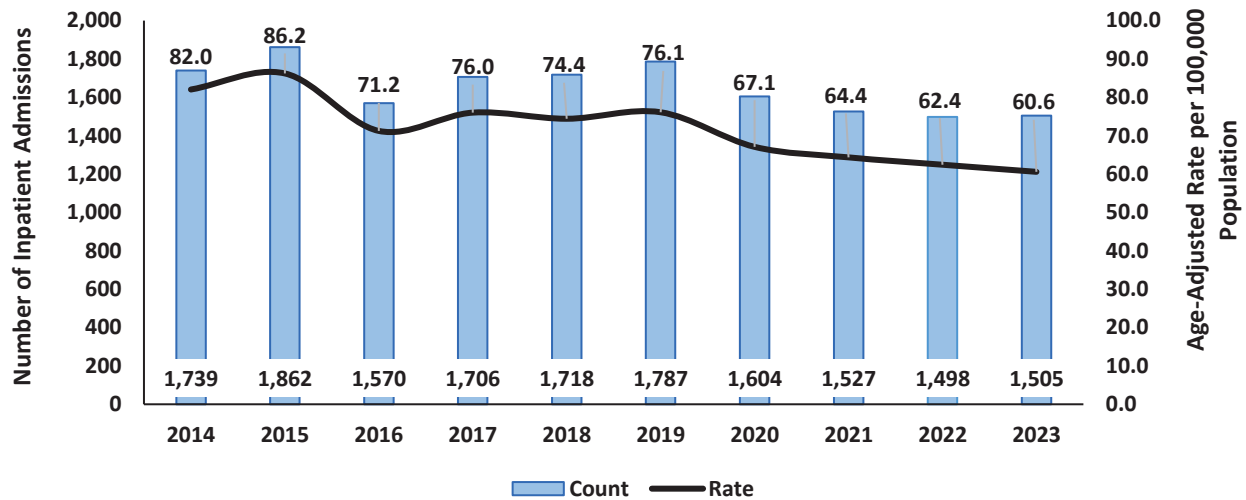


Source: Hospital Emergency Department Billing.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hospital Inpatient Admissions

The rate of alcohol- and drug-related overdose inpatient admissions had experienced a downward trend since 2017, with the lowest rate occurring in 2023, at 60.6 per 100,000 population.

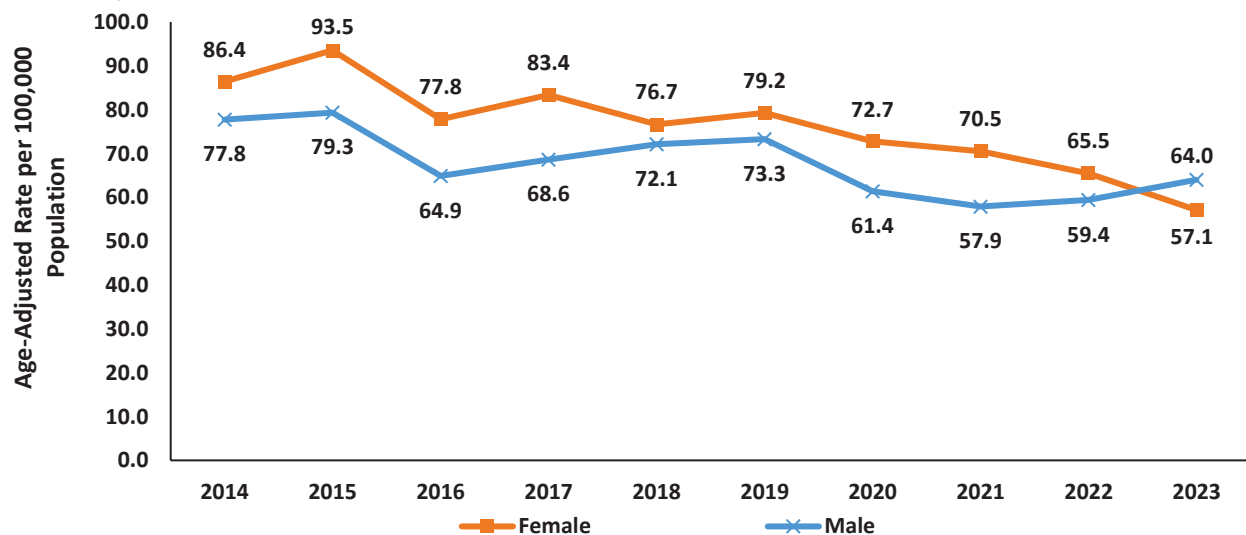
Figure 67. Alcohol- and/or Drug-Related Overdose Inpatient Admissions and Rates by Year, Clark County Residents, 2014-2023.



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.

Following the same trend as emergency department encounters, females consistently had higher rates of alcohol- and drug-related inpatient admissions compared to males, with males surpassing females in 2023 (64.0 and 57.1 per 100,000 population, respectively).

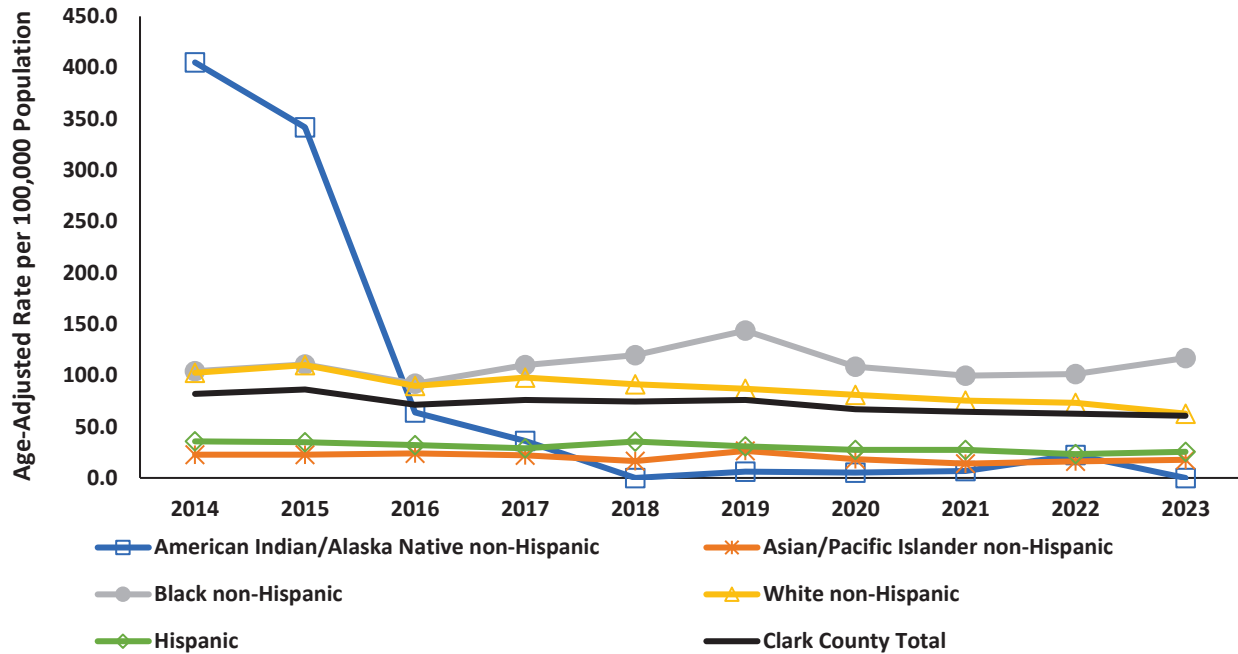
Figure 68. Alcohol- and/or Drug-Related Overdose Inpatient Admission Rates by Year and Sex, Clark County Residents, 2014-2023.



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.

Following the same trend as emergency department encounters, Black non-Hispanic and White non-Hispanic populations consistently had higher rates of alcohol- and drug-related overdose inpatient admissions compared to other race/ethnicities with the exception of 2014 and 2015, when American Indian/Alaska Native non-Hispanics had the highest rates.

Figure 69. Alcohol- and/or Drug-Related Overdose Inpatient Admission Rates by Year and Race/Ethnicity, Clark County Residents, 2014-2023.

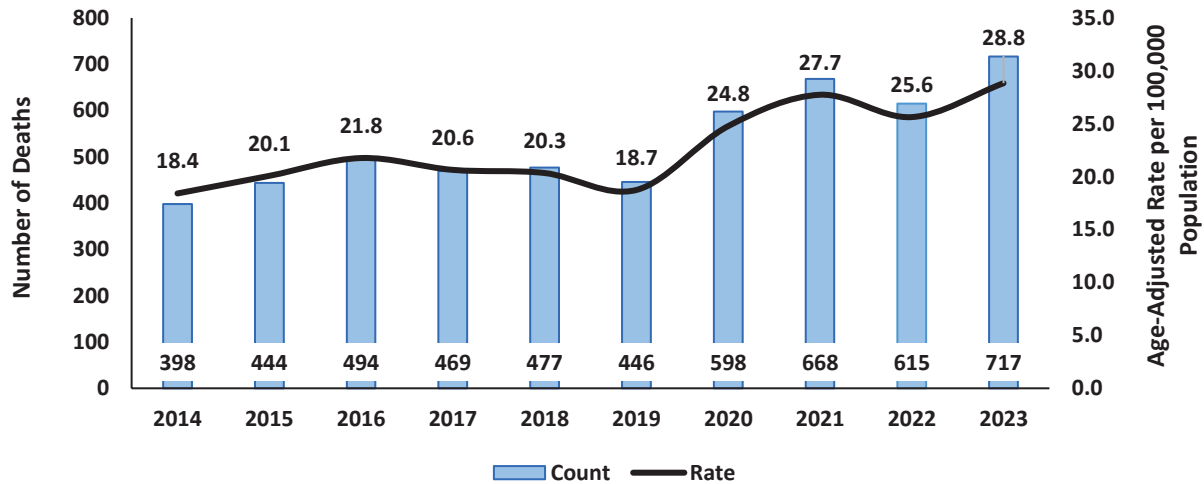


Source: Hospital Inpatient Billing.
 ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Alcohol- and/or Drug-Related Overdose Deaths

This section includes deaths of all ages where alcohol or drug overdose are listed as the primary cause of death. In 2023, there were 717 such deaths in Clark County.

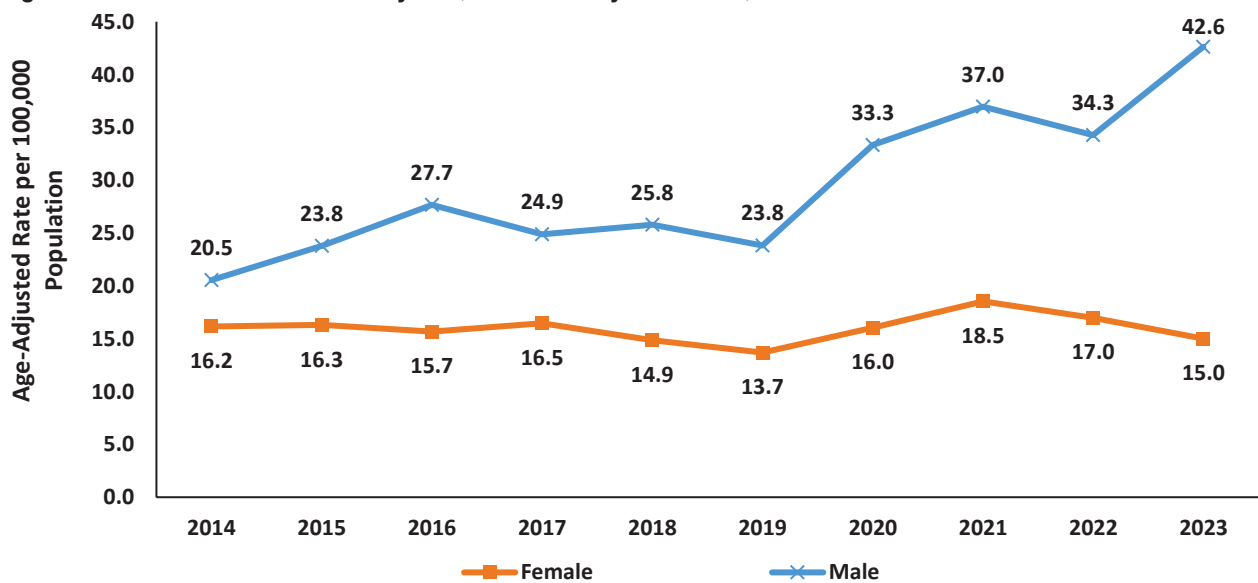
Figure 70. Alcohol- and/or Drug-Related Overdose Deaths and Rates, Clark County Residents, 2014-2023.



Source: Electronic Death Registry System.

A notable disparity in overdose death rates has emerged between males and females. Historically, males have experienced higher overdose death rates compared to females. Between 2019 and 2023 the increase in the rate for males has outpaced that of females.

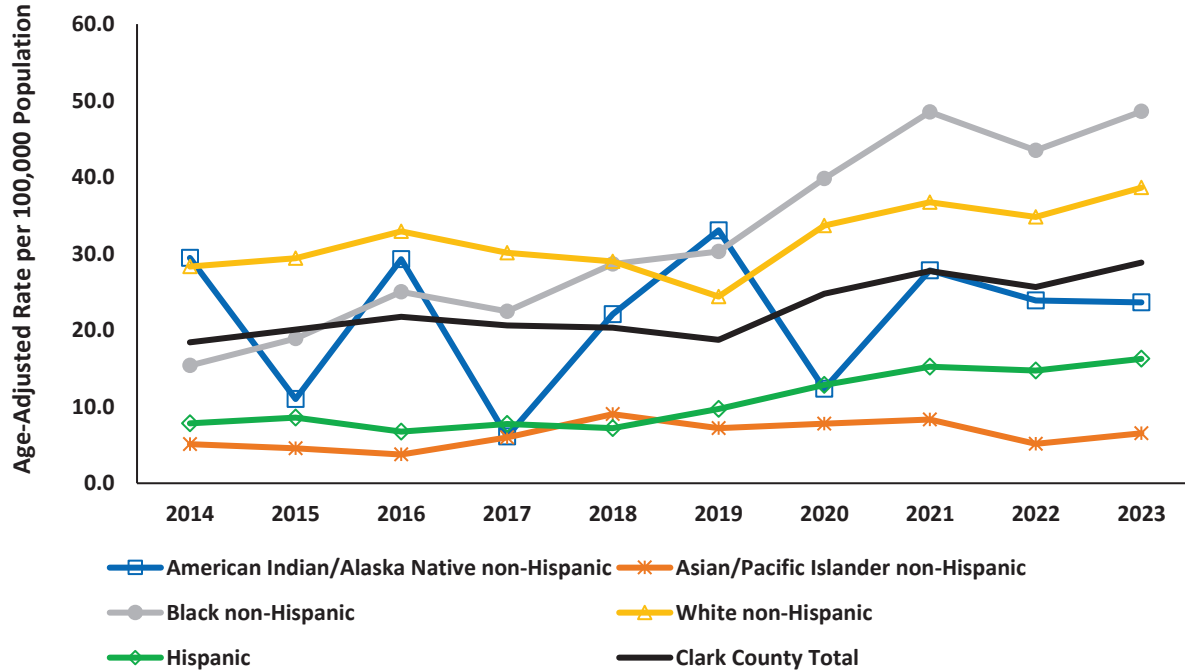
Figure 71. Overdose Death Rates by Sex, Clark County Residents, 2014-2023.



Source: Electronic Death Registry System.

All race/ethnicities experienced an overdose death rate increase from 2019-2023, with the exception of the Asian/Pacific Islander non-Hispanic and American Indian/Alaska Native non-Hispanic population. The rates among White non-Hispanics have been higher than the Clark County total rates for all years. This is also the case for Black non-Hispanics since 2016. Note that the rate fluctuations among the American Indian/Alaska Native non-Hispanic population is a result of high volatility due to the relatively low population of this demographic in the state and should not be taken as a significant change from the other years in the reporting period.

Figure 72. Overdose Death Rates by Race/Ethnicity, Clark County Residents, 2014-2023.



Source: Electronic Death Registry System.

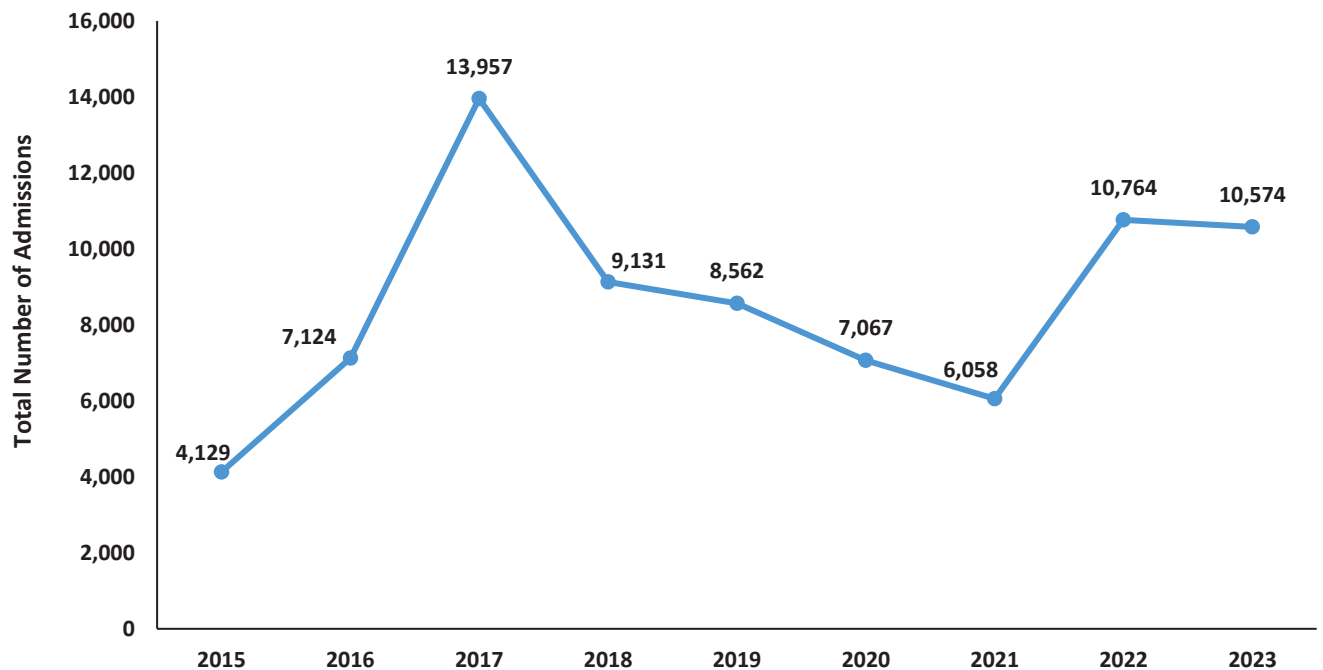
Substance Use Treatment Centers

Treatment Episode Data Sets (TEDS) are a compilation of demographic and drug history information on adult persons who are receiving publicly funded substance use and/or mental health services. The state role in submitting TEDS to the Substance Abuse and Mental Health Services Administration (SAMHSA) is critical, since TEDS is the only national data source for client-level information on persons who use substance use treatment services.

The number of admissions to Nevada state-funded substance use treatment facilities in Clark County peaked in 2017, decreased through 2021, and increased through 2022.

In 2021, Medicaid reduced copayment requirements for opioid use disorder (OUD) medications and expanded coverage to include all states covering buprenorphine, oral naltrexone, and injectable naltrexone. Additionally, utilization management policies, such as quantity limits and prior authorizations, were decreased. These changes from 2017 through 2021, along with policies from the Affordable Care Act, the Obama administration, and the 2018 SUPPORT Act, have significantly expanded Medicaid's role in substance use disorder (SUD) care⁷. Due to the prevalence of Medicaid utilization at these facilities there was a notable increase in admissions in 2022 and 2023.

Figure 73. Total Number of Admissions in State-Funded Clark County Substance Abuse Treatment Facilities, 2015-2023.

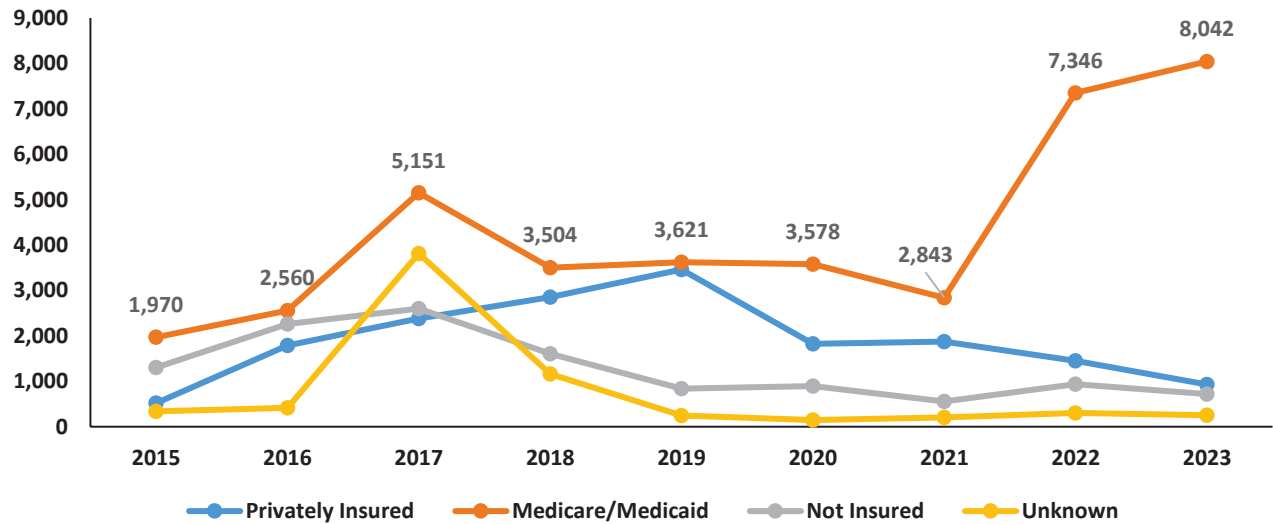


Data Source: Treatment Episode Data Sets.

Among all insured individuals admitted to state-funded substance use treatment facilities in Clark County, 52% are covered by Medicaid or Medicare. Of this group, Medicaid accounts for 96% of the total Medicaid/Medicare coverage.

⁷ [SAMHSA - Medicaid Coverage of Medications, OUD](#)

Figure 74. Insurance Coverage for Individuals Admitted in a Substance Use Treatment Facility, Clark County, 2015-2023.

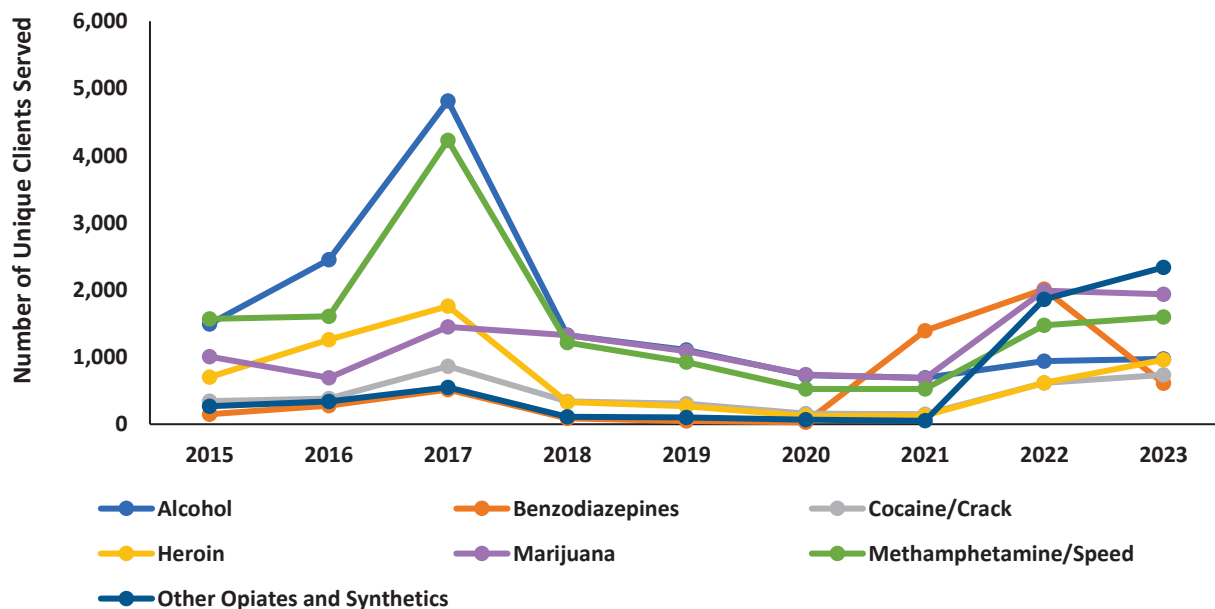


Data Source: Treatment Episode Data Sets.

Alcohol and methamphetamine/speed were the most frequently reported primary substances among individuals admitted to a Clark County state-funded substance use treatment facility from 2015-2017. After 2020 there was an increase in the incidence of benzodiazepines, marijuana, and other opiates and synthetics as the primary substance reported.

These counts of primary substance at admission are not mutually exclusive as clients could be admitted with current use of multiple substances.

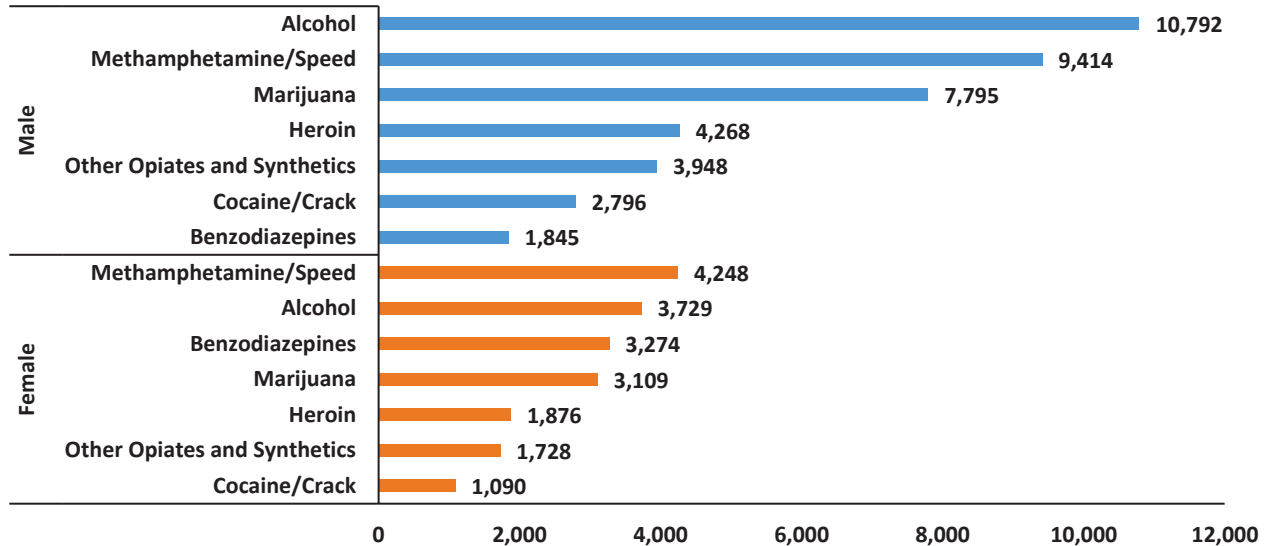
Figure 75. Primary Substance Used for Clients at Adult Substance Abuse Treatment Centers, Clark County, 2015-2023.



Data Source: Treatment Episode Data Sets.

Alcohol was the primary substance reported for males admitted from 2015-2023. For females methamphetamine/speed were the primary substances reported in the same timeframe. In comparison to national TEDS data from 2018-2022, the primary substances were alcohol followed by heroin. This indicates that methamphetamines have a higher utilization in Clark County compared to the U.S.

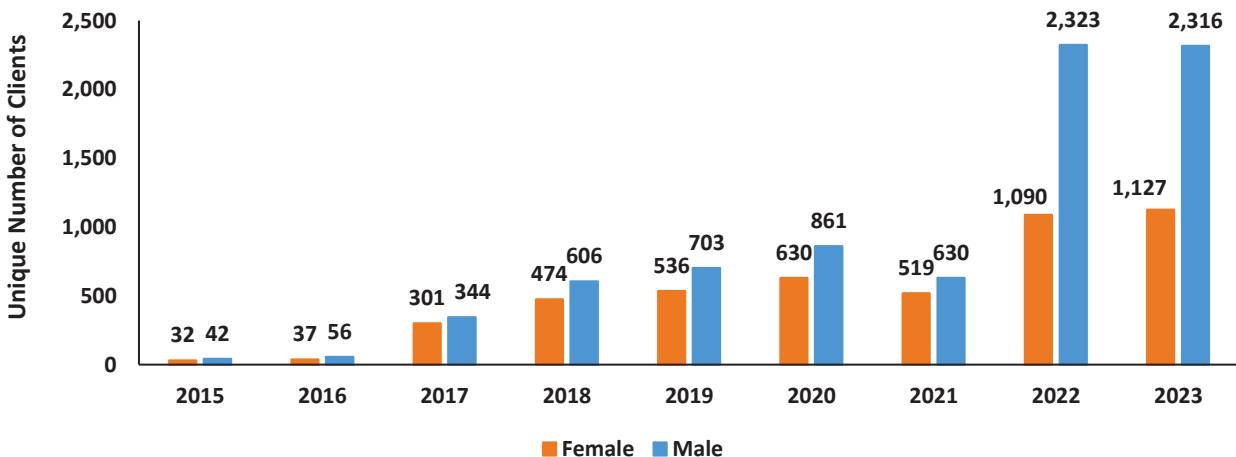
Figure 76. Primary Substance Used for Clients at Adult Substance Abuse Treatment Centers by Gender, Clark County, 2015-2023.



Data Source: Treatment Episode Data Sets.

Co-occurring mental health disorders are frequently observed among individuals admitted to substance use treatment facilities. As illustrated in the figure below, there has been a notable increase in the number of admissions involving individuals with co-occurring disorders, particularly among males. The number of male admissions with co-occurring mental health disorders has increased more than 570%, from 344 in 2017 to 2,316 in 2023.

Figure 77. Individuals Admitted to a Substance Use Treatment Facility with a Co-Occurring Mental Health Disorder by Sex, Clark County, 2015-2023.



Data Source: Treatment Episode Data Sets.

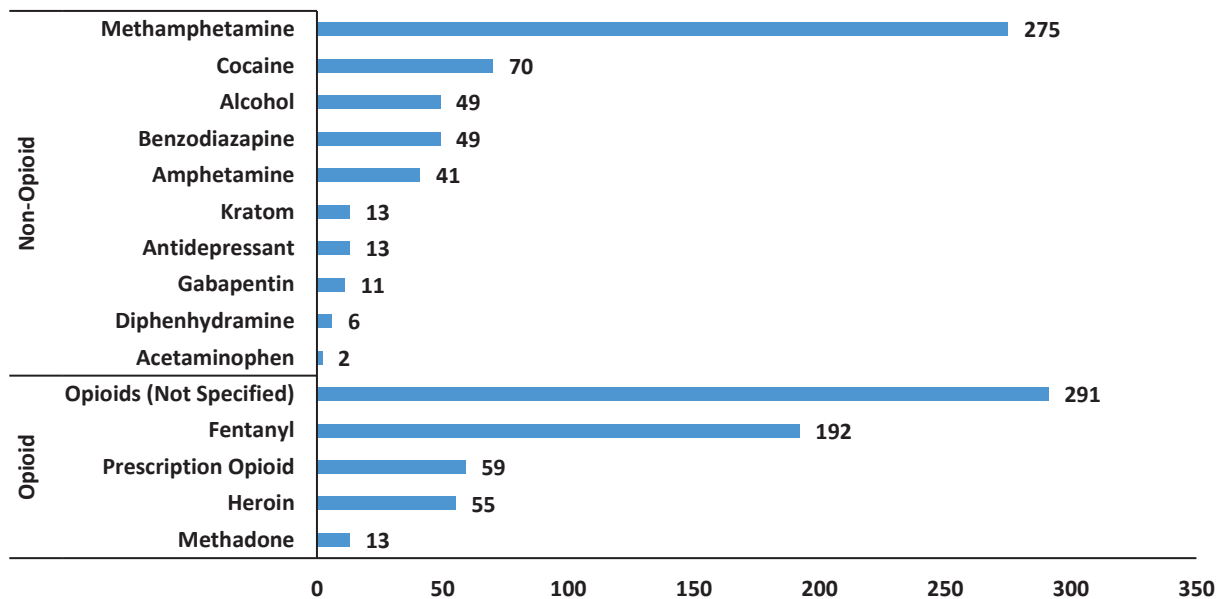
SUDORS

The State Unintentional Drug Overdose Reporting System (SUDORS) tracks data related to fatal drug-involved overdoses in Nevada. SUDORS uses death certificates and coroner/medical examiner reports (including post-mortem toxicology testing results) to capture detailed information on toxicology, death scene investigations, route of drug administration, and other risk factors that may be associated with a fatal overdose.

Of the 498 total drug overdose deaths of unintentional/undetermined intent among Clark County residents in 2022, decedents were mostly male, white, and were a high school graduate or had a completed GED. Note, overdose death counts do not match the Office of Analytics SUDORS dashboard, as counts on the dashboard are based on county of incidence, while counts in this report are based on county of residence.

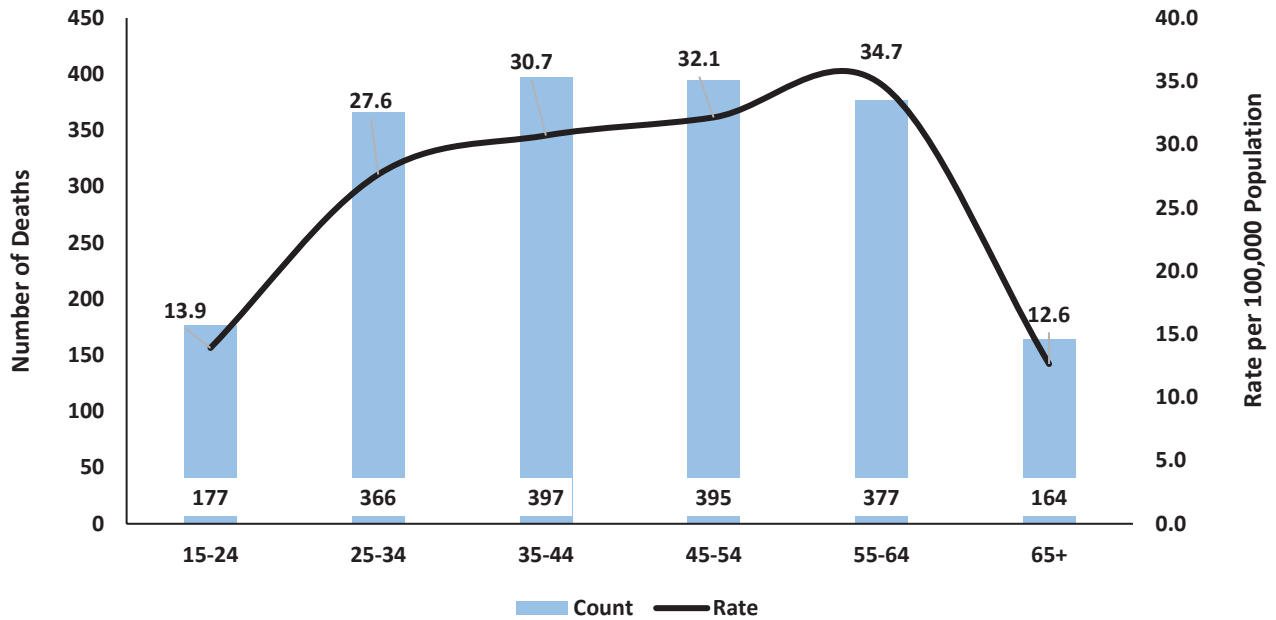
Since 2019, overdose deaths in Clark County have risen by 170 from 328 to 498 in 2022. Opioids were listed in the cause of death for over half of cases. Fentanyl was listed in the cause of death in 43% of cases, prescription opioids were listed in roughly 12%, and heroin was listed in about 9% of cases. Methamphetamine was listed as one of the substances in the cause of death in over half of cases reported.

Figure 78. Substances Listed in the Cause of Death Among Unintentional/Undetermined Overdose Deaths, Clark County Residents, 2022.



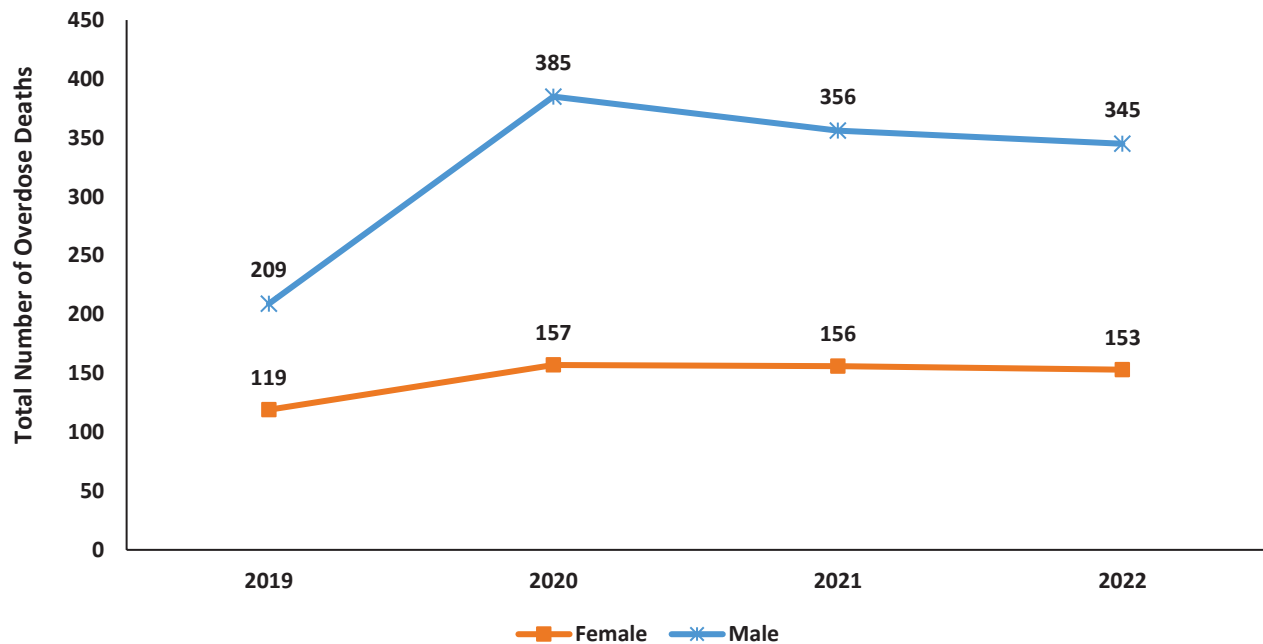
Source: SUDORS.

Figure 79. Total Number of Unintentional/Undetermined Overdose Deaths and Rates by Age Group, Clark County Residents, 2019-2022.



Source: SUDORS.

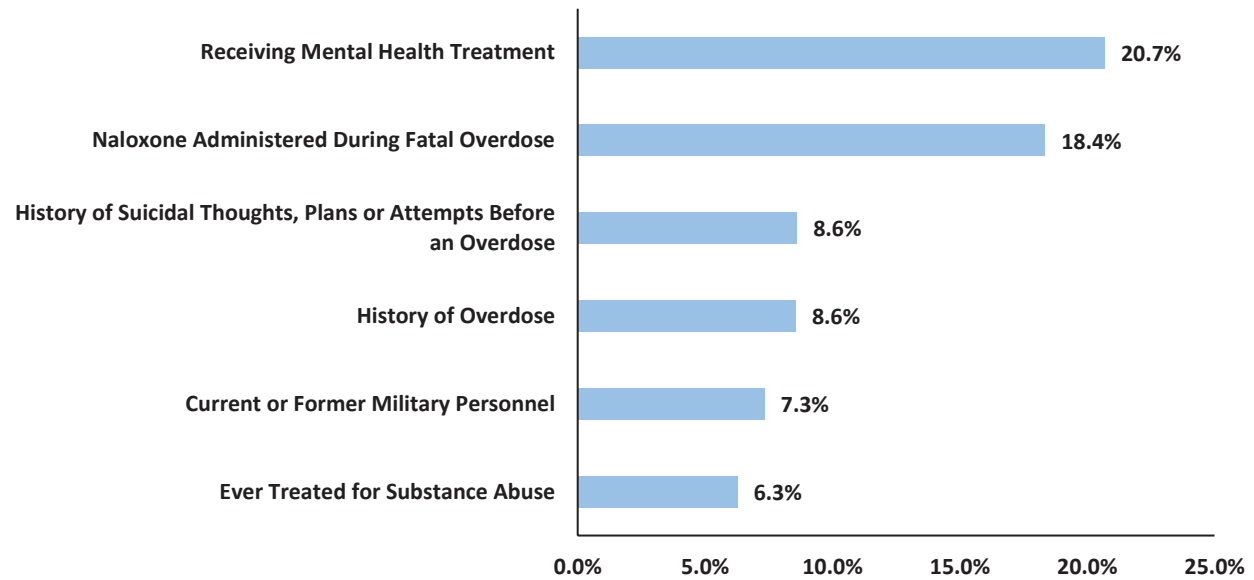
Figure 80. Total Number of Unintentional/Undetermined Overdose Deaths by Sex, Clark County Residents, 2019-2022.



Source: SUDORS.

Over 20% of persons in the SUDORS dataset had been receiving mental health treatment services, and over 18% had naloxone administered during the fatal overdose.

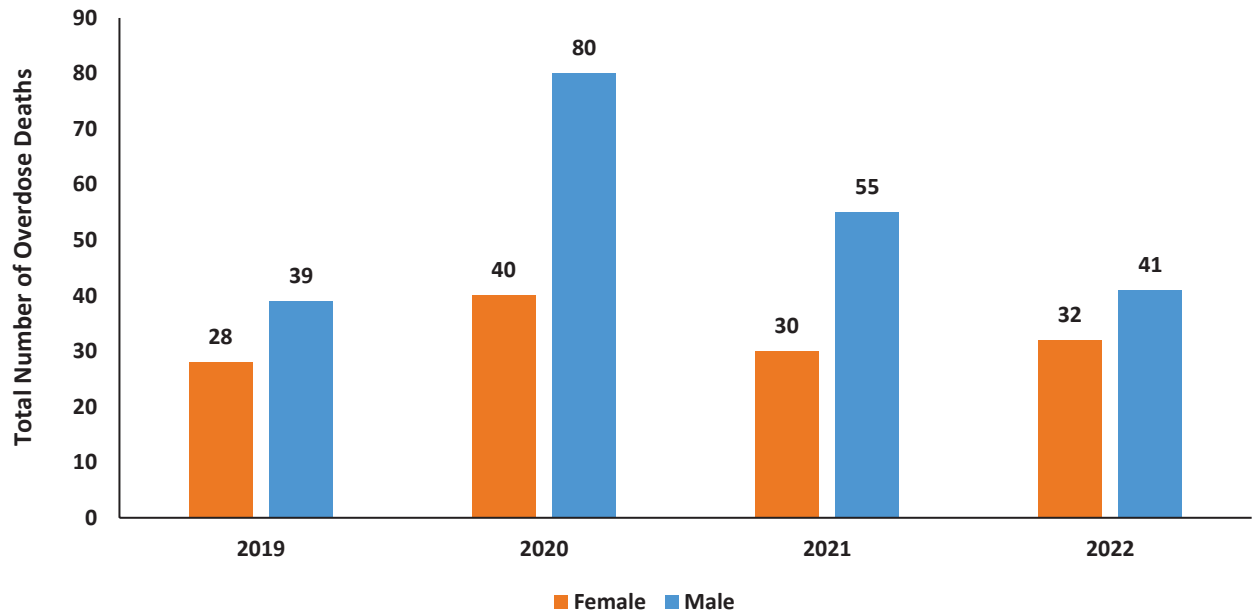
Figure 81. Circumstances Preceding Unintentional/Undetermined Overdose Deaths, Clark County Residents, 2019-2022.



Source: SUDORS.
Chart scaled to 25.0% to display differences among groups.

Narcan is a brand name for naloxone, a medication designed to quickly reverse the effects of an opioid overdose. It works by attaching to the same brain receptors that opioids, such as heroin, fentanyl, or prescription painkillers, target, thereby reversing life-threatening symptoms like slowed or halted breathing. Narcan can be administered via injection or nasal spray, and it is commonly used by first responders, healthcare professionals, and even bystanders during emergencies. By counteracting the dangerous respiratory depression caused by opioids, Narcan can help save lives. Males were about 1.5 times more likely to have naloxone administered before dying from an unintentional/undetermined overdose compared to females from 2019-2022.

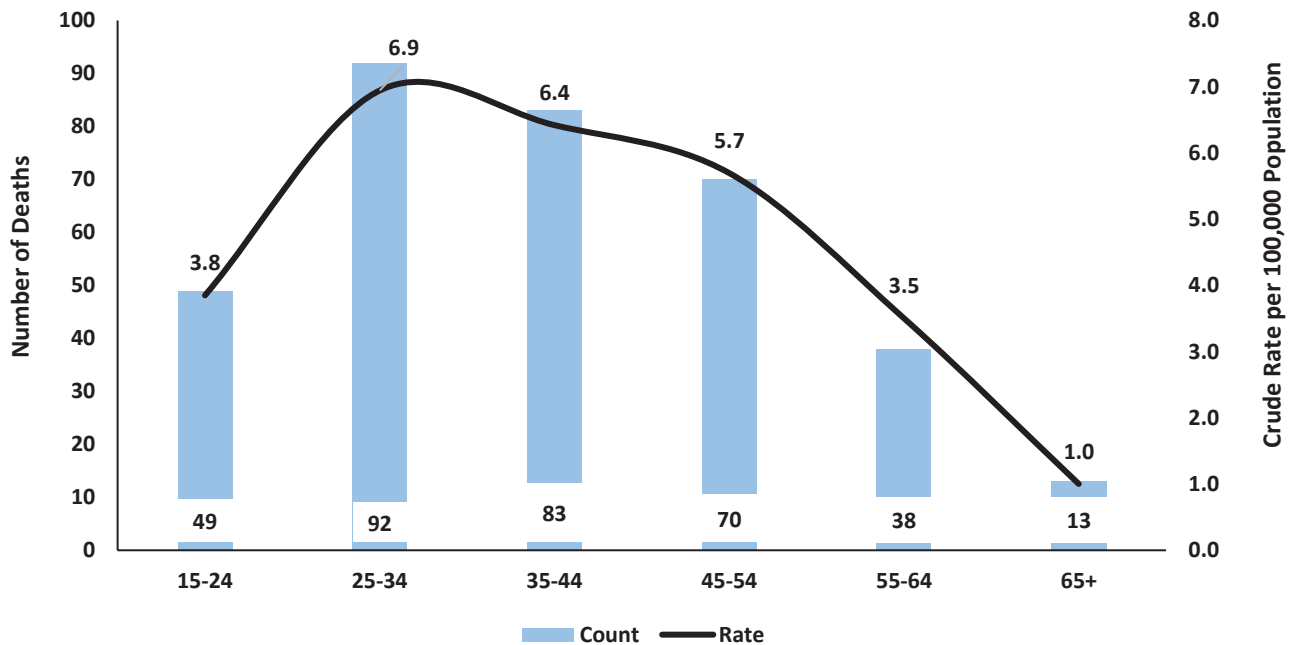
Figure 82. Naloxone Administered Among Unintentional/Undetermined Overdose Deaths by Sex, Clark County Residents, 2019-2022.



Source: SUDORS.

The combined 25-44 age groups comprise the highest number of deaths and the highest rate of naloxone administered.

Figure 83. Naloxone Administered Among Unintentional/Undetermined Overdose Deaths by Rate and Age Group, Clark County Residents, 2019-2022.



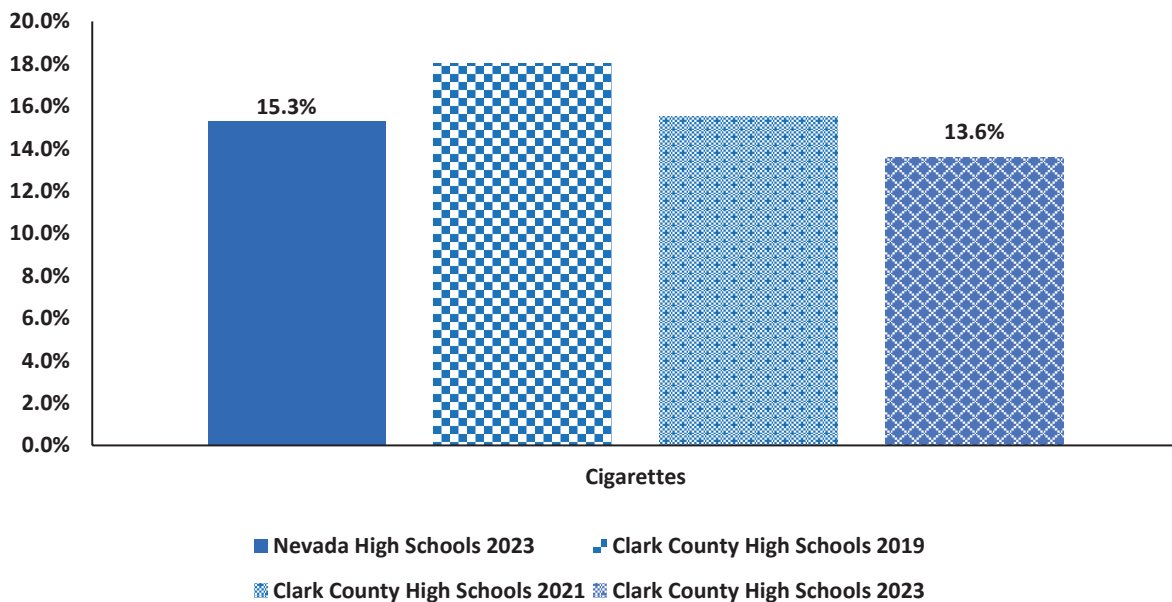
Source: SUDORS.

Youth Risk Behavior Survey

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 2023, 1,941 high school students and 2,559 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](#).

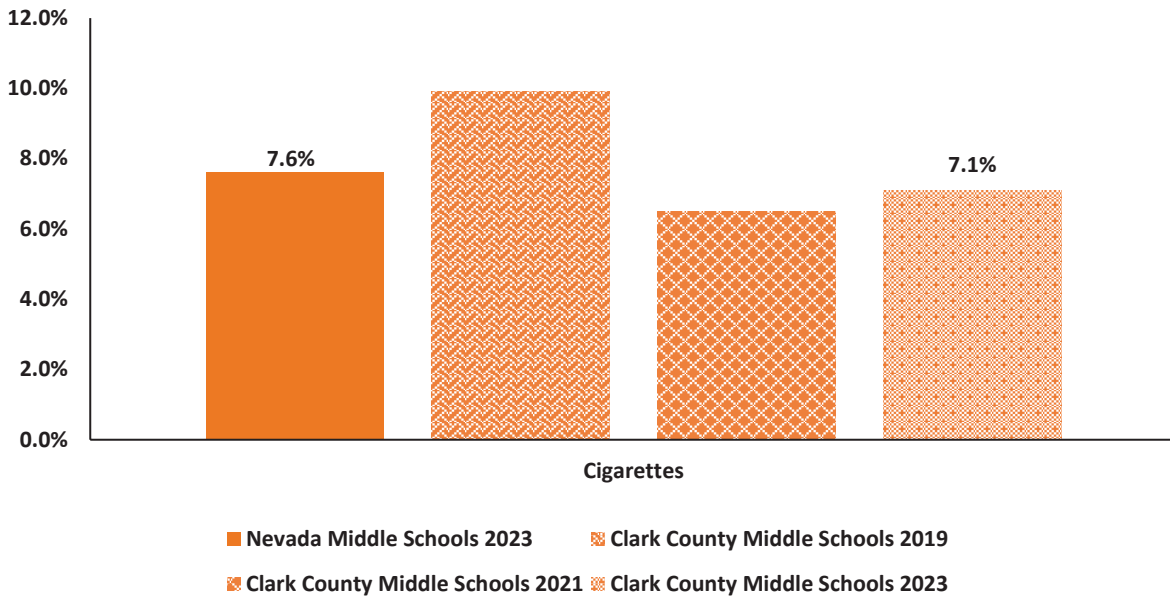
Clark County high school students in 2023 had a lower percent for ever having ever tried cigarettes than Nevada at 13.6% and 15.3%, respectively. The middle school students in Clark County also had a lower percent for ever trying cigarettes at 7.1% compared to Nevada at 7.6%.

Figure 84a. Percent of Respondents Who Have Ever Tried Cigarette Smoking*, Clark County High School Students, 2019, 2021, 2023 and Nevada High School Students, 2023.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 20.0% to display differences among groups.

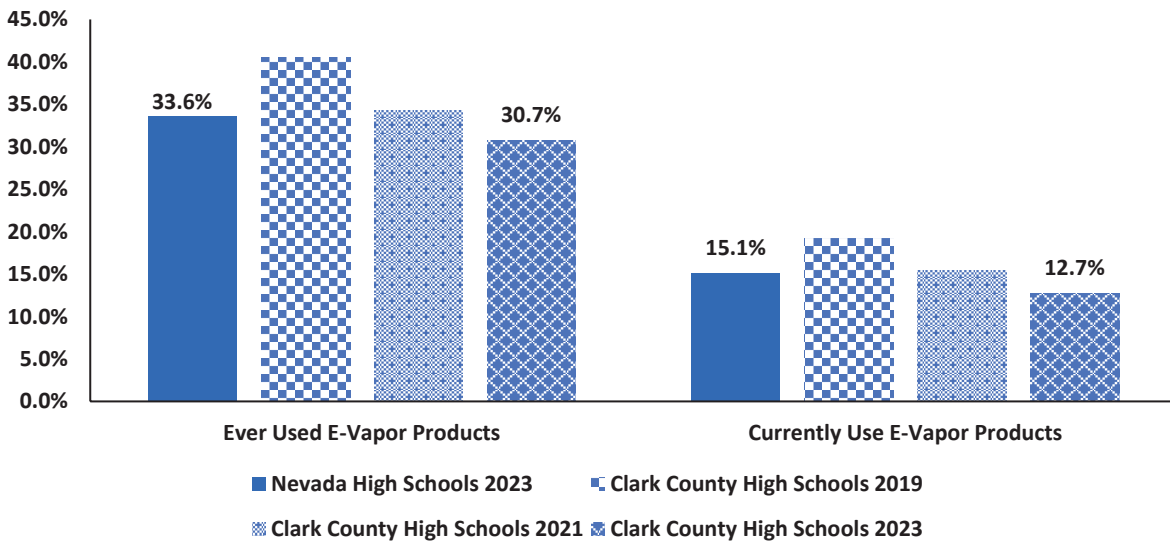
Figure 84b. Percent of Respondents Who Have Ever Tried Cigarette Smoking*, Clark County Middle School Students, 2019, 2021, 2023 and Nevada Middle School Students, 2023.



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 12.0% to display differences among groups.

Clark County high school students have a lower percent for ever using an e-vapor product than Nevada in 2023 (30.7% and 33.6%, respectively) and currently using electronic vapor (e-vapor) products than Nevada in 2023 (12.7% and 15.1%, respectively).

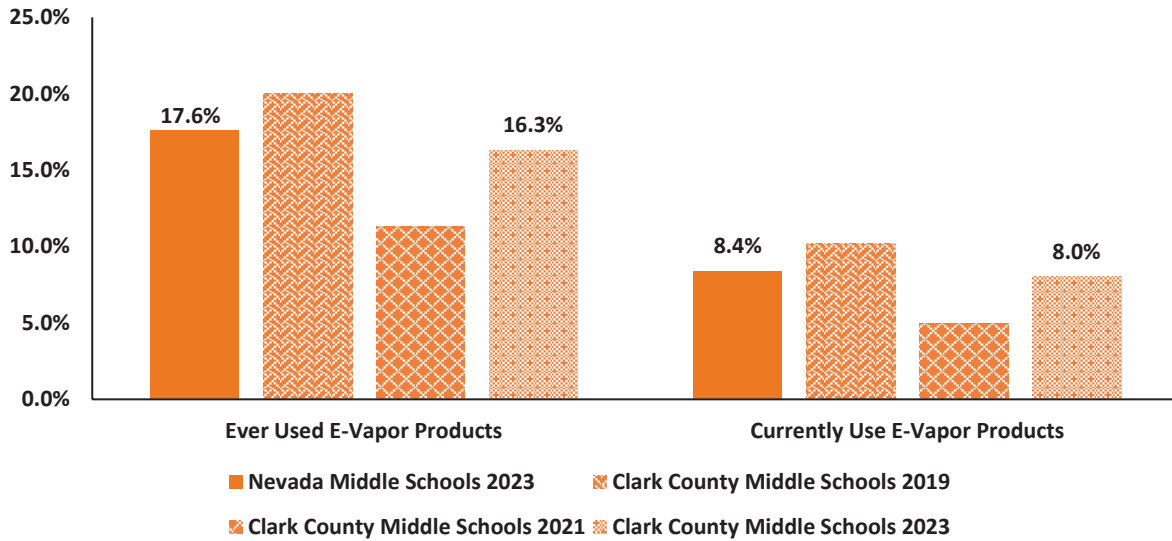
Figure 85a. Electronic Vapor Product* Use, Clark County High School Students, 2019, 2021, 2023 and Nevada High School Students, 2023.



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 45.0% to display differences among groups.
 *Includes e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods such as 'JUUL', 'SMOK', 'Suorin', 'Vuse', and 'blu'.

Similarly, Clark County middle school students have a lower percent for ever using an e-vapor product than Nevada in 2023 (16.3% and 17.6%, respectively) and currently using electronic vapor (e-vapor) products than Nevada in 2023 (8.0% and 8.4%, respectively).

Figure 85b. Electronic Vapor Product* Use, Clark County Middle School Students, 2019, 2021, 2023 and Nevada Middle School Students, 2023.



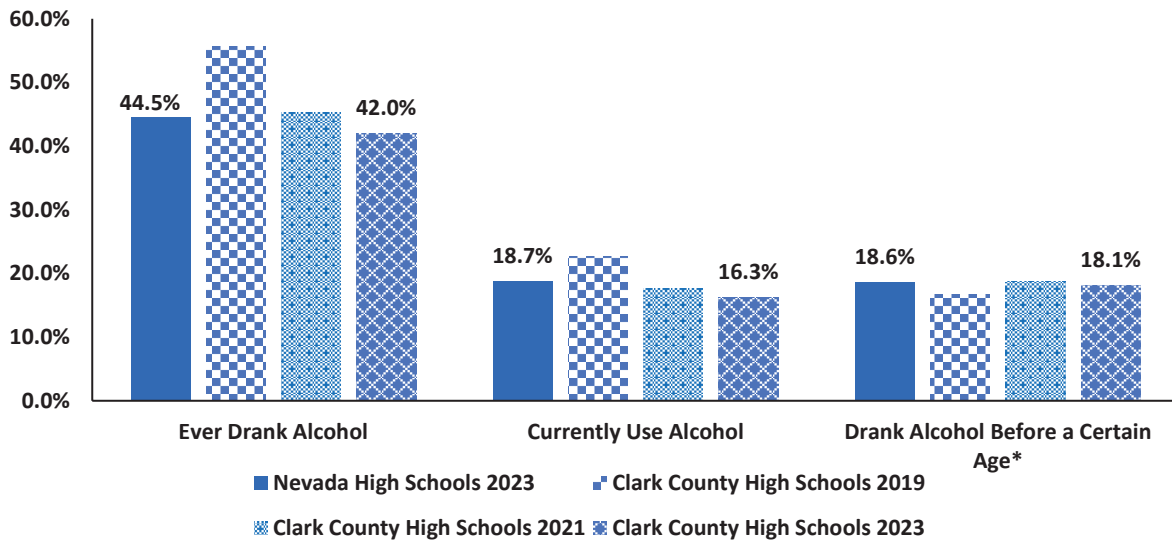
Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 25.0% to display differences among groups.

*Includes e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods such as 'JUUL', 'SMOK', 'Suorin', 'Vuse', and 'blu'.

The percent of ever drank alcohol or currently drink alcohol among Clark County high school students has steadily declined from 2019 to 2023, where drank before a certain age increased from 2019 to 2021 followed by a decrease in 2023. 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 2023.

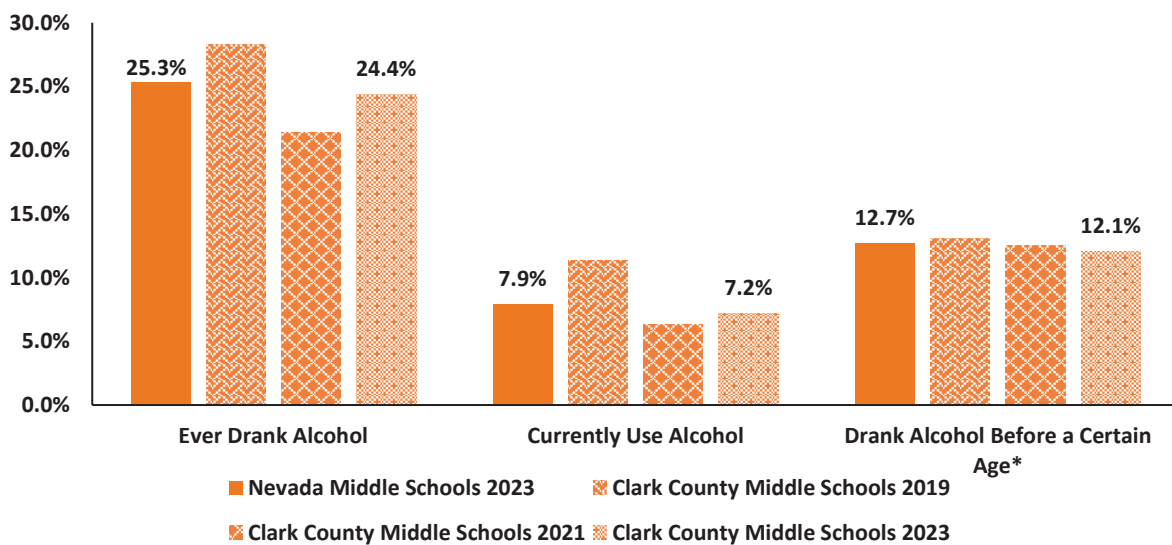
Figure 86a. Alcohol Use, Clark County High School Students, 2019, 2021, 2023 and Nevada High School Students, 2023.



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

The percent of ever drank alcohol among Clark County middle school students decreased significantly from 2019 to 2021 before increasing in 2023. 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.

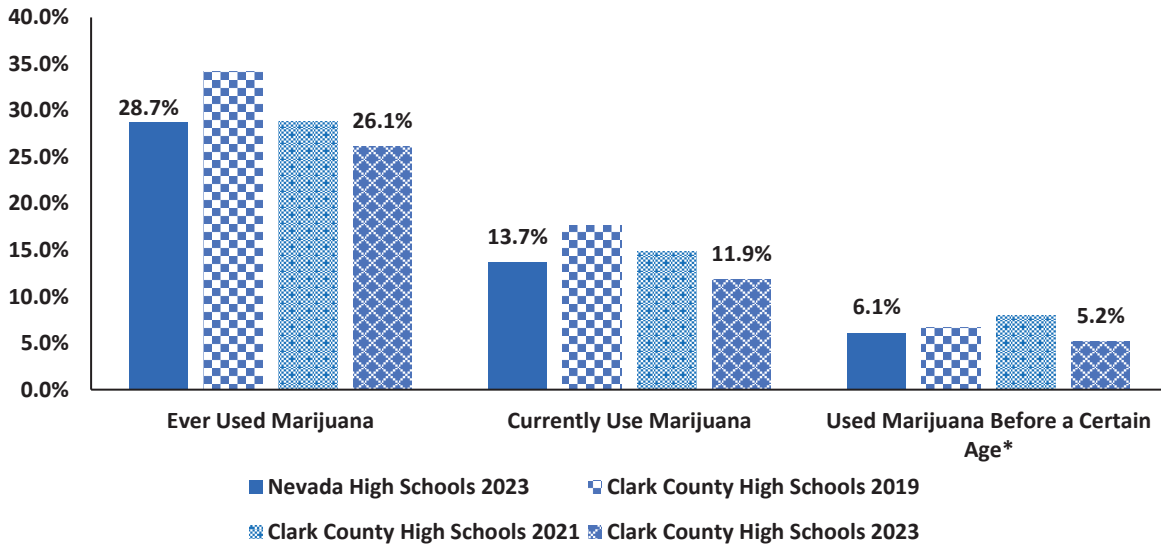
Figure 86b. Alcohol Use, Clark County Middle School Students, 2019, 2021, 2023 and Nevada Middle School Students, 2023.



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

The percent of Clark County high school students who have reported to have ever used marijuana or currently use marijuana has decreased from 2019 to 2023 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 2023 are lower than Nevada high school percents.

Figure 87a. Marijuana Use, Clark County High School Students, 2019, 2021, 2023 and Nevada High School Students, 2023.



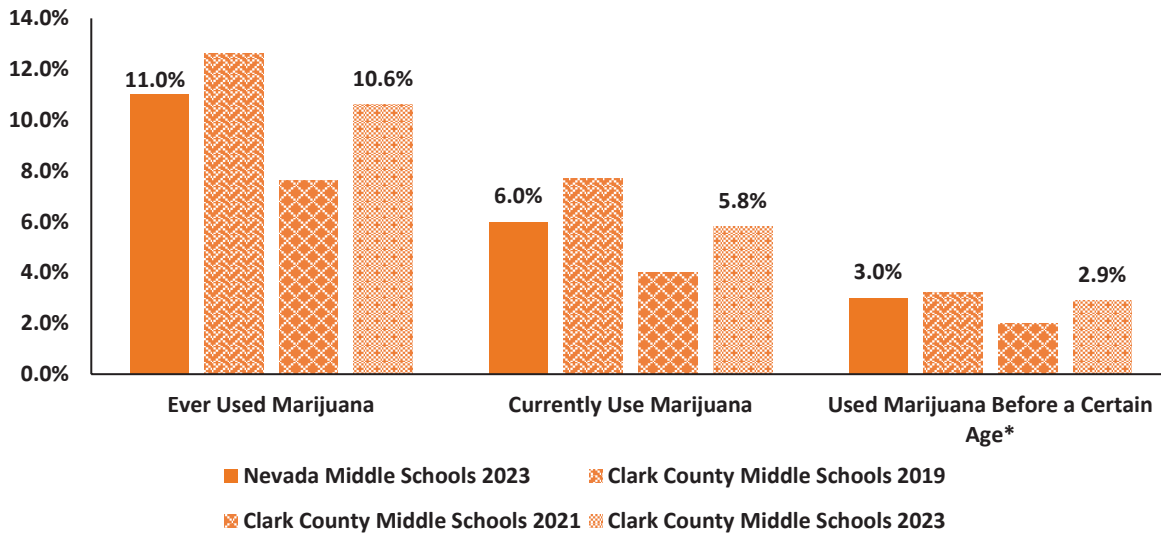
Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 40.0% to display differences among groups.

*Among high school students, if they ever used marijuana before age 13.

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 in 2021, then increasing in 2023. The percents in 2023 for ever used marijuana, who currently use marijuana, and used marijuana before a certain age were within 1.0% than 2023 Nevada middle school percents.

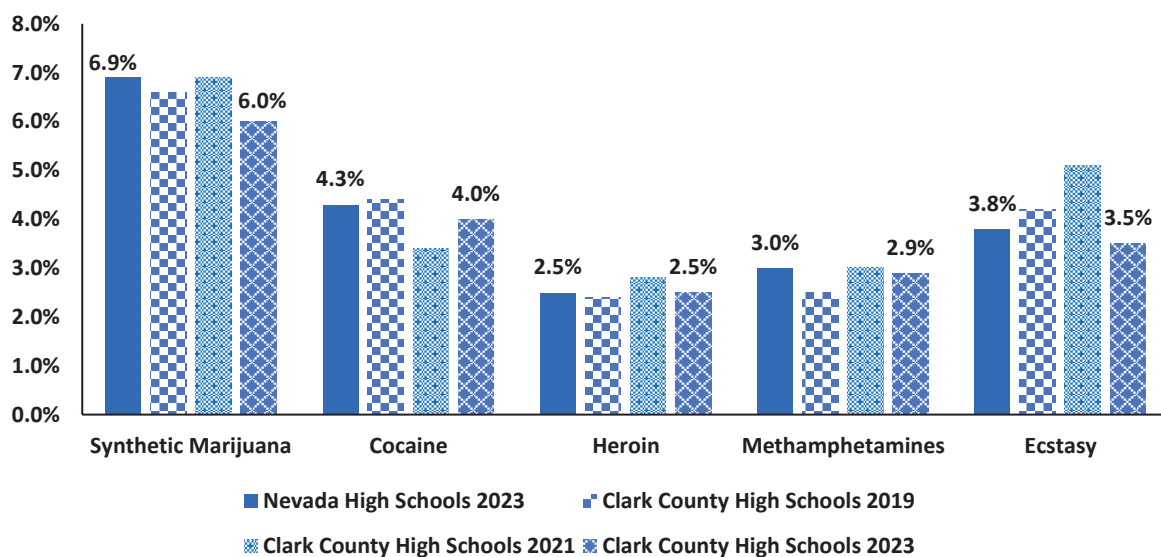
Figure 87b. Marijuana Use, Clark County Middle School Students, 2019, 2021, 2023 and Nevada Middle School Students, 2023.



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

Of the illicit drugs listed in Figure 88a below, lifetime drug use percents among Clark County high school students was highest with synthetic marijuana use (6.0%) which is lower than the Nevada high school student percent (6.9%). Lifetime percent use of heroin among Clark County high school students was the same as Nevada high schools in 2023, 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 2023.

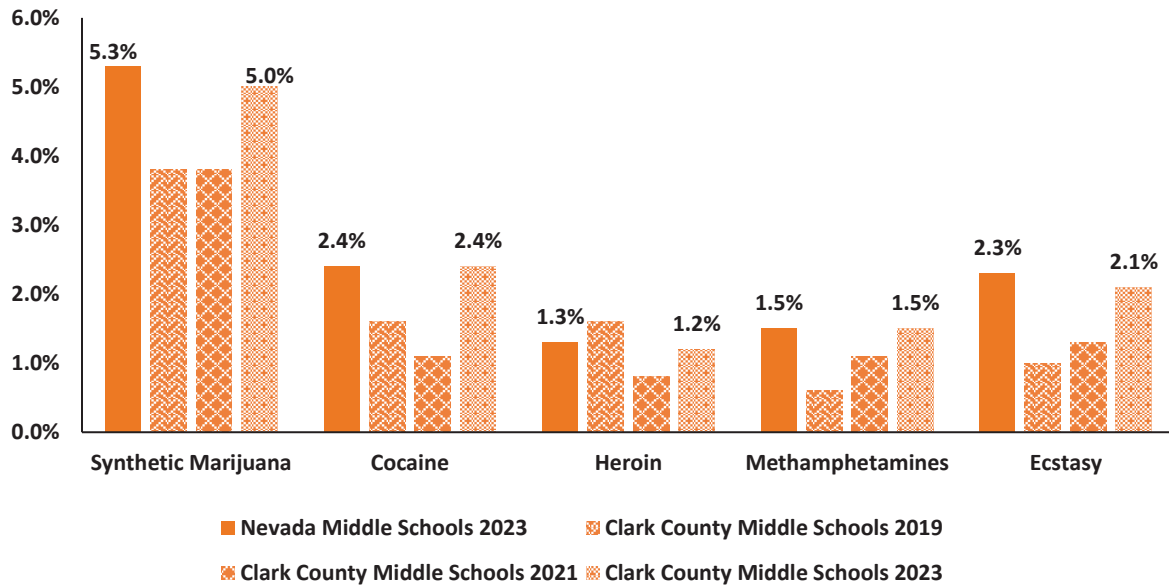
Figure 88a. Lifetime Drug Use, Clark County High School Students, 2019, 2021, 2023 and Nevada High School Students, 2023.



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

Lifetime percent drug use among Clark County middle school students was highest in 2023 for cocaine, and methamphetamines, highest in 2019 for heroin, and highest in 2023 for synthetic marijuana (at 5.0%). Clark County middle school student percent of lifetime use for all illicit drugs listed for 2023 were lower than or the same as Nevada middle school student percents.

Figure 88b. Lifetime Drug Use, Clark County Middle School Students, 2019, 2021, 2023 and Nevada Middle School Students, 2023.



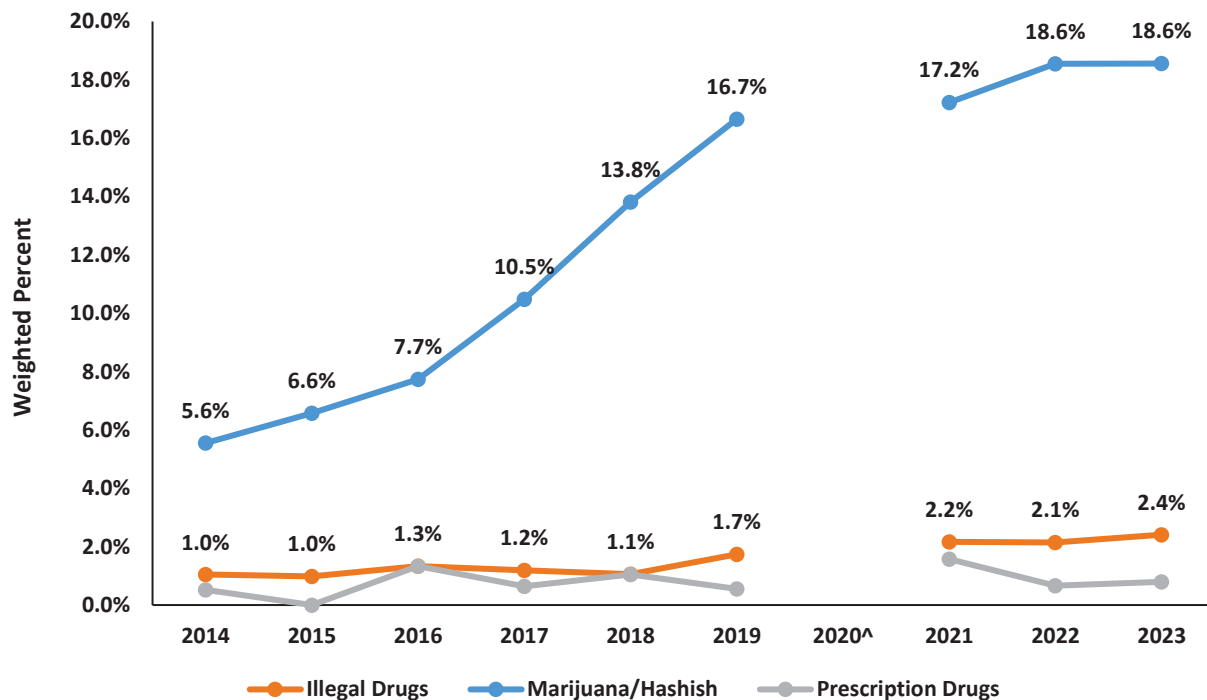
Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 6.0% to display differences among groups.

Behavioral Risk Factor Surveillance System

BRFSS collects information on adult self-reported 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.

Marijuana use has more than tripled since 2014. In 2023, 18.6% of respondents reported to have used marijuana in the past 30 days. Self-reported use of marijuana has increased, as expected, since recreational marijuana use was legalized in Nevada in 2017. Of Clark County residents surveyed in 2023, 0.9 % (on average) used prescription drugs to get high in the last 30 days and 2.4% used other illegal drugs to get high in the last 30 days.

Figure 89. Percent of Adult BRFSS Respondents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, Clark County Residents, 2014-2023.



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"?"

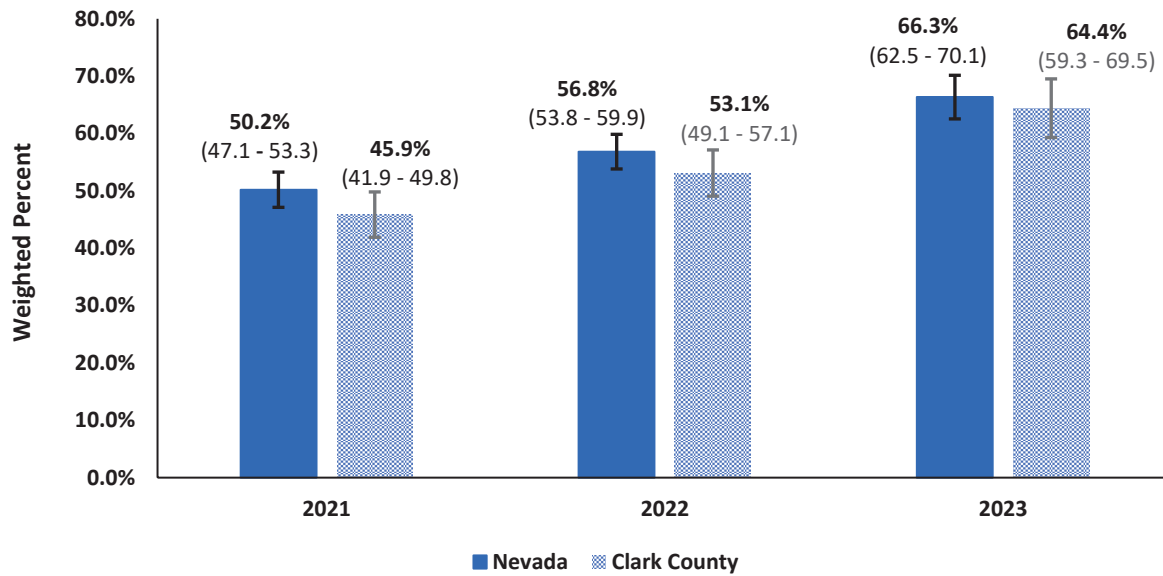
^Indicator not reported in 2020 for Clark County.

An array of efforts has been put in place to tackle the opioid epidemic in Nevada. With the help of the State Opioid Response funding ([DPBH SOR](#)) and other community partners including the University of Nevada, Reno Center for the Application of Substance Abuse Technologies ([CASAT](#)), and the [Nevada Opioid Center of Excellence](#), Nevada has launched an educational initiative to address opioid overdoses and promote harm reduction. This program offers free online training on opioid overdose recognition and naloxone (Narcan) administration, allowing students, faculty, and staff to earn a certificate and anonymously access harm reduction kits containing naloxone, test strips, CPR tools, and resource

information. Additionally, the [Overdose Data to Action Program \(OD2A\)](#) is working to improve opioid-related data collection to guide prevention and intervention efforts, managed by the Division of Public and Behavioral Health with partnerships from organizations like the Nevada Board of Pharmacy and the University of Nevada, Reno School of Public Health.

In Clark County, reported Narcan knowledge has increased by 18.5% since 2021 (the first year the question was added to BRFSS).

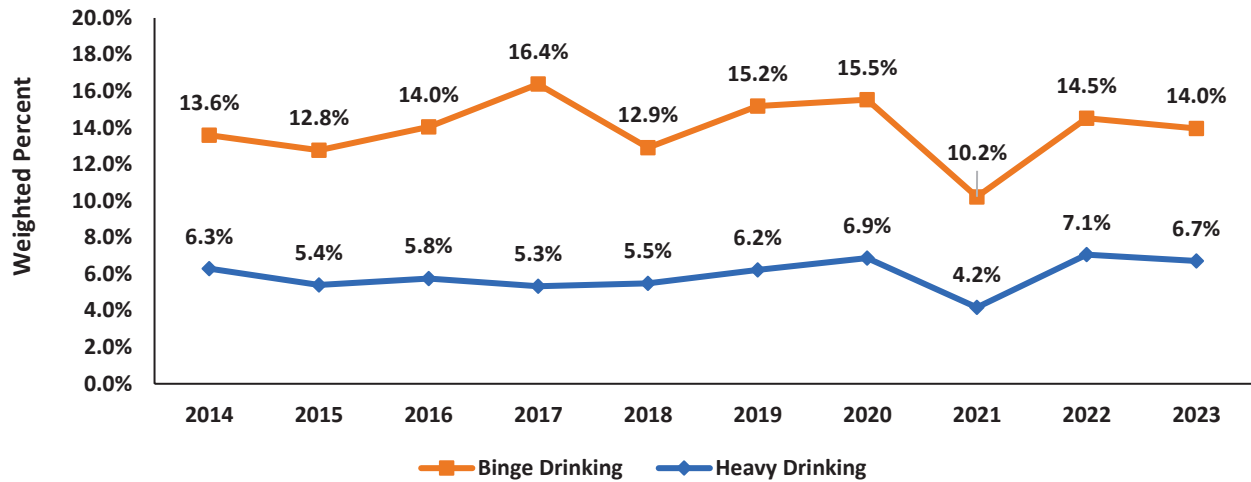
Figure 90. Percentage of BRFSS Respondents who Reported Knowing what Narcan is, Clark County Residents, 2021-2023.



Source: Behavioral Risk Factor Surveillance System.
Question added to BRFSS beginning in 2021.
Chart scaled to 80.0% to display differences among groups.

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 more than two alcoholic beverages, and in women as consuming more than one alcoholic beverage per a day. Both men and women who reported heavy drinking and binge drinking was lowest in 2021.

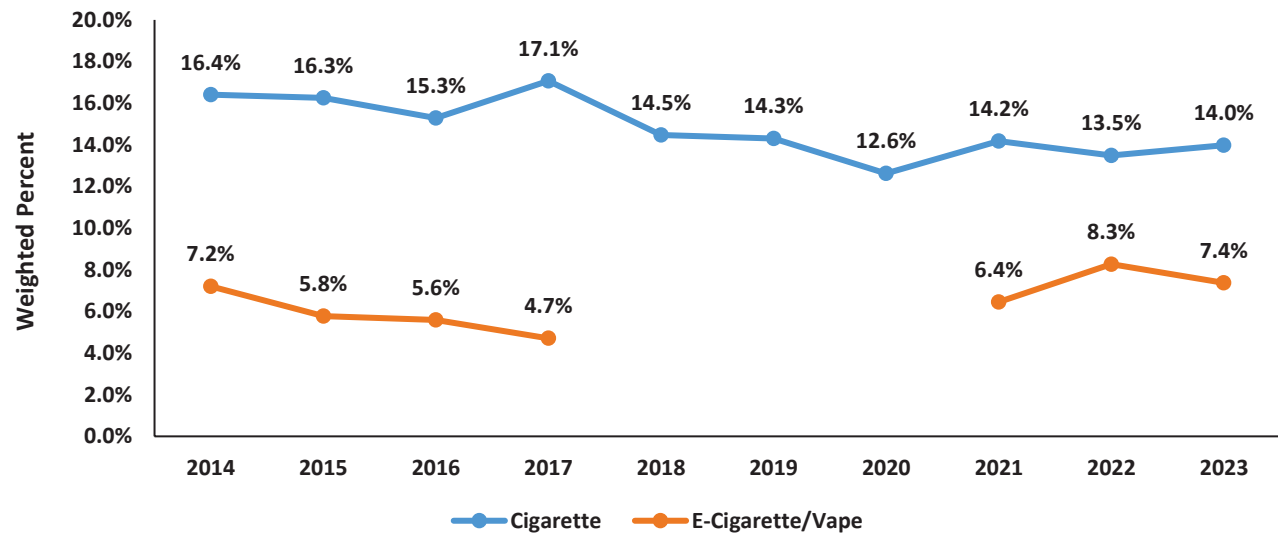
Figure 91. Percent of Adult BRFSS Respondents Who are Considered Binge Drinkers or Heavy Drinkers, Clark County Residents, 2014-2023.



Source: Behavioral Risk Factor Surveillance System.
 Chart scaled to 20.0% to display differences among groups.

In 2023, 14.0% of adults in Clark County were current cigarette smokers, which has decreased slightly since 2014, at 16.4%. E-cigarette use reached a high of 8.3% in 2022, before decreasing to 7.4% in 2023. From 2018 to 2020, the e-cigarette use question was asked differently compared to years prior, thus had to be excluded from the graph.

Figure 92. Percent of Adult BRFSS Respondents Who are Current Cigarette or E-Cigarette Smokers, Clark County Residents, 2014-2023.



Source: Behavioral Risk Factor Surveillance System.
 Chart scaled to 20.0% to display differences among groups.
 E-cigarette use was not collected in 2018-2020.

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.

Youth

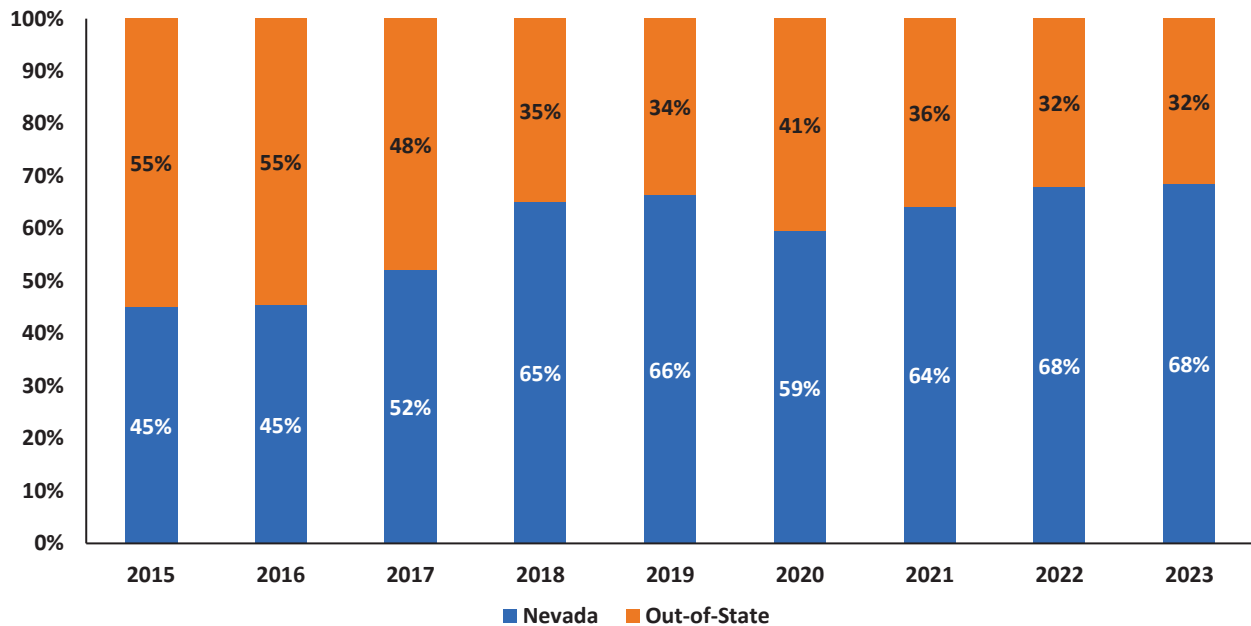
This section focuses on other factors that affect youth not directly related to substance use or mental health.

Medicaid: Residential Treatment Centers

Residential treatment centers provide intensive behavioral, mental, and emotional health services for youth. These are typically 24-hour, inpatient facilities and may provide psychiatric oversight, medication management, and behavioral therapy among other services. The centers reported in this section include both state-run facilities and private centers that accept Medicaid reimbursement.

Since 2015 the percent of Clark County children admitted to facilities in the state of Nevada (rather than out-of-state facilities) has increased by roughly twenty percent. This reflects statewide efforts to keep the treatment of Nevada youth in-state.

Figure 93. Medicaid-Funded Residential Treatment Center Placement for Clark County Children, In Nevada and Out-of-State, 2015-2023.



Source: Nevada Medicaid Data Warehouse.
Children refers to those under the age of 18.

Table 3. Medicaid Nevada and Out-of-State Residential Treatment Center Placement for Clark County Children, 2015-2023.

Year	Provider State Category			
	Nevada	Out-of-State	Nevada %	Out-of-State %
2015	167	204	45.0%	55.0%
2016	178	214	45.4%	54.6%
2017	209	192	52.1%	47.9%
2018	247	133	65.0%	35.0%
2019	219	111	66.4%	33.6%
2020	182	124	59.5%	40.5%
2021	216	121	64.1%	35.9%
2022	188	89	67.9%	32.1%
2023	156	72	68.4%	31.6%

Source: Nevada Medicaid Data Warehouse.
Children refers to those under the age of 18.

For additional information, please see the [State of Nevada Youth Behavioral Health Services Dashboard](#) or [DCFS Residential Services](#).

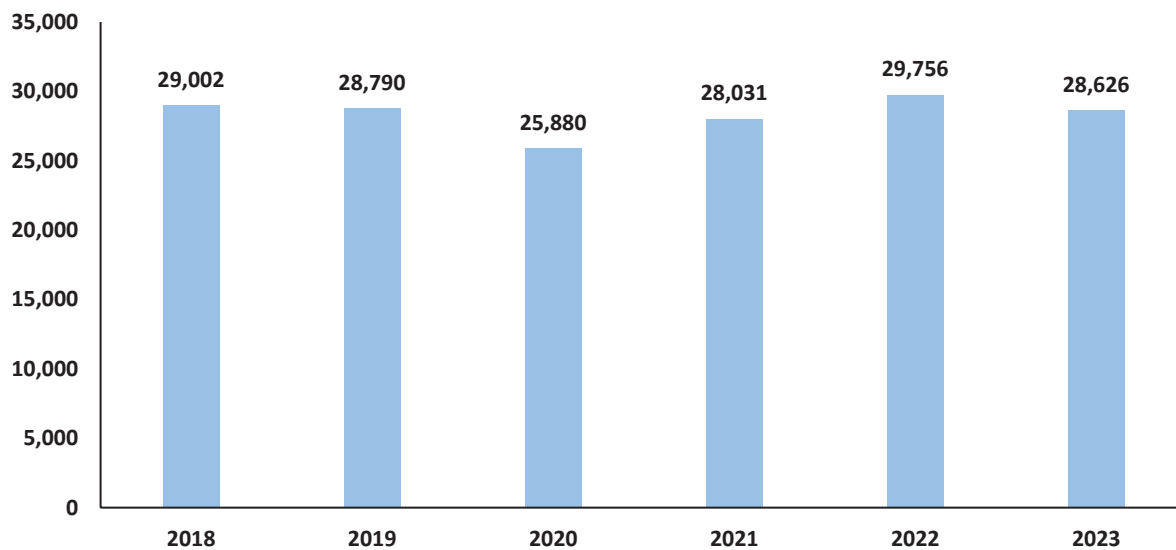
Child Protective Services

Child Protective Services (CPS) exists to ensure the safety, well-being, and stability of children by investigating reports of abuse, neglect, or exploitation. CPS responds to reports of abuse or neglect involving children under the age of eighteen⁸.

Children exposed to abuse or neglect are at a higher risk of developing mental health conditions, such as anxiety, depression, PTSD, or behavioral disorders. Parental mental health challenges can contribute to situations of neglect or abuse as well. CPS workers can connect families with interventions such as therapy, parenting support, and substance abuse treatment to help parents provide safe homes.

In the reporting period of 2018-2023, CPS in Clark County responded to 170,085 reports. Aside from a notable decrease in 2020 due to the COVID pandemic, the prevalence of CPS reports is fairly consistent year over year.

Figure 94. Child Protective Services Reports Received, Clark County, 2018-2023.



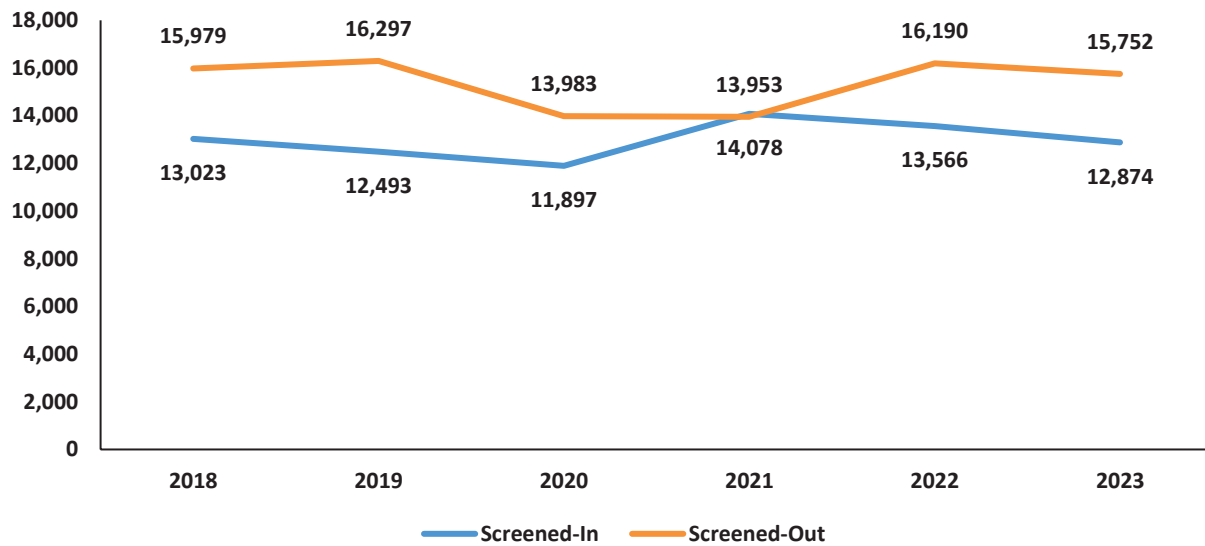
Source: UNITY Database.

For each report, a screening decision is made determining whether an agency response (making contact with the family, assessing child safety, and providing child welfare agency services) is necessary. These “screened-in” reports reflect those where agency personnel responded and attempted to make face-to-face contact with the children and families to assess child safety and family functioning.

Of the 170,085 reports made between 2018 and 2023 roughly 46% (n=77,931) were screened-in resulting in agency response. Most reports received by CPS are screened-out.

⁸ [Nevada's Child Welfare and Child Protective Services](#)

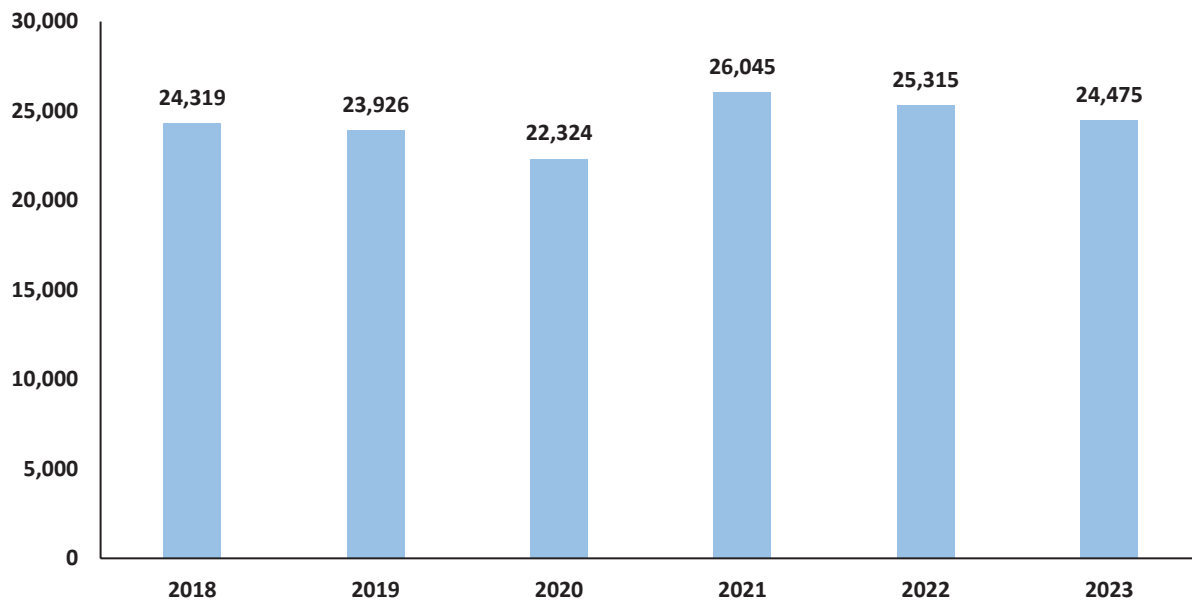
Figure 95. Child Protective Services Reports Received by Screening Decision, Clark County, 2018-2023.



Source: UNITY Database.

During the reporting period, the nearly 78,000 screened-in reports involved 146,404 Clark County youth—an average of about 24,000 per year participating in a CPS investigation, assessment, or response. These counts are distinct by year; some youth may be counted more than once in the reporting period (2018-2023) if they appeared on screened-in reports in more than one year.

Figure 96. Unique Clark County Youth Screened-In, 2018-2023.



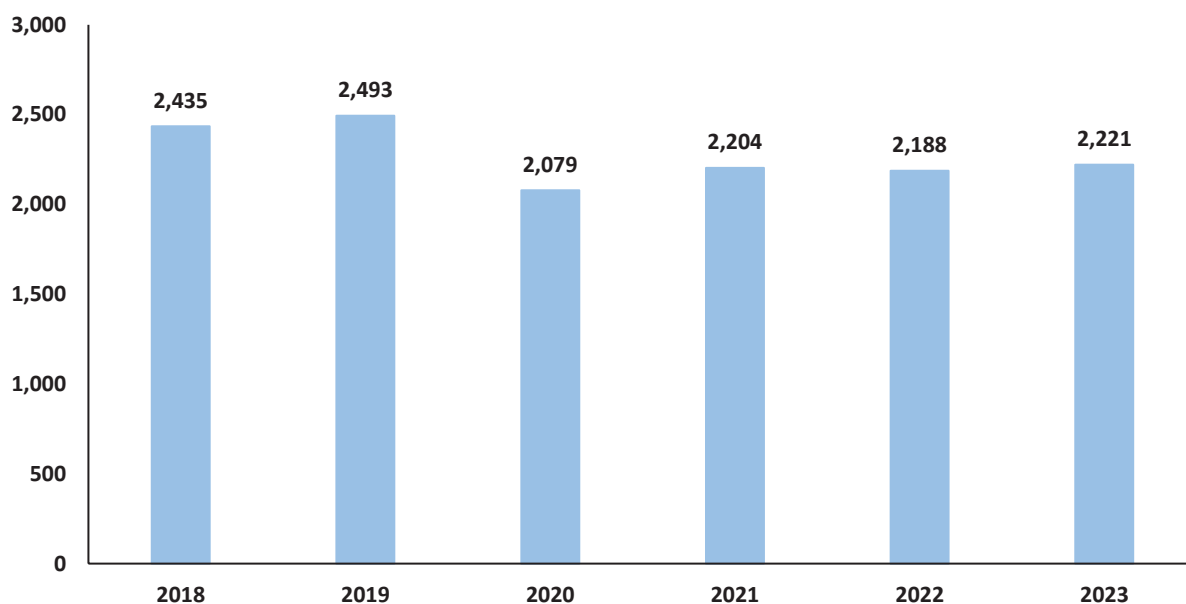
Source: UNITY Database.

Foster Care

Some investigations reveal that a child cannot safely remain in the home and must be removed to foster care. This is a last resort option and part of the overall continuum of services provided by child welfare agencies.

From 2018 to 2023, a total of 12,781 unique youth were served in the foster care system in Clark County, accounting for 13,620 entries. Some youth entered, exited, and later re-entered the foster care system, with each entry counted separately. Since the covid pandemic in 2020, the number of entries has decreased, averaging 2,173 per year between 2020 and 2023.

Figure 97. Foster Care Entries, Clark County, 2018-2023.



Source: UNITY Database.

Neglect is the primary driver of Clark County youth being placed into foster care followed by abuse and parental substance abuse.

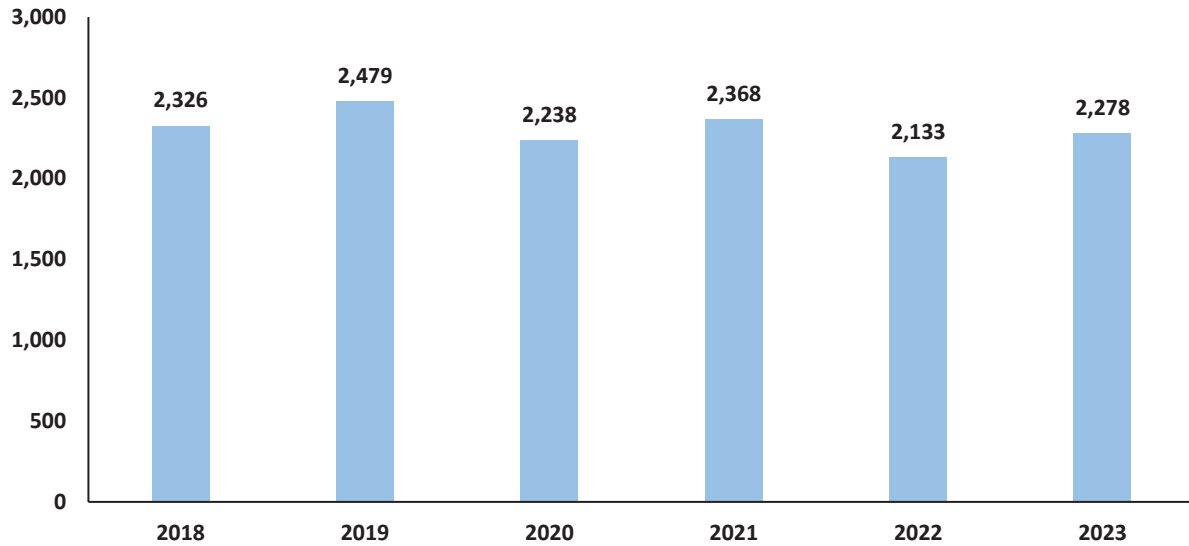
Table 4. Top Reason for Foster Care Entries, Clark County, 2018-2023.

Entry Reason	2018	2019	2020	2021	2022	2023
NEGLECT	2,262	2,290	1,858	1,911	1,825	1,822
ABUSE	262	327	296	351	416	355
PARENTAL SUBSTANCE ABUSE	115	79	159	250	516	502
DOMESTIC VIOLENCE	117	156	189	252	305	345
INADEQUATE HOUSING	107	108	72	177	291	307
INCARCERATION OF PARENT(S)	91	110	129	139	135	219
ALL OTHER	204	261	293	361	325	296

Source: UNITY Database.

The number of exits from the Clark County foster care system have remained fairly steady from 2018-2023, with the highest count occurring in 2019.

Figure 98. Foster Care Exits, Clark County, 2018-2023.



Source: UNITY Database.

Reunification with family is the most common outcome for youth leaving foster care, accounting for nearly 60% of exits.

Table 5. Reason for Foster Care Exits, Clark County, 2018-2023.

Exit Reason	2018	2019	2020	2021	2022	2023
REUNIFICATION	1,410	1,477	1,322	1,332	1,147	1,359
ADOPTION	535	619	503	591	584	521
GUARDIANSHIP	219	199	187	234	195	222
AGED OUT	102	128	135	132	116	124
TRANSFER TO OTHER AGENCY	34	36	56	59	65	39
ALL OTHER	26	19	32	19	24	13
TOTAL	2,326	2,479	2,238	2,368	2,133	2,278

Source: UNITY Database.

Youth Suicide

Suicide is the leading cause of death for Clark County residents aged 10-24, accounting for roughly 1 in every five youth and young adult deaths from 2014 to 2023. Youth ages 10-17 had an average of 12 suicide deaths each year, and young adults 18-24 had 37 per year on average during this same period.

Emergency department encounters and inpatient admissions for attempted suicides both saw significant increases in 2021 and 2022, the years immediately following the COVID-19 pandemic. Emergency department encounters had a maximum rate of 142.7 per 100,000 population in 2021. That same year and the following year showed the highest rates of inpatient admissions for attempts at 99.7 and 117.7 per 100,000 population, respectively. The rate of attempts for 2021 and 2022 are substantially higher than for any other year in the reporting period.

Table 6. Suicide and Suicide Attempts and Rates by Year, 18 Years of Age and Younger, Clark County Residents 2014-2023.

Year	Suicide Attempts				Suicides	
	Emergency Department Encounters		Inpatient Admissions		N	Rate
	N	Rate	N	Rate		
2014	492	92.6	94	17.7	10	1.9
2015	534	96.7	141	25.5	16	2.9
2016	528	93.9	153	27.2	14	2.5
2017	559	98.6	166	29.3	16	2.8
2018	532	92.1	273	47.3	22	3.8
2019	529	90.5	305	52.2	15	2.6
2020	580	98.0	419	70.8	22	3.7
2021	813	142.7	568	99.7	19	3.3
2022	740	130.8	666	117.7	15	2.7
2023	625	109.5	519	90.9	13	2.3

Source: Hospital Emergency Department Billing and Inpatient Billing, and Electronic Death Registry System. Crude rate 100,000 age-specific population.

Table 7. Top Causes of Death, Ages 10-17 and 18-24, Clark County Residents 2014-2023.

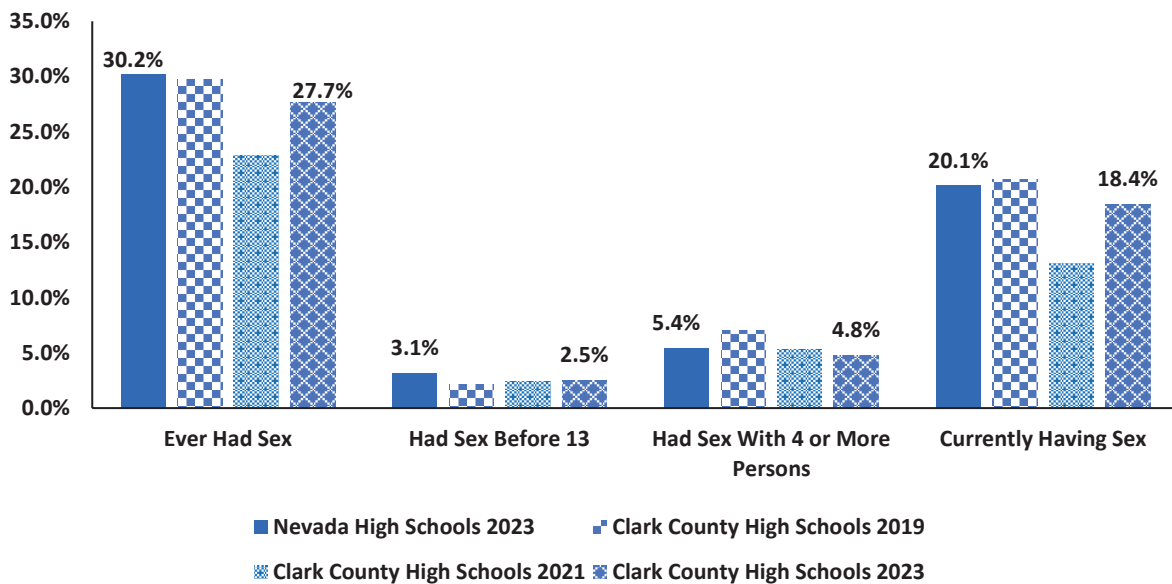
Youth Deaths Age 10-17				
Rank	Leading Cause of Death	N.	% of Total Deaths	Crude Rate (CI)
1	Intentional self-harm (suicide)	117	21.2%	3.5
2	Transport accidents	95	17.2%	2.9
3	Assault (homicide)	75	13.6%	2.3
4	Non-transport accidents	56	10.1%	1.7
5	Malignant neoplasms	53	9.6%	1.6
Total		552		
Young Adult Deaths Age 18-24				
Rank	Leading Cause of Death	N.	% of Total Deaths	Crude Rate (CI)
1	Intentional self-harm (suicide)	375	20.8%	13.0
2	Non-transport accidents	357	19.8%	12.4
3	Transport accidents	307	17.0%	10.6
4	Assault (homicide)	300	16.6%	10.4
5	Malignant neoplasms	85	4.7%	2.9
Total		1,804		

Source Electronic Death Registry System.
Crude rate 100,000 age-specific population.

Youth Risk Behavior Survey (YRBS)

From 2019 to 2021 there was a decrease in the percent of Clark County High School students that ever had sex, are currently having sex, and had sex with 4 or more persons. From 2021 to 2023, there was an increase in the percent of Clark County High School students who reported ever having sex and are currently having sex. The percent of Clark County High school students who reported having sex before 13 and had sex with 4 or more people stayed nearly the same from 2021 to 2023.

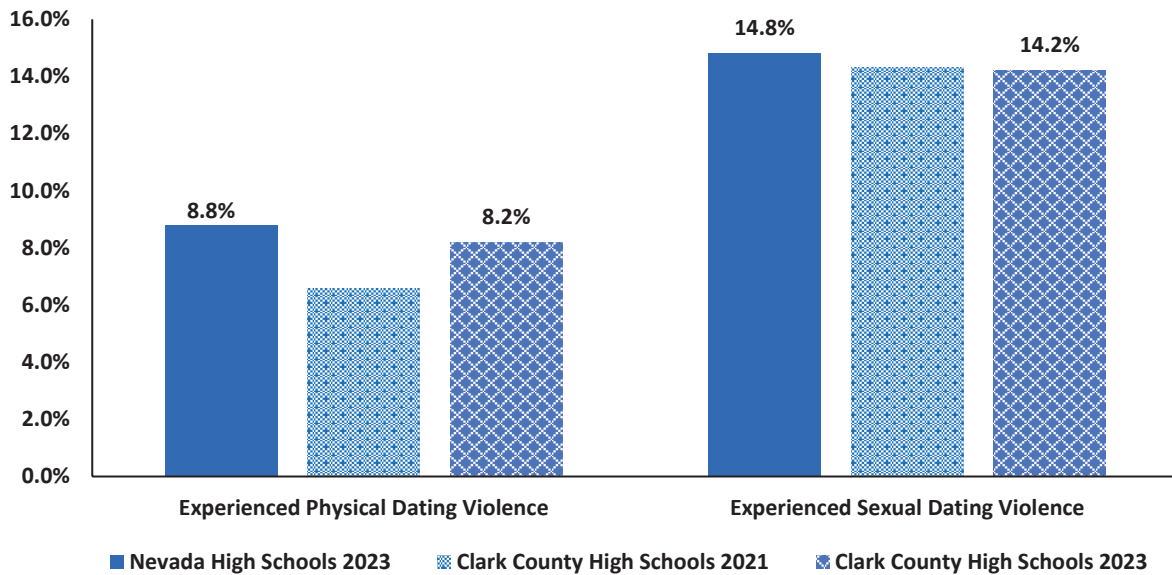
Figure 99. Sexual Behaviors Among Clark County High School Students, 2019, 2021, 2023 and Nevada High School Students, 2023.



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 35.0% to display differences among groups.

The percent of Clark County High School students who reported physical dating violence increased from 2021 to 2023, and sexual dating violence decreased a small amount. Compared to all Nevada High School students, the percents are very close for reported physical or sexual violence.

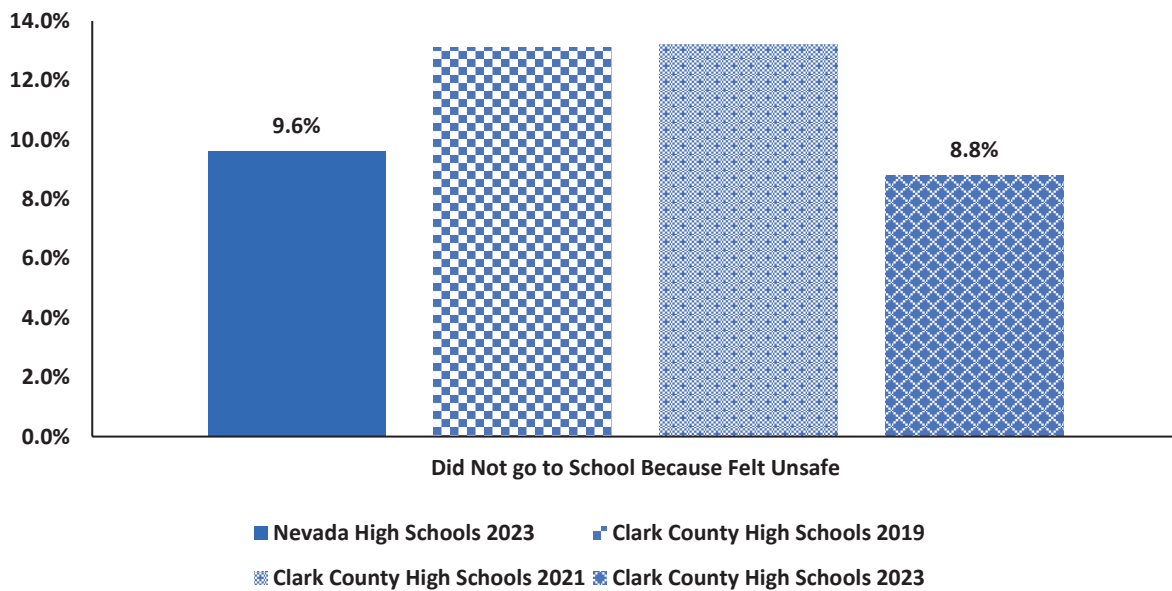
Figure 100. Sexual Violence Among Clark County High School Students 2021, 2023 and Nevada High School Students, 2023.



Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 16.0% to display differences among groups.

The percent of Clark High School students who reported not going to school because they felt unsafe remained nearly the same from 2019 to 2021, then it decreased in 2023 to 8.8%.

Figure 101. Violence Among Clark County High School Students, 2019, 2021, 2023 and Nevada High School Students, 2023.



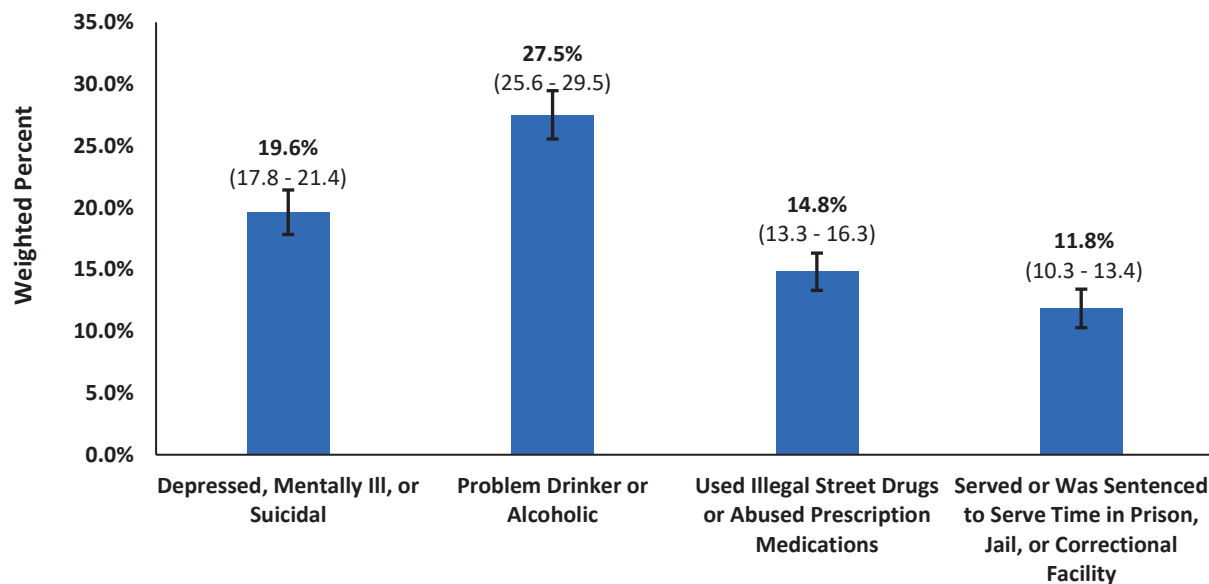
Source: Nevada Youth Risk Behavior Survey.
 Chart scaled to 14.0% to display differences among groups.

Behavioral Risk Factor Surveillance System

The following charts are from state-added BRFSS questions about adverse events that happened during childhood. This information is to better understand issues that may occur early in life. The question refers to living with a person and not to the actual person being interviewed. The CDC states that adverse childhood experiences (ACEs) are linked to multiple worse health outcomes in adulthood such as mental illness, substance misuse, and other chronic health problems⁹. Prevention of ACEs is vital to preventing worse health outcomes in the community.

Between 2019-2023, 27.5% of adult Clark County residents, before the age of 18, lived with someone who was a problem drinker or alcoholic, and 19.6% reported to living with someone who was depressed, mentally ill, or suicidal. These early exposures may be associated with increased adverse health outcomes later in life.

Figure 102. Adult BRFSS Respondents Who, During Childhood, Lived with Others Who Had Certain Conditions, Clark County Residents, 2019-2023.



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 35.0% to display differences among groups.

Childhood refers to before the age of 18.

Questions: "Did you live with anyone who was depressed, mentally ill, or suicidal?"

"Did you live with anyone who was a problem drinker or alcoholic?"

"Did you live with anyone who used illegal street drugs or who abused prescription medications?"

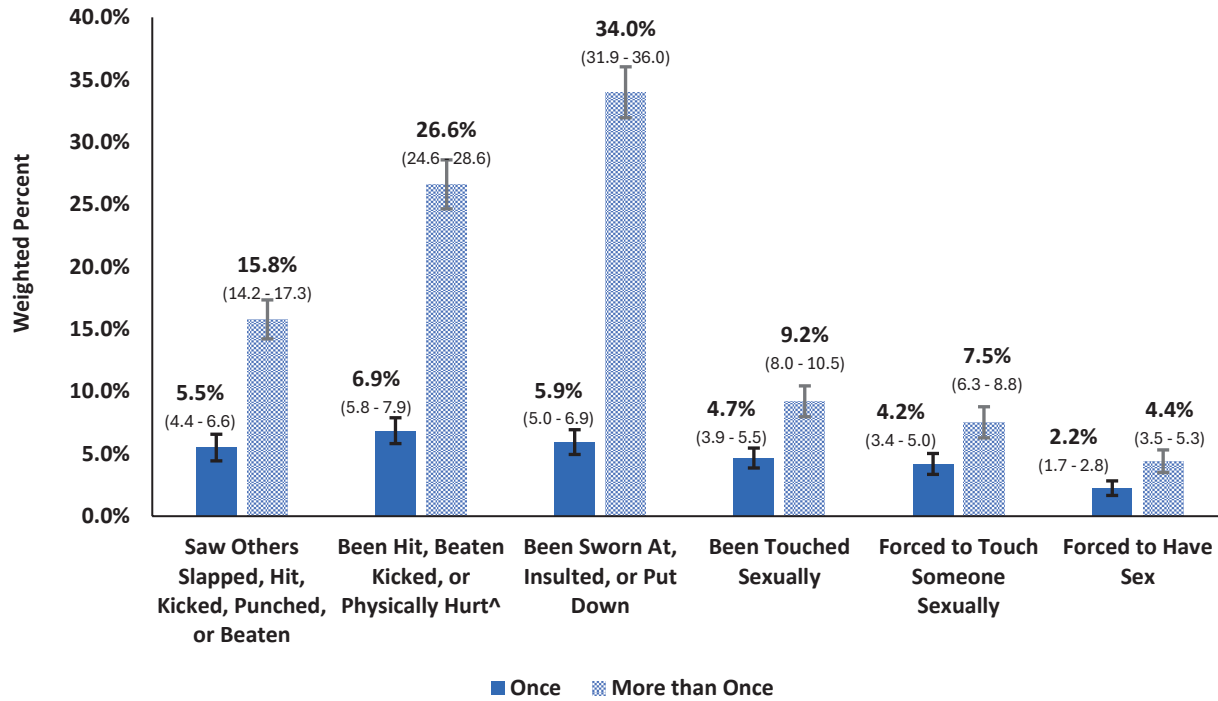
"Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?"

95% Confidence Intervals.

⁹ [About Adverse Childhood Experiences | Adverse Childhood Experiences \(ACEs\) | CDC](#)

Using combined data from 2019-2023, 39.9% of adult Clark County residents reported that, before the age of 18, had been sworn at, insulted, or put down at least once, 33.5% were “hit, beaten, kicked, or physically hurt” (not including spanking) at least once, and 13.9% of adults had been touched sexually at least once.

Figure 103. Adult BRFSS Respondents with Adverse Childhood Experiences, Clark County Residents, 2019-2023.



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 40.0% to display differences among groups.

Childhood refers to before the age of 18.

Questions: “How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?”

“Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?”

“How often did a parent or adult in your home ever swear at you, insult you, or put you down?”

“How often did anyone at least 5 years older than you or an adult, touch you sexually?”

“How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?”

“How often did anyone at least 5 years older than you or an adult, force you to have sex?”

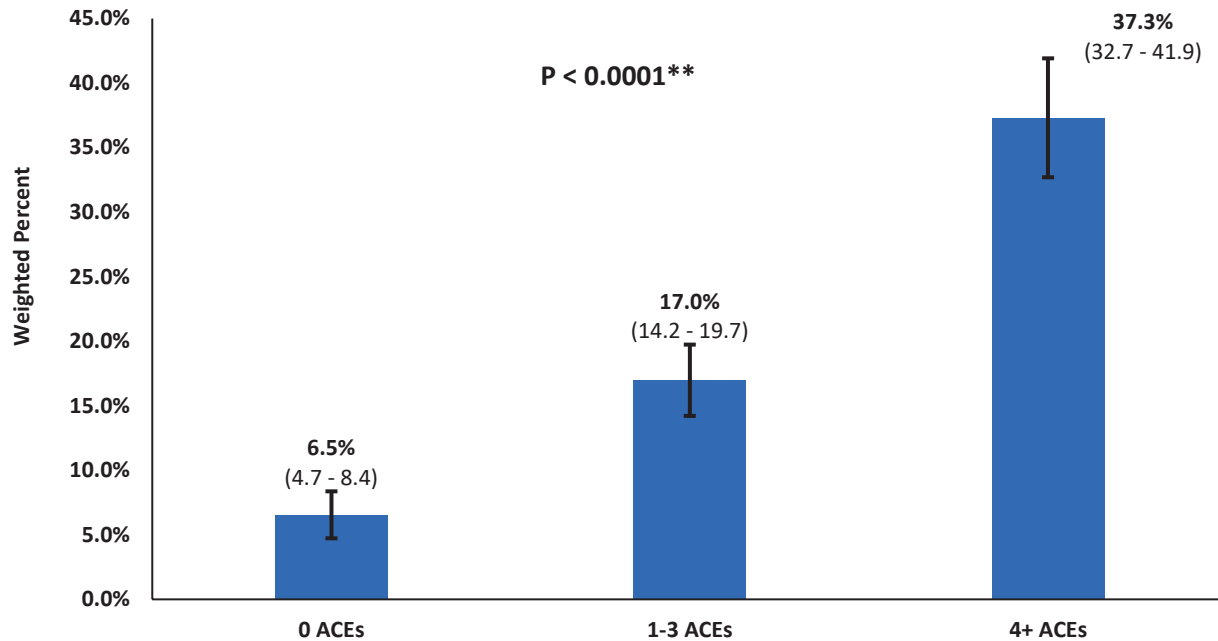
[^]Does not include spanking.

*Someone at least 5 years older than you or an adult.

95% Confidence Intervals.

Higher exposure to ACEs is significantly associated with a greater prevalence of depression among adults. Among adult Clark County residents who reported experiencing at least four ACEs, 37.3% also reported having depression, compared to just 6.5% of those reporting depression who experienced no ACEs.

Figure 104. Percentage of BRFSS Respondents who Reported Having Depression, by Number of Adverse Childhood Events, Clark County Residents, 2019-2023.



Source: Behavioral Risk Factor Surveillance System.

Chart scaled to 45.0% to display differences among groups.

Childhood refers to before the age of 18.

Questions for ACE score:

“How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?”

“Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?”

“How often did a parent or adult in your home ever swear at you, insult you, or put you down?”

“How often did anyone at least 5 years older than you or an adult, touch you sexually?”

“How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?”

“How often did anyone at least 5 years older than you or an adult, force you to have sex?”

*Someone at least 5 years older than you or an adult.

0.05 test of significance.

**Significant P-value.

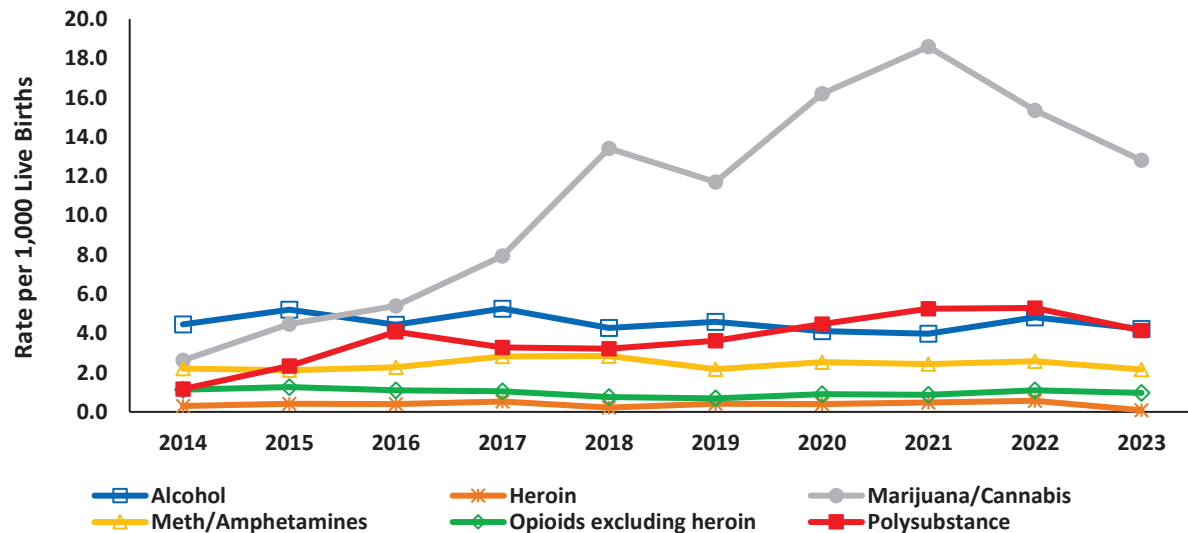
Maternal and Child Health

Substance Use Among Pregnant Clark County Residents (Births)

The data in this section is reflective of self-reported information provided by the mother on the birth record. On average, there were 25,932 live births per year to Clark County residents between 2014 and 2023. In 2023, 303 birth certificates indicated marijuana use, 98 indicated polysubstance (more than one substance) use, 51 indicated meth/amphetamine use, 23 indicated opiate use, and 2 indicated heroin use during pregnancy.

Of the self-reported substance use during pregnancy among Clark County residents who gave birth between 2014 and 2023, the highest rate was with marijuana use in 2021, at 18.6 per 1,000 live births. Polysubstance use (more than one substance) has fluctuated from 1.2 per 1,000 live births in 2014 to a high of 5.3 per 1,000 live births in 2022. The rate of self-reported meth/amphetamine and opioids excluding heroin use has remained fairly steady over the 10-year period.

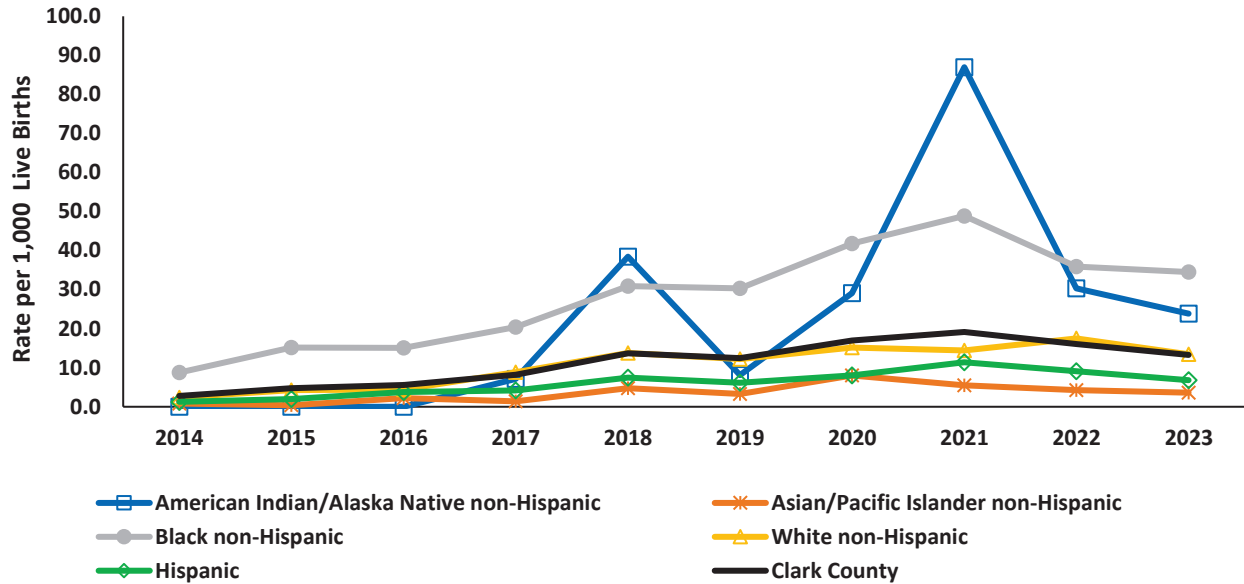
Figure 105. Self-Reported Prenatal Substance Use Birth Rates for Select Substances, Clark County Residents, 2014-2023.



Source: Nevada Electronic Birth Registry System.

The rates of self-reported prenatal marijuana use among Black non-Hispanics are higher than the Clark County overall rates from 2014-2023. Note that the rate fluctuations among the American Indian/Alaska Native non-Hispanic population is a result of high volatility due to the relatively low population of this demographic in the state and should not be taken as a significant change from the other years in the reporting period.

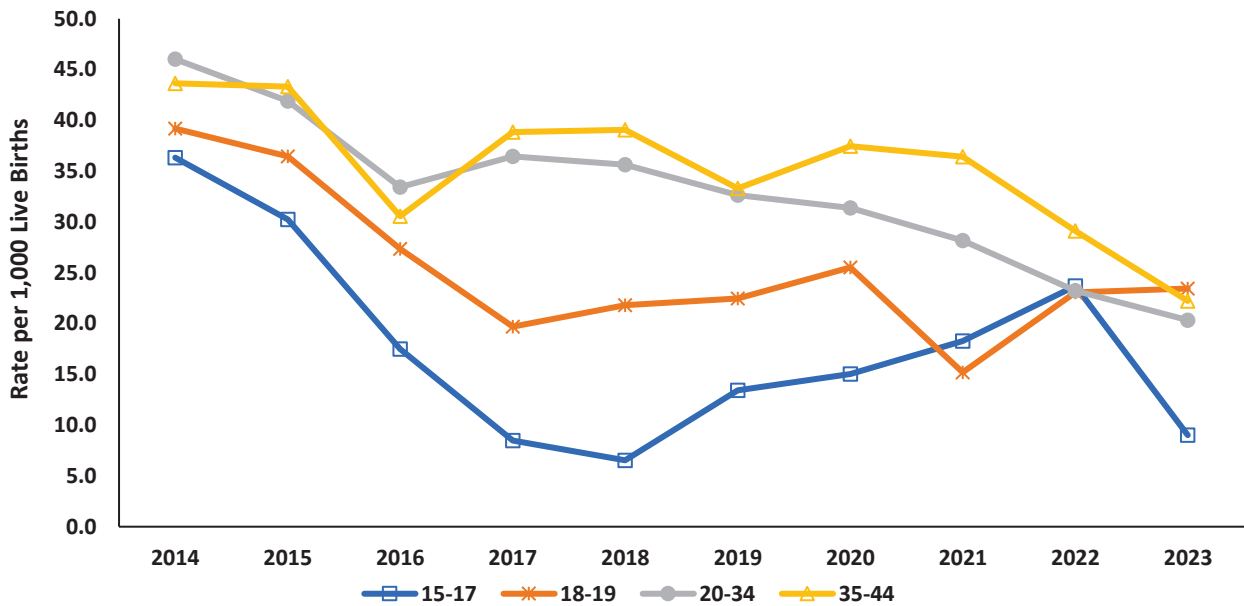
Figure 106. Self-Reported Prenatal Marijuana Use Birth Rates by Race/Ethnicity, Clark County Residents, 2014-2023.



Source: Nevada Electronic Birth Registry System.

Self-reported tobacco uses during pregnancy has fluctuated over the years but shows an overall decline.

Figure 107. Self-Reported Prenatal Tobacco Use Birth Rates by Maternal Age, Clark County Residents, 2014-2023.

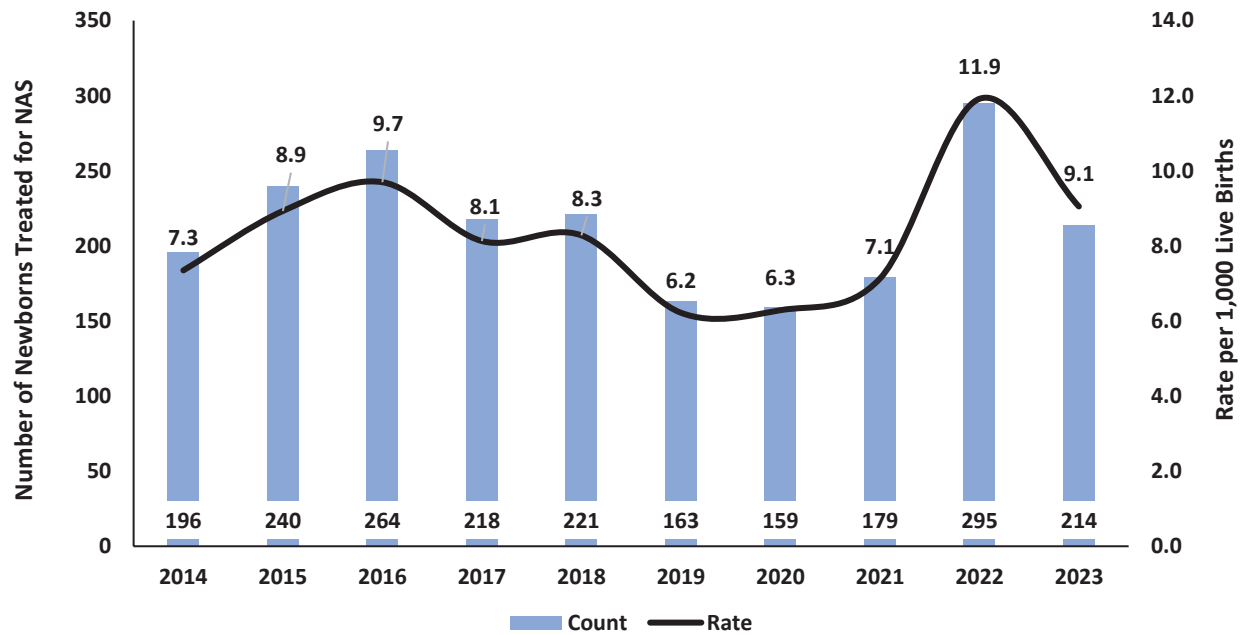


Source: Nevada Electronic Birth Registry System.

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a group of issues 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. Inpatient admissions for NAS have fluctuated from 2014 to 2023, peaking in 2022, with 295 admissions at a rate of 11.9 per 1,000 live births.

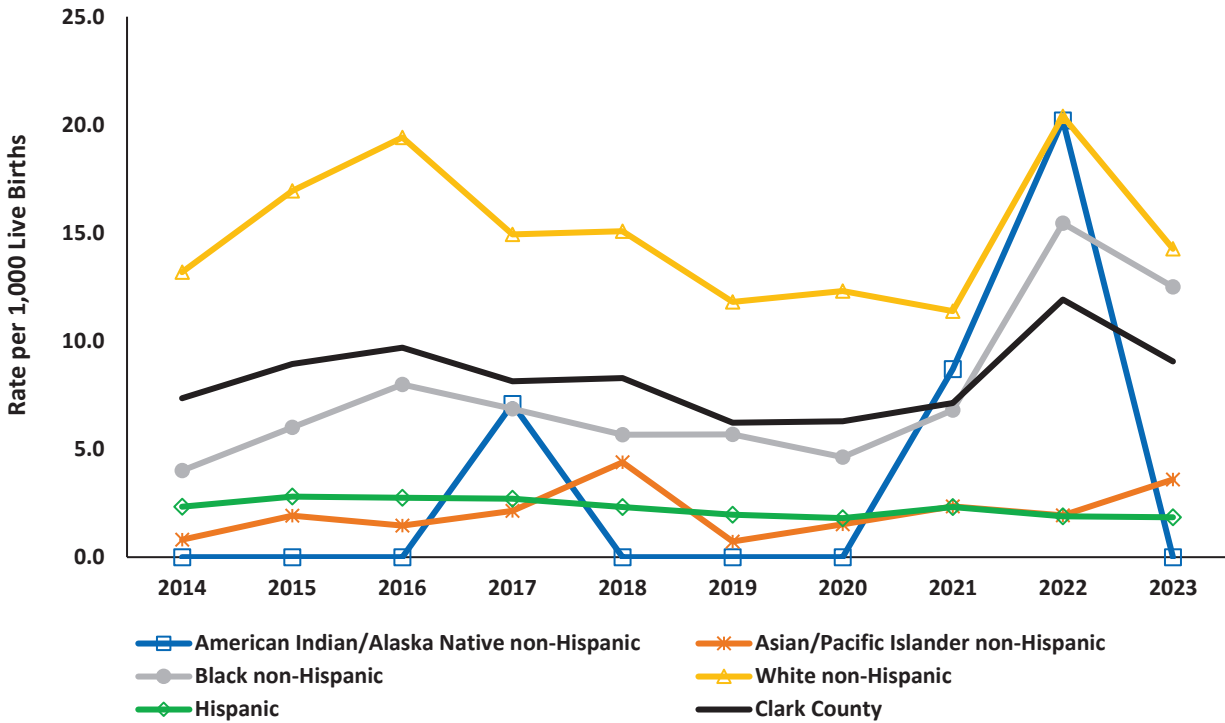
Figure 108. Neonatal Abstinence Syndrome, Clark County Residents, 2014-2023.



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.

White non-Hispanic Nevadans have a higher NAS rate compared to all other races/ethnicities. Note that the rate fluctuations among the American Indian/Alaska Native non-Hispanic population is a result of high volatility due to the relatively low population of this demographic in the state and should not be taken as a significant change from the other years in the reporting period.

Figure 109. Neonatal Abstinence Syndrome Rate by Race/Ethnicity, Clark County Residents, 2014-2023.



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.

Lesbian, Gay, Bisexual, and Transgender Health

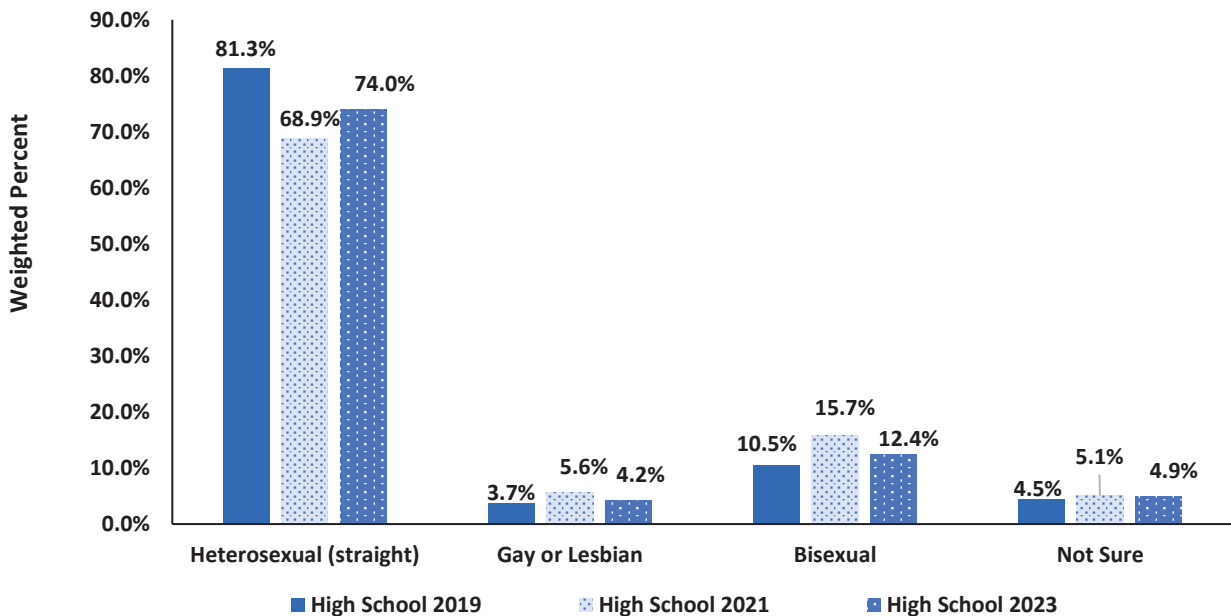
Those who identify as LGBT are part of a vulnerable community that may face unique or worse health outcomes. This is especially important when considering LGBT youth who may be most at risk for health disparities. This section exists to better understand the unique risk factors that exist for this population.

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. LGBT Youth included in this report identify as gay or lesbian, bisexual, or not sure. For more detailed information about YRBS and sexual orientation and gender identity, UNR has a [Sexual and Gender Minority Special Report](#) that was released with 2021 data.

Among Nevada high school students, the percent of persons identifying as heterosexual decreased from 2019 to 2021 (81.3% and 68.9%, respectively), and the percent of persons identifying as gay/lesbian or bisexual both increased from 2019 to 2021.

Figure 110. Sexual Orientation, Nevada High School Population, 2019, 2021, and 2023.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 90.0% to display differences among groups.

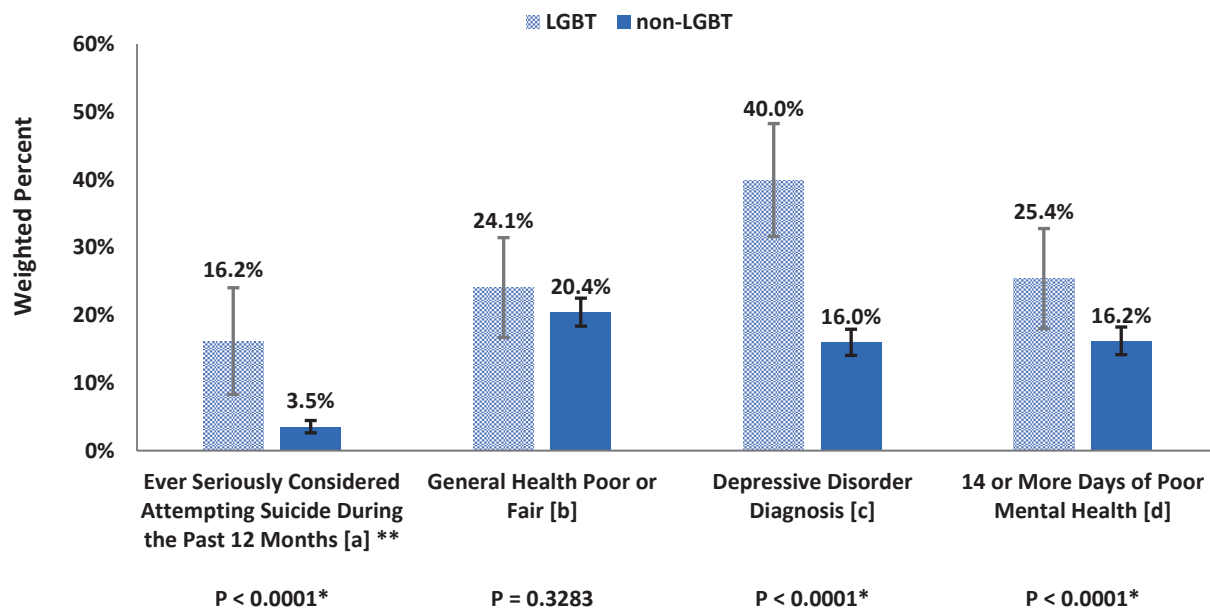
Behavioral Risk Factor Surveillance System

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, alcohol use, and e-cigarette use.

Those in the LGBT community are considered a vulnerable community and may have worse health outcomes when compared to the non-LGBT population. A more in depth look at health outcomes is vital to ensure these health disparities are addressed and analyzed. LGBT data was not collected for 2018 and 2019 and includes Clark County residents who reported being Lesbian, Gay, Bisexual, Other, and/or Transgender (n = 234). The non-LGBT comparison group consists of 2,706 Clark County adults.

Adults that are part of the LGBT community were significantly more likely to report having any mental health behavior, other than poor or fair general health, compared to non-LGBT adults from 2021-2023. LGBT adults were 5 times as likely to report seriously considering attempting suicide within the past 12 months and 2.5 times as likely to have a depressive disorder compared to non-LGBT adults. These numbers are lower than the overall Nevada prevalences for LGBT adults.

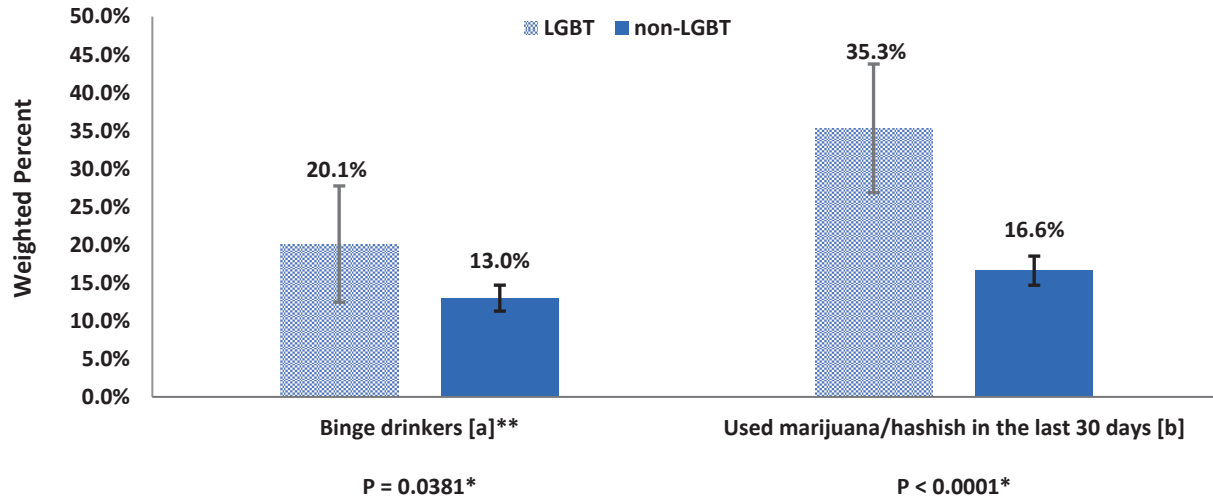
Figure 111. Mental Health Behaviors, by LGBT and non-LGBT, Clark County Respondents, 2021-2023.



Source: Behavioral Risk Factor Surveillance System.
 Chart scaled to 60.0% to display differences among groups.
 LGBT questions not asked for 2018/2019.
 **Cell size small, take caution with interpretation
 * Significant (P < 0.05)
 95% Confidence Intervals
 a. LGBT (8.3 - 24.0), non-LGBT (2.6 - 4.4)
 b. LGBT (16.7 - 31.5), non-LGBT (18.4 - 22.5)
 c. LGBT (31.6 - 48.3), non-LGBT (14.1 - 17.9)
 d. LGBT (18.0 - 32.8), non-LGBT (14.2 - 18.3)

Adults who are part of the LGBT community were significantly more likely to use marijuana with LGBT adults having over twice the prevalence of marijuana usage than non-LGBT adults.

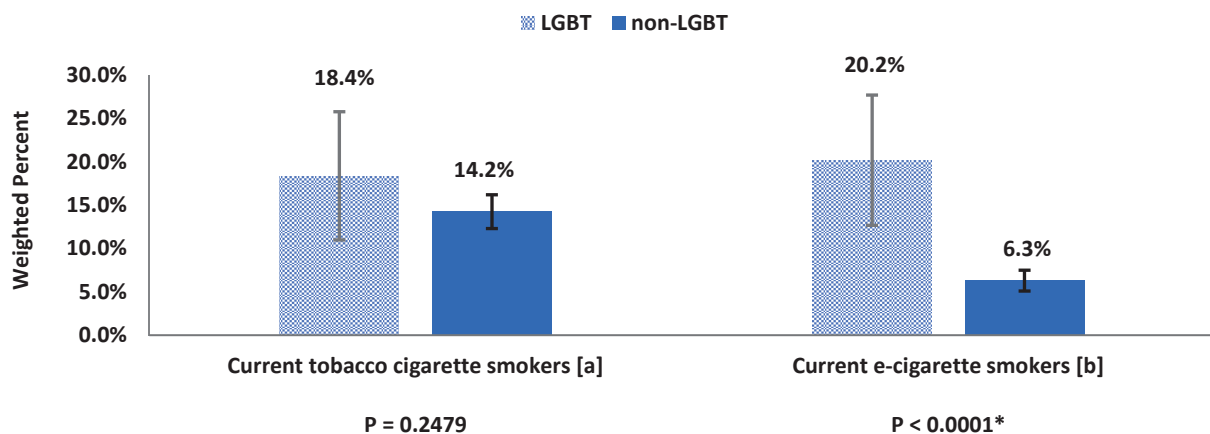
Figure 112. Substance Use-Related Risk Factors, by LGBT and non-LGBT, Clark County Respondents, 2021-2023.



Source: Behavioral Risk Factor Surveillance System.
 Chart scaled to 50.0% to display differences among groups.
 **Cell size small, take caution with interpretation
 * Significant (P < 0.05)
 95% Confidence Intervals
 a. LGBT (12.4 - 27.7), non-LGBT (11.3 - 14.7)
 b. LGBT (26.8 - 43.8), non-LGBT (14.7 - 18.5)

Adults who are part of the LGBT community were significantly more likely to be current e-cigarette smokers (three times more likely) than non-LGBT adults.

Figure 113. Current Cigarette Smokers, by LGBT and non-LGBT, Clark County Respondents, 2021-2023.



Source: Behavioral Risk Factor Surveillance System.
 Chart scaled to 30.0% to display differences among groups.
 * Significant (P < 0.05)
 95% Confidence Intervals
 a. LGBT (11.0 - 25.8), non-LGBT (12.3 - 16.2)
 b. LGBT (12.7 - 27.7), non-LGBT (5.1 - 7.5)

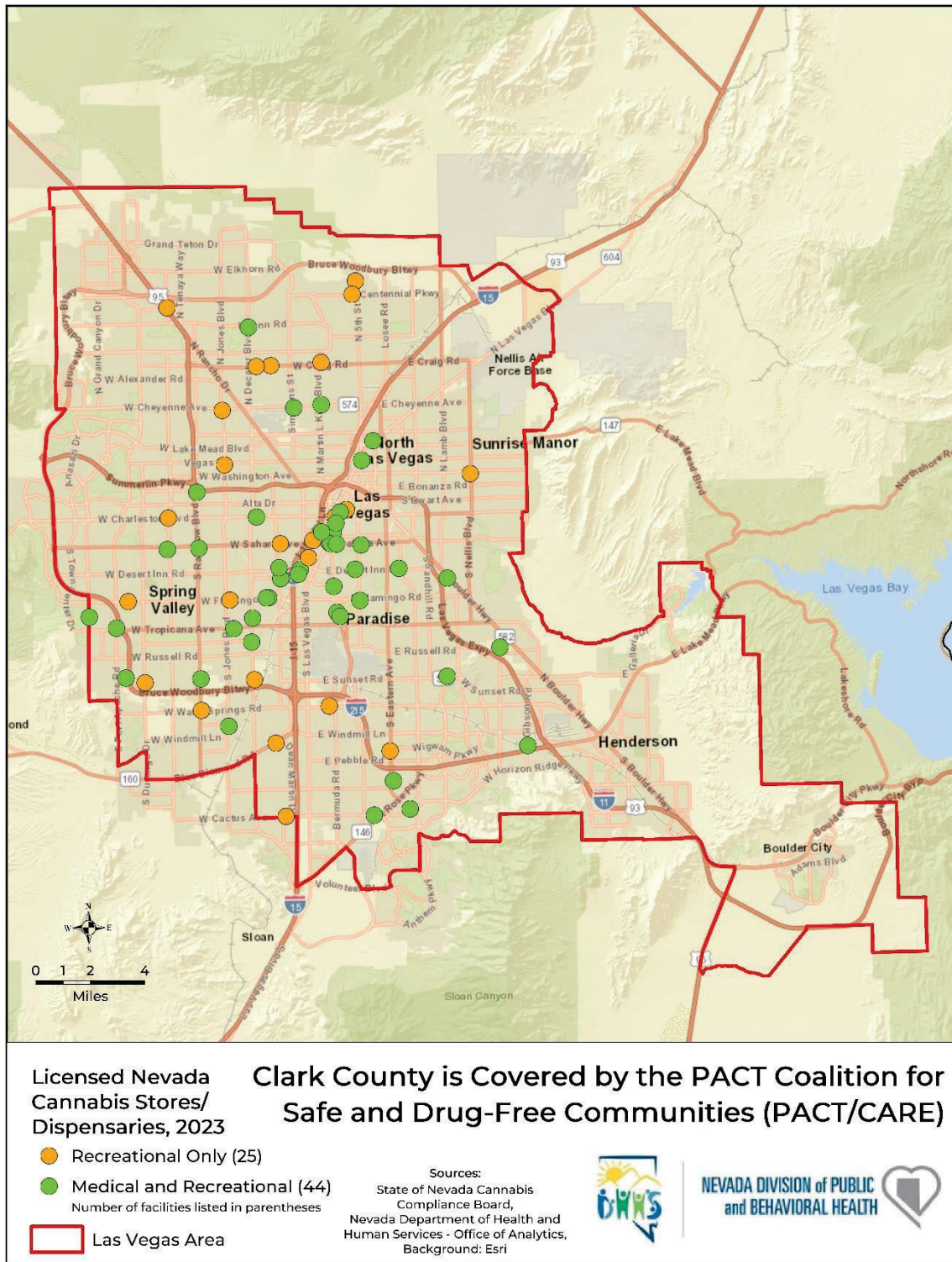
Cannabis

Legal Cannabis in Nevada

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. Figure 114 below displays the locations of the Nevada licensed cannabis dispensaries in Clark County. Licensing is managed by 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 map.

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 Risks](#)

Figure 114. Las Vegas Area, Nevada Licensed Cannabis Dispensary Locations.



Appendix

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)
Bipolar: 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, F32.A (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)

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: F10, 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 or contributing cause of death)
Drug-overdose deaths: X40-X44, X60-S64, X85, Y10-Y14 (Initial cause of death)
Other overdose deaths: T36-T65