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Behavioral Health and Substance Use in Nevada – Statistical Overview

Office of Analytics

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Department of Health and Human Services

Helping people. It's who we are and what we do.





Data Sources

Resources available on the [Office of Analytics website](#):

- [Behavioral Health Data Portal](#)
 - [Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile, 2023](#)
 - [Substance Use Surveillance Dashboard](#)
 - [State Unintentional Drug Overdose Reporting System \(SUDORS\)](#)
 - [Prescription Drug Monitoring Program Dashboard](#)

Other data sources:

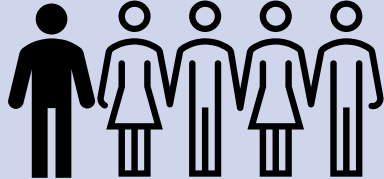
- [National Survey on Drug Use and Health \(NSDUH\)](#)
- [Behavioral Risk Factor Surveillance System \(BRFSS\)](#)
- Statewide Hospital Billing Datasets
- Electronic Death Registry System (EDRS, Vital Records)
- [Youth Risk Behavior System \(YRBS\)](#)



Substance Use Data Summary



Setting the Stage – National Comparisons

Individuals Aged 12+	Nevada	United States
Past-year substance use disorder	20.9% (CI: 18.3% - 23.6%) 	17.0% (CI: 16.6% - 17.4%)
• Past-year alcohol use disorder	11.8% (CI: 10.7% - 13.8%)	10.6% (CI: 10.2% - 10.9%)
• Past-year drug use disorder	12.7% (CI: 10.6% - 15.0%)	9.2% (CI: 8.9% - 9.5%)

- Note: These categories are not mutually exclusive.

Bolded rows represent areas where differences between Nevada and the national average are statistically significant.



Setting the Stage – National Comparisons

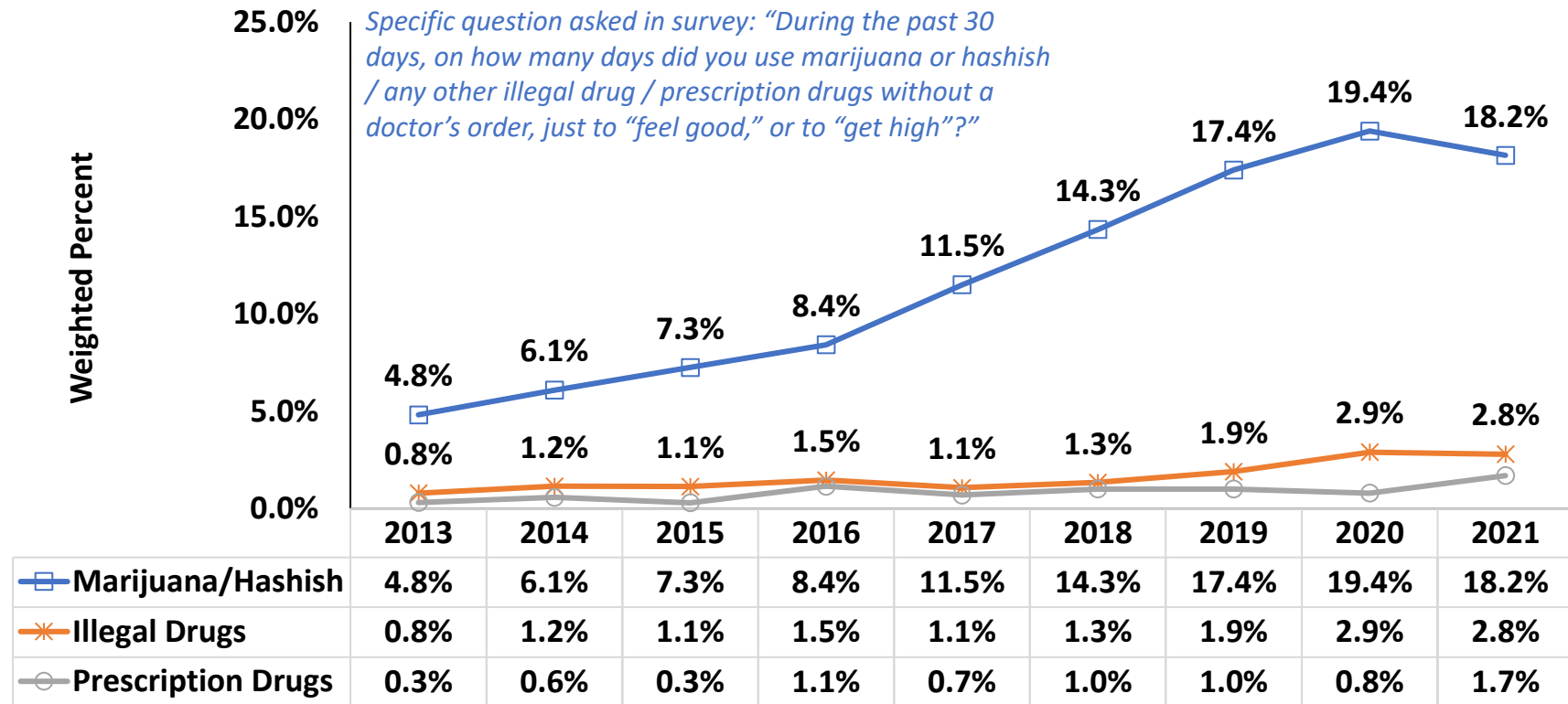
Individuals Aged 12+	Nevada	United States
Marijuana use in past year	28.3% (CI: 25.3% - 31.5%)	20.5% (CI: 20.0% - 30.0%)
Hallucinogen use in past year	4.4% (CI: 3.4% - 5.6%)	2.9% (CI: 2.7% - 3.0%)
<i>Prescription pain reliever misuse in past year</i>	4.2% (CI: 3.3% - 5.5%)	3.1% (CI: 2.9% - 3.3%)
Opioid misuse in past year	4.0% (CI: 3.1% - 5.3%)	3.3% (CI: 3.1% - 3.5%)
Methamphetamine use in past year	2.2% (CI: 1.3% - 3.7%)	1.0% (CI: 0.8% - 1.1%)
Cocaine use in past year	1.8% (CI: 1.2% - 2.6%)	1.8% (CI: 1.7% - 1.9%)
Heroin use in past year*	0.3% (CI: 0.2% - 0.7%)	0.4% (CI: 0.4% - 0.5%)

*Available for individuals aged 18+. All other indicators includes ages 12+

Bolded rows represent areas where differences between Nevada and the national average are statistically significant.



Self-Reported Drug Use in the Last 30 Days (BRFSS), Nevada Adults 18+

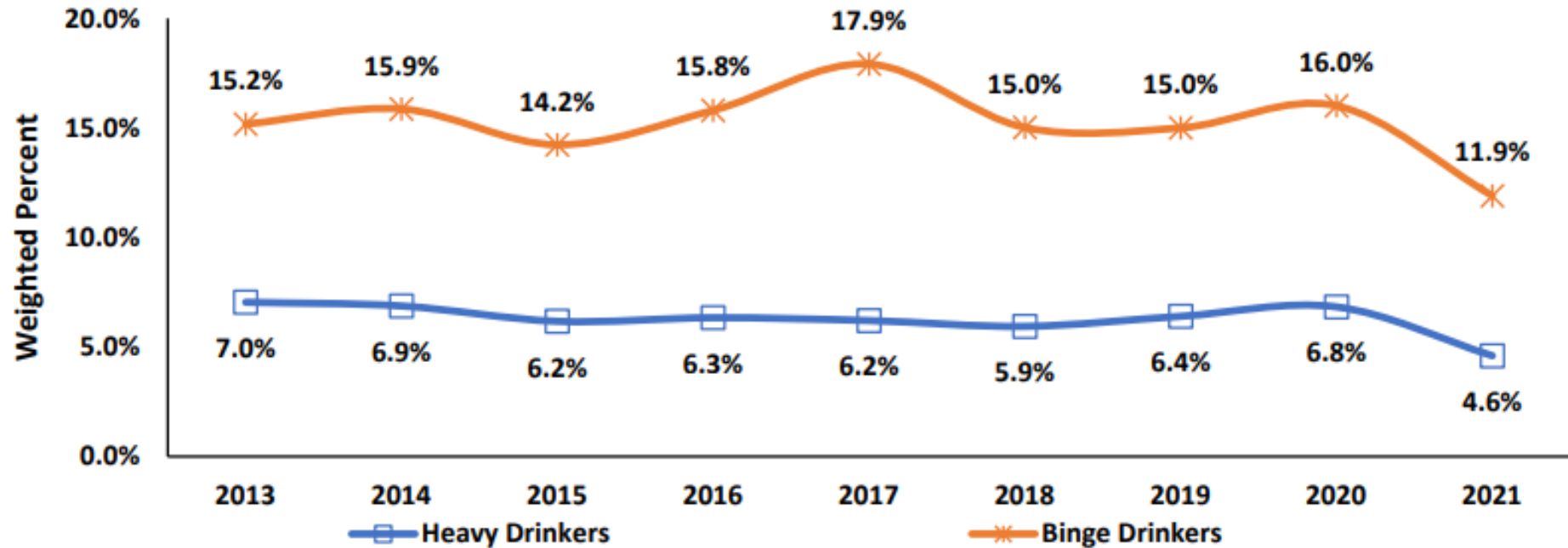


In 2021, about 18% of Nevadans surveyed by the BRFSS responded that they has used marijuana in the last 30 days. This is a 280% increase from the low of 4.8% in 2013 (about 1 in 20 Nevadans) and a 130% increase since marijuana became legal recreationally in 2017.

Other illegal drug use, as was self-reported in the BRFSS, decreased 0.1% from 2020 to 2021 and prescription drug use was at the highest percent in 2021.



Self-Reported Binge Drinkers/Heavy Drinkers (BRFSS), Nevada Adults 18+



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

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

In 2021, about 12% of Nevadans surveyed by the BRFSS responded that they consumed enough alcohol to be considered a binge drinker, and about 5% were considered heavy drinkers. These are both slight decreases from previous years.



Statewide Hospital Billing Data

Definitions:

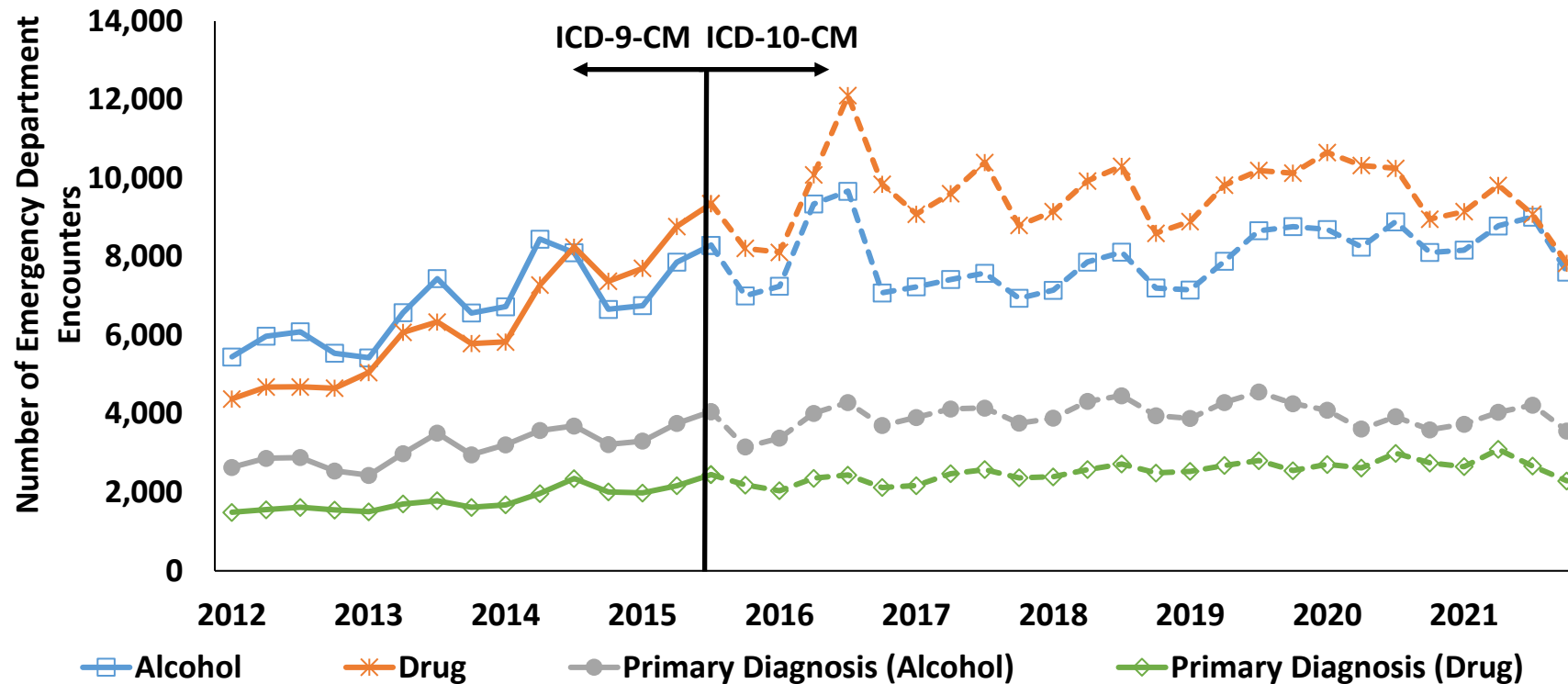
Emergency Department (ED) Encounters Related to Alcohol & Drug Use: an ED visit where alcohol/drug use or abuse is listed as part of the diagnosis.

Inpatient (IP) Admissions Related to Alcohol & Drug Use: an inpatient stay where alcohol/drug use or abuse is listed as part of the diagnosis.

Drug Poisonings: the primary reason for the visit is an overdose, and the patient record has specific billing codes for overdose or poisoning.



Emergency Department (ED) Encounters Related to Alcohol & Drug Use



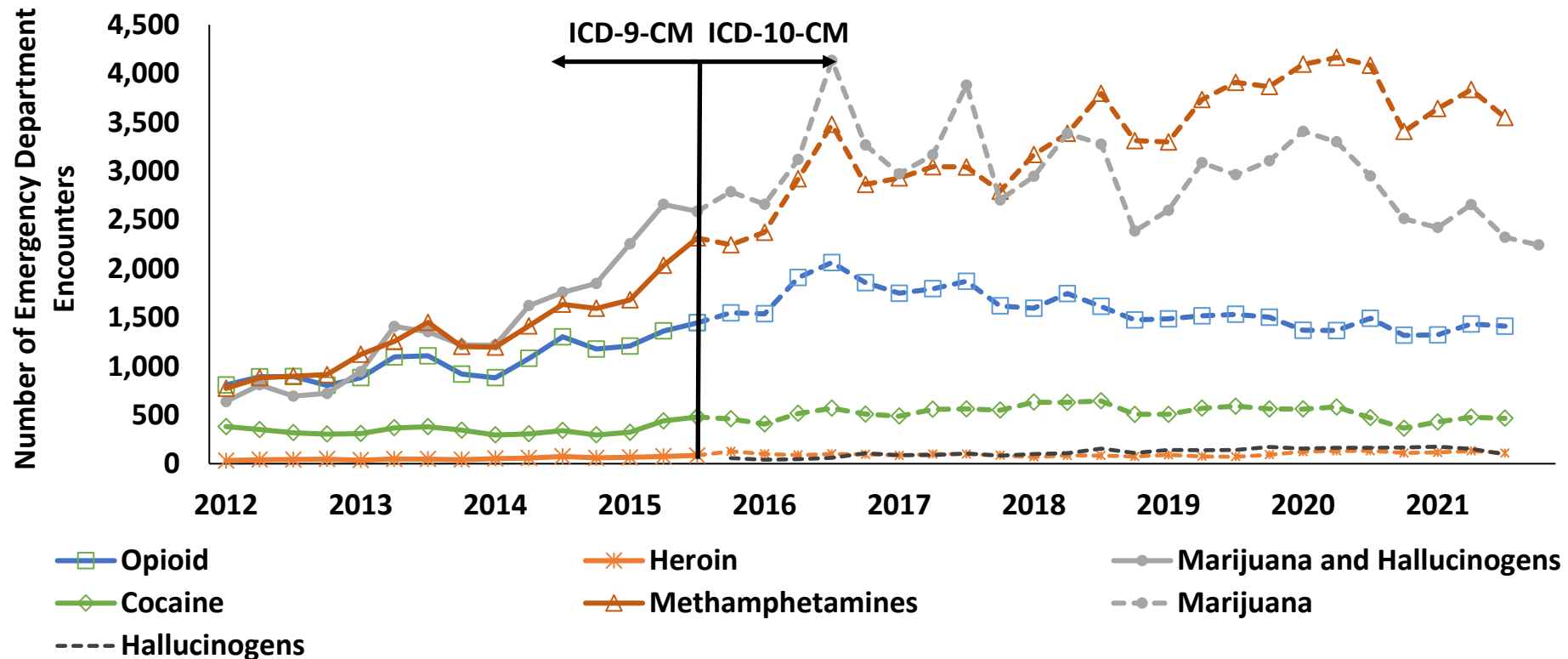
In any given quarter of 2021, there were approximately 8,392 alcohol-related and 8,970 drug-related visits to Nevada emergency rooms.

Alcohol visits were more common than drug visits until 2014 when drug-related visits surpassed alcohol.

From 2017 to 2021, ED encounters related to alcohol have been trending up, while drug related ED encounters have varied with no significant increasing or decreasing trend.



ED Encounters Related to Drug Use by Drug

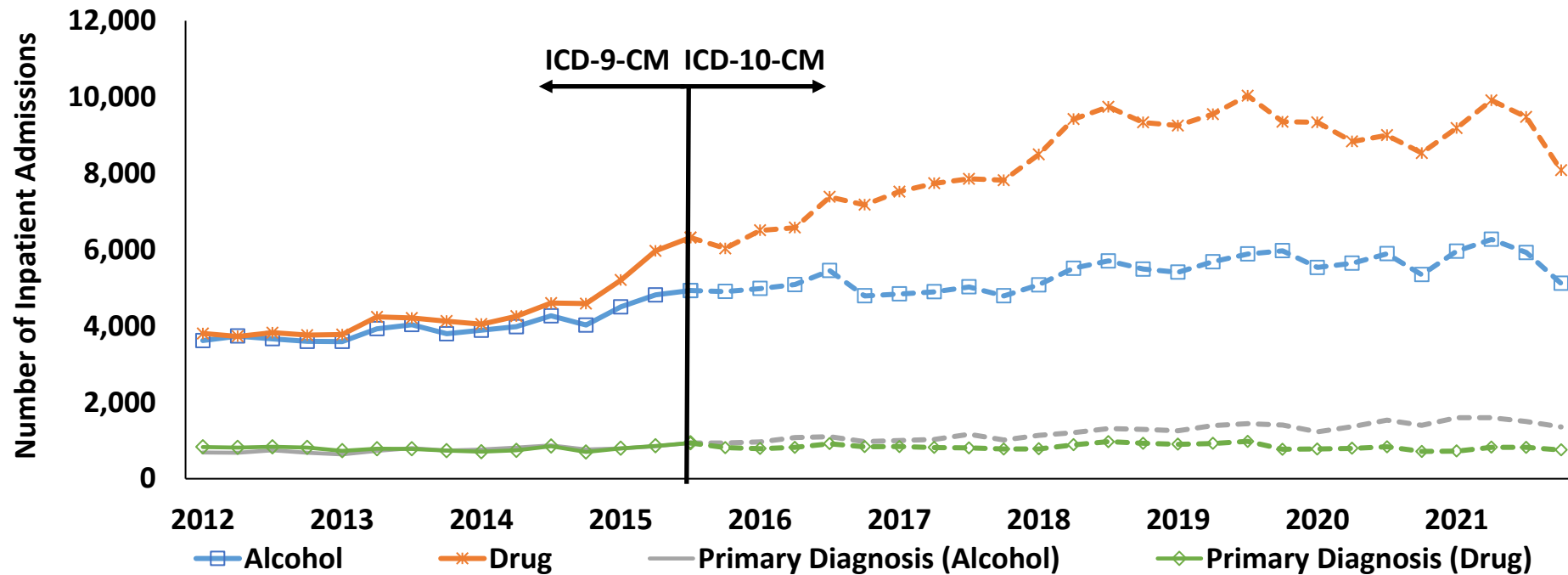


Drug-related ED encounters are most frequently associated with methamphetamines, followed by marijuana, opioids, and cocaine in that order.

- Methamphetamines: increasing from 2012 to 2020, stable from 2020 to 2021
- Marijuana: Increasing from 2013 through 2016, decreasing from 2017 to 2021
- Opioids: Increasing from 2013 through 2016, decreasing from 2017 to 2021
- Cocaine: Relatively stable from 2012 through 2021



Inpatient (IP) Admissions Related to Alcohol & Drug Use

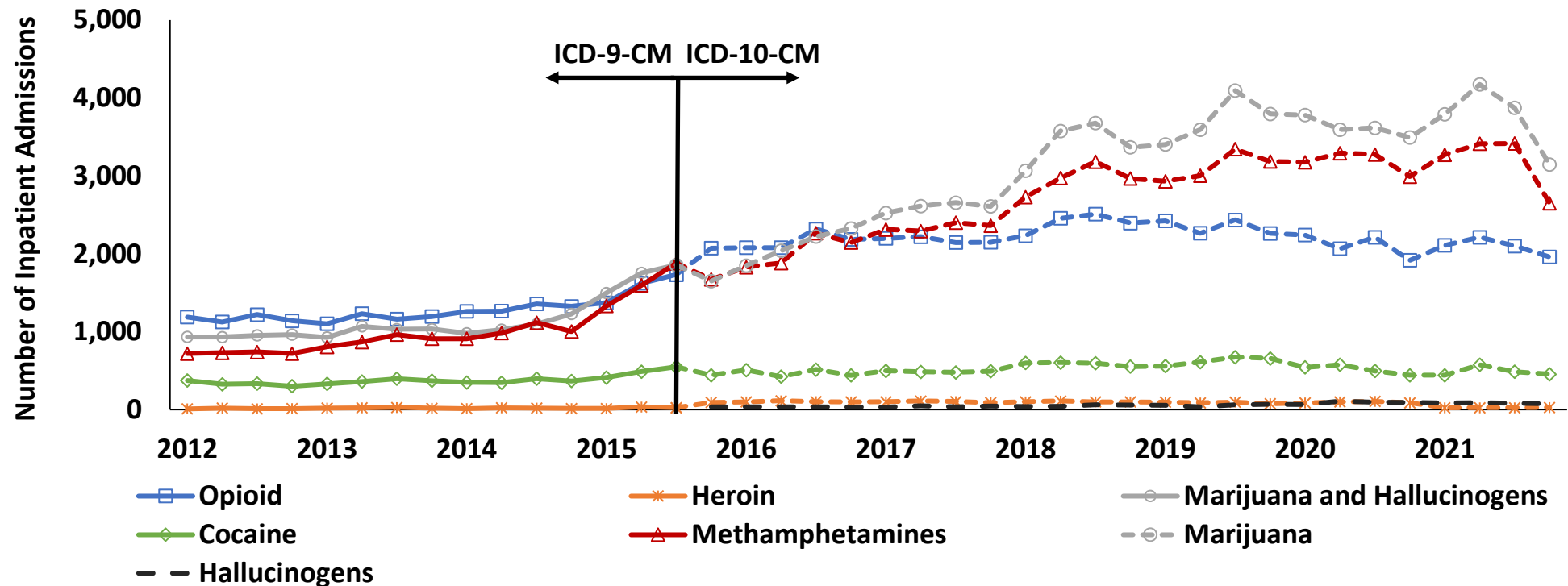


In any given quarter of 2021, there were approximately 5,820 alcohol-related and 9,165 drug-related inpatient admissions to Nevada hospitals.

Admissions related to alcohol and drugs were comparable until 2014 when drug-related admissions began to increase much more quickly than alcohol-related admissions.



IP Admissions Related to Drug Use by Drug

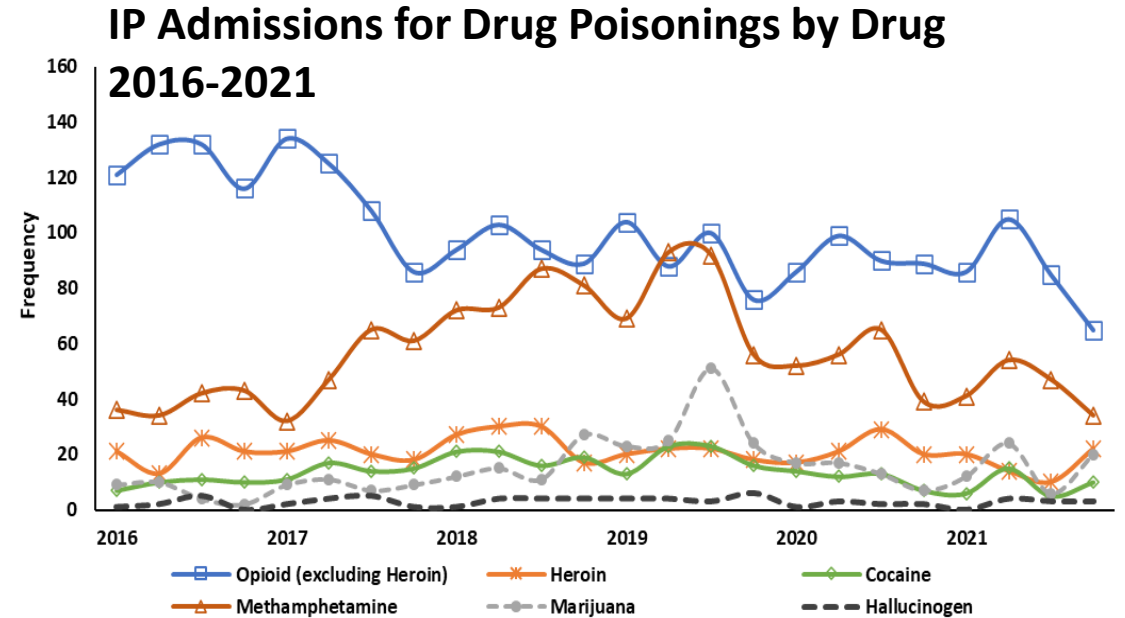
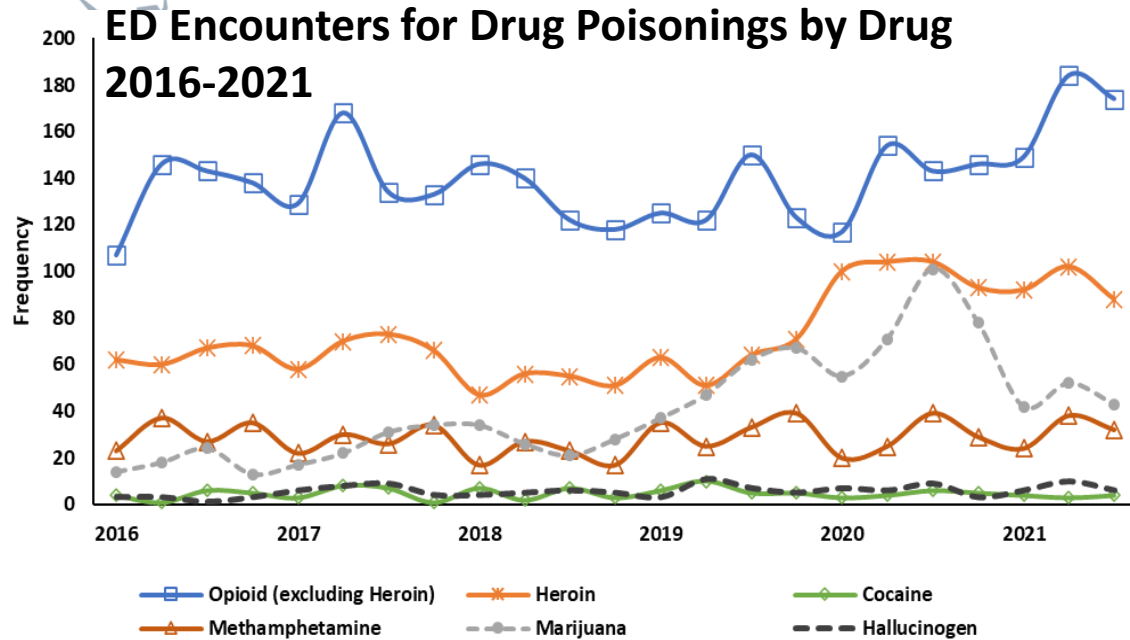


Drug-related admissions are most frequently associated with marijuana, followed by methamphetamines, opioids, and cocaine in that order.

- Marijuana: Increasing 2013-2019, stable 2020-2021
- Methamphetamines: increasing 2013-2019, decreasing 2020-2021
- Opioids: Increasing 2013-2016, decreasing 2017-2021
- Cocaine: Relatively stable from 2012-2021



Drug Poisonings by Drug, ED and IP



Although more Nevadans are presenting at the hospital with drug use related to methamphetamines and marijuana, opioids continue to be the primary drug involved in acute and life-threatening drug-related poisoning.

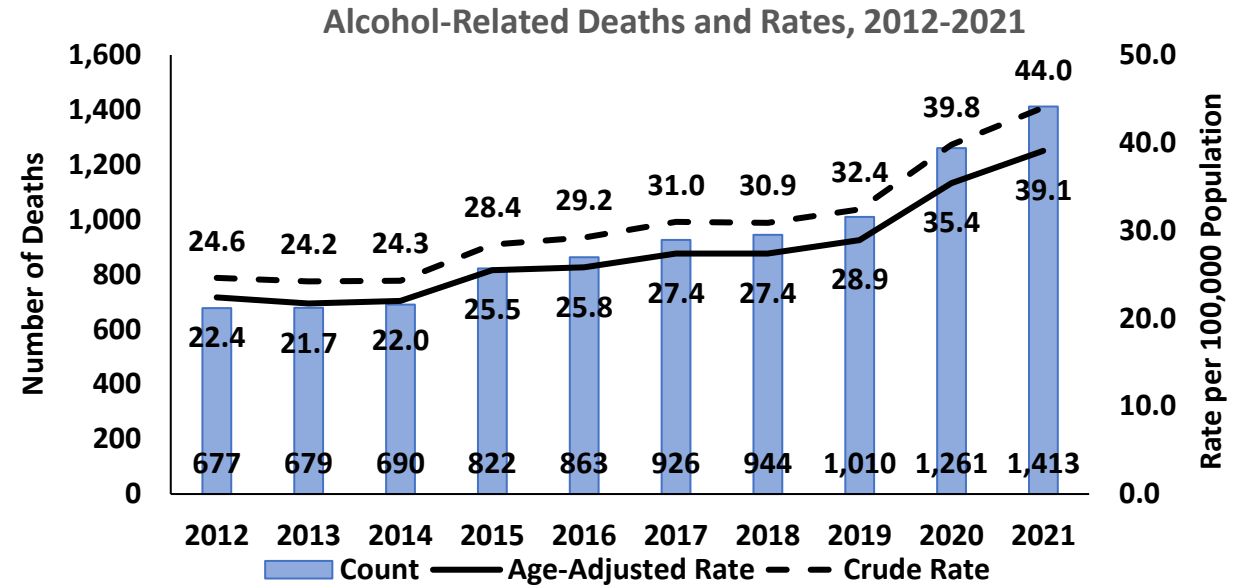
While increases have been observed in ER encounters related to poisonings in 2020 and 2021, inpatient admissions have declined over that period.



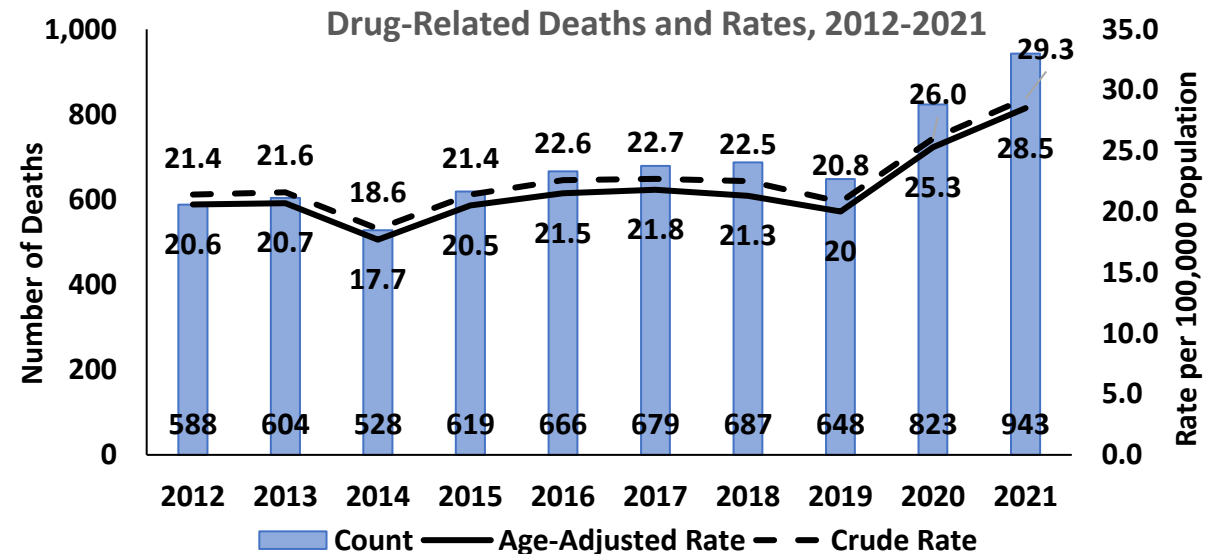
Alcohol and Drug-Related Deaths

Nevada observed:

- 1,413 alcohol-related deaths in 2021
- Year-over-year (YOY) growth:
 - 2019-2020: **+24%**
 - 2020-2021: **+12%**
 - Average: **+18%**

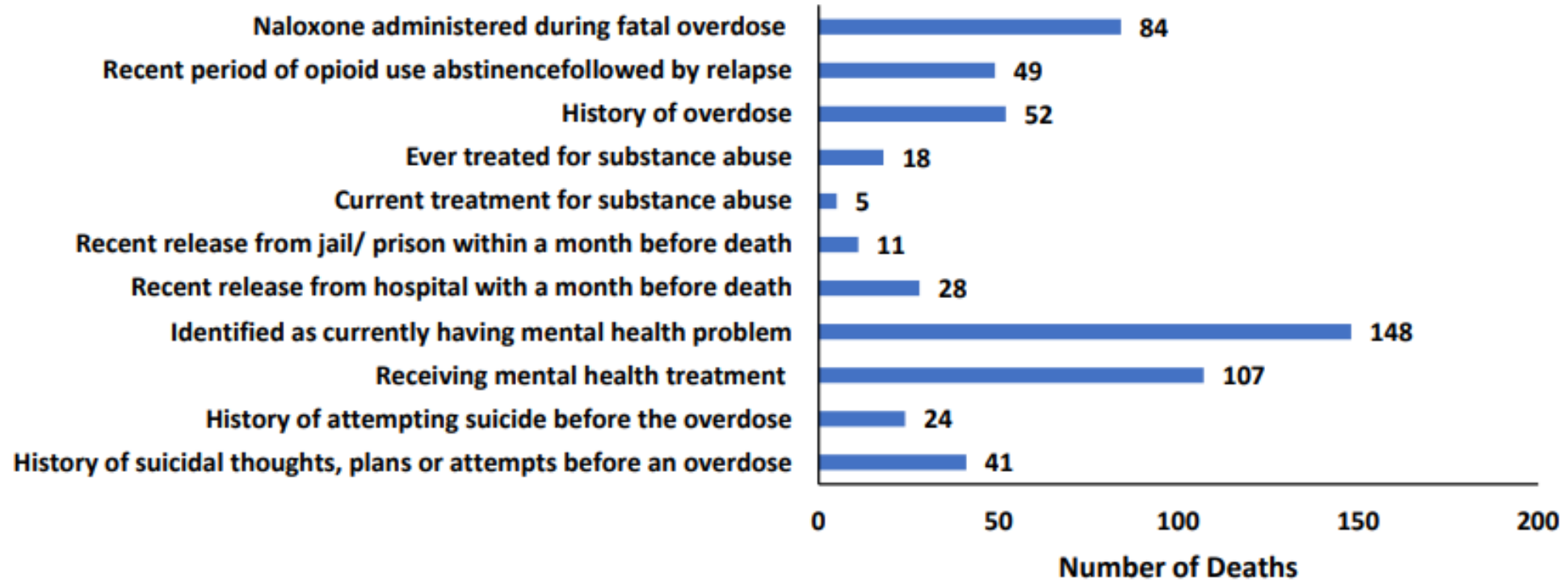


- 943 drug-related deaths in 2021 and YOY growth:
 - 2019-2020: **+27%**
 - 2020-2021: **+15%**
 - Average: **+21%**





Circumstances Preceding Death Among Unintentional/Undetermined Overdose Deaths, 2021



- 34% identified as currently having a mental health problem
- 28% had mental health treatment
- 21% had Naloxone administered during the fatal overdose
- The most common substances listed in cause of death was opioid (type not specified, 63.5%), followed by methamphetamine (53.1%).

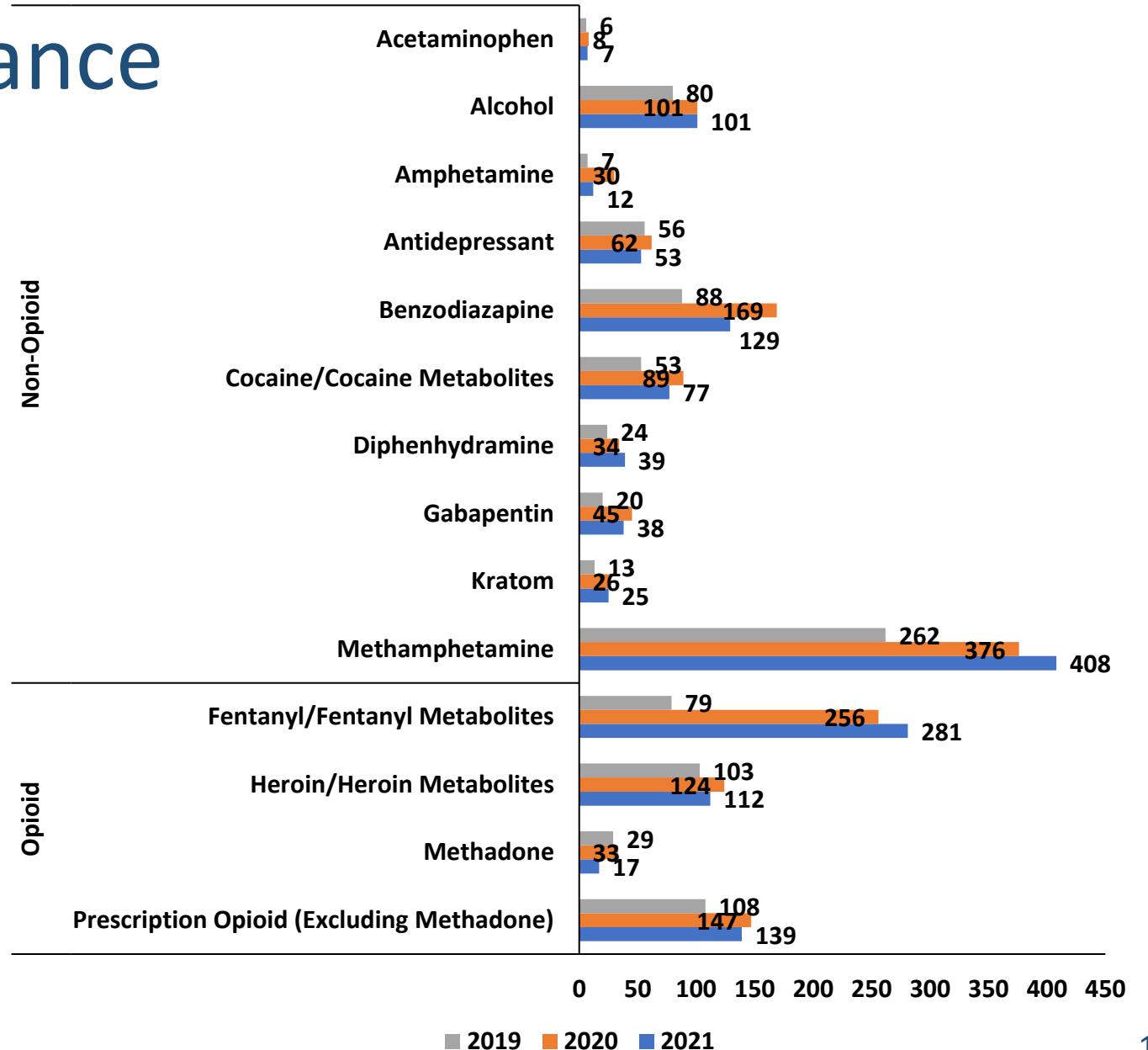
Note: Since a person can have more than one drug in their system, these counts are not mutually exclusive.



Unintentional/Undetermined Overdose Deaths by Substance

Methamphetamines were involved in the highest number of unintentional overdose deaths in both 2020 and 2021 and observed an increase year-over-year of **+9%**.

Fentanyl, prescription opioids, and benzodiazepines were also involved in a high number of unintentional overdose deaths, but only fentanyl observed increases YOY (**+10%**).





Treatment – National Comparisons

Individuals Aged 12+	Nevada	United States
Received Substance Use Treatment in the Past Year	5.0% (CI: 3.8% - 6.5%)	4.7% (CI: 4.4% - 5.0%)
Classified as Needing Substance Use Treatment in the Past Year	23.4% (CI: 20.3% - 26.7%)	19.4% (CI: 18.8% - 19.9%)
<u>Did Not Receive</u> Substance Use Treatment in the Past Year: Among People Classified as Needing Substance Use Treatment	78.2% (CI: 72.5% - 83.0%)	76.0% (CI: 74.5% - 77.4%)

All 17 Nevada counties are designated health professional shortage areas for mental health providers, due to very high ratios of population to provider.

In urban areas, poverty is also a significant factor in shortage designation, because many providers do not accept Medicaid.

In rural and frontier areas, travel time to access a provider can be several hours, which is also a significant factor in shortage designation. Information about designated areas is available online at <http://hpsafind.hrsa.gov/>.

Sources: <https://www.samhsa.gov/data/report/2021-2022-nsduh-state-prevalence-estimates>
<https://data.hrsa.gov/tools/shortage-area/hpsa-find>



Mental Health Data Summary



Setting the Stage – National Comparisons

Individuals Aged 12+	Nevada	United States
Any Mental Illness in the Past Year*	24.6% (CI: 22.1% - 27.4%)	23.1% (CI: 22.3% - 23.6%)
Serious Mental Illness in the Past Year*	6.8% (CI: 5.5% - 8.3%)	5.9% (CI: 5.6% - 6.1%)
Received Mental Health Treatment in the Past Year	20.0% (CI: 17.1% - 23.3%)	21.8% (CI: 21.1% - 22.5%)
Major Depressive Episode in the Past Year	10.0% (CI: 8.5% - 11.6%)	8.6% (CI: 8.4% - 8.9%)
Had Serious Thoughts of Suicide in the Past Year	5.8% (CI: 4.8% - 6.9%)	5.0% (CI: 4.8% - 5.3%)
Made Any Suicide Plans in the Past Year	1.5% (CI: 1.1% - 2.0%)	1.5% (CI: 1.3% - 1.6%)
Attempted Suicide in the Past Year	0.7% (CI: 0.5% - 1.0%)	0.7% (CI: 0.6% - 0.8%)

*Available for individuals aged 18+. All other indicators includes ages 12+



Major Depressive Disorder (MDD)

- Per the DSM-5, Major Depressive Disorder is a mood disorder diagnosed as five or more of the following symptoms.
 - Lasting sad, anxious, or “empty” mood
 - Loss of interest in almost all activities
 - Appetite and weight changes
 - Changes in sleep patterns
 - Slowing of physical activity, speech, and thinking OR agitation, increased restlessness, and irritability
 - Decreased energy, feeling tired or "slowed down" almost every day
 - Ongoing feelings of worthlessness and/or feelings of undue guilt
 - Trouble concentrating or making decisions
 - Repeating thoughts of death or suicide, wishing to die, or attempting suicide



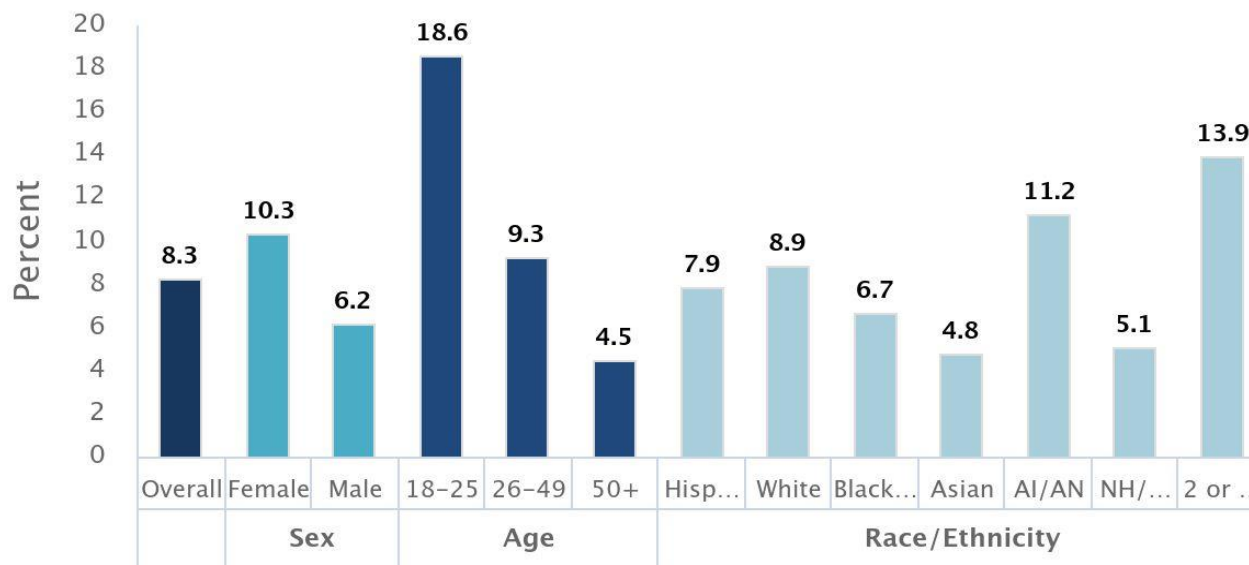
Major Depressive Disorder (MDD): Prevalence

According to the National Institute of Mental Health

- An estimated 21 million adults in the United States had at least one major depressive episode in 2021. This number represented 8.3% of all U.S. adults.
- The prevalence of adults with a major depressive episode was highest among individuals aged 18-25 (18.6%).
- **In 2021 an estimated 61% of those adults diagnosed received treatment.**

Past Year Prevalence of Major Depressive Episode Among U.S. Adults (2021)

Data Courtesy of SAMHSA





Treatment-Resistant Depression (TRD)

- What is Treatment-Resistant Depression?
 - There is no formal definition in the DSM-5.
 - Researchers generally define TRD as:
 - “lingering depression symptoms in patients who have taken multiple antidepressants or antidepressant classes as directed ¹”
 - Symptoms persist even after two or more treatments involving first-line antidepressants.
 - “treatments must be of adequate dosage and duration ²”
- Approximately 30% of people who have been diagnosed with MDD and have undergone treatment involving medication have Treatment-Resistant Depression .
- Symptoms of Treatment Resistant Depression:
 - More severe depressive symptoms
 - Longer depressive episodes
 - Higher lifetime incidence of depressive episodes
 - Increased anxiety
 - Increased likelihood of suicidal ideation and behavior

¹ <https://www.hopkinsmedicine.org/health/conditions-and-diseases/mood-disorders/treatment-resistant-depression>

² <https://my.clevelandclinic.org/health/diseases/24991-treatment-resistant-depression>



Post-Traumatic Stress Disorder (PTSD)

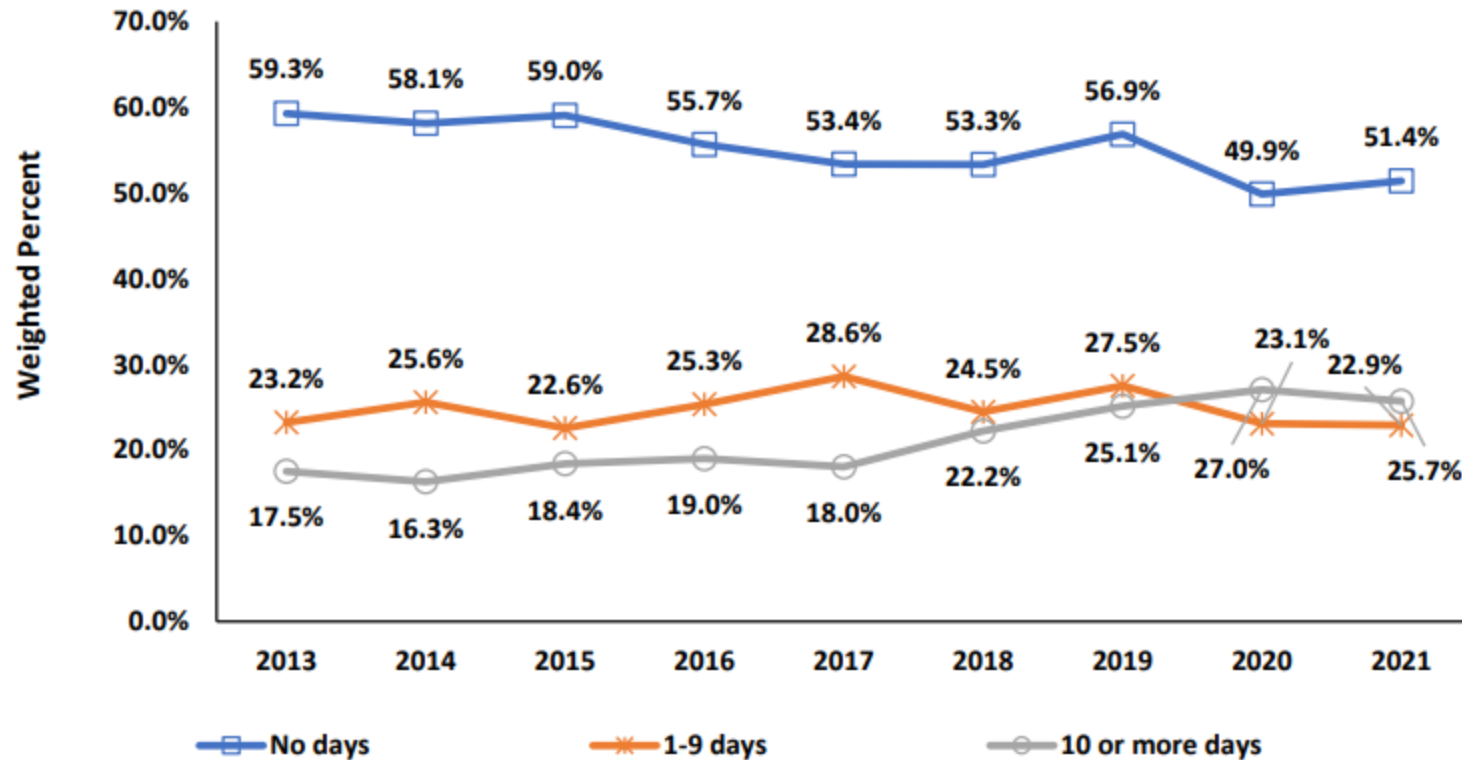
- Post-Traumatic Stress Disorder
 - “a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event ¹”
- Symptoms of PTSD:
 - Intrusive memories and thoughts
 - Avoidance
 - Negative changes in thought and mood
 - Changes to physical and emotional reactions
- Prevalence
 - About 6 out of every 100 people (or 6% of the U.S. population) will have PTSD at some point in their lives.
 - About 5 out of every 100 adults (or 5%) in the U.S. has PTSD in any given year. In 2020, about 13 million Americans had PTSD.
 - Women are roughly twice as likely as men to develop PTSD at some point in their life. Estimated prevalence is 4% for men and 8% for women.
 - PTSD is also slightly more common among Veterans with estimated rates of 6% for men and 13% for women.

¹ <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>

²https://www.ptsd.va.gov/understand/common/common_adults.asp



Self Reported Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month (BRFSS), Nevada Adults 18+

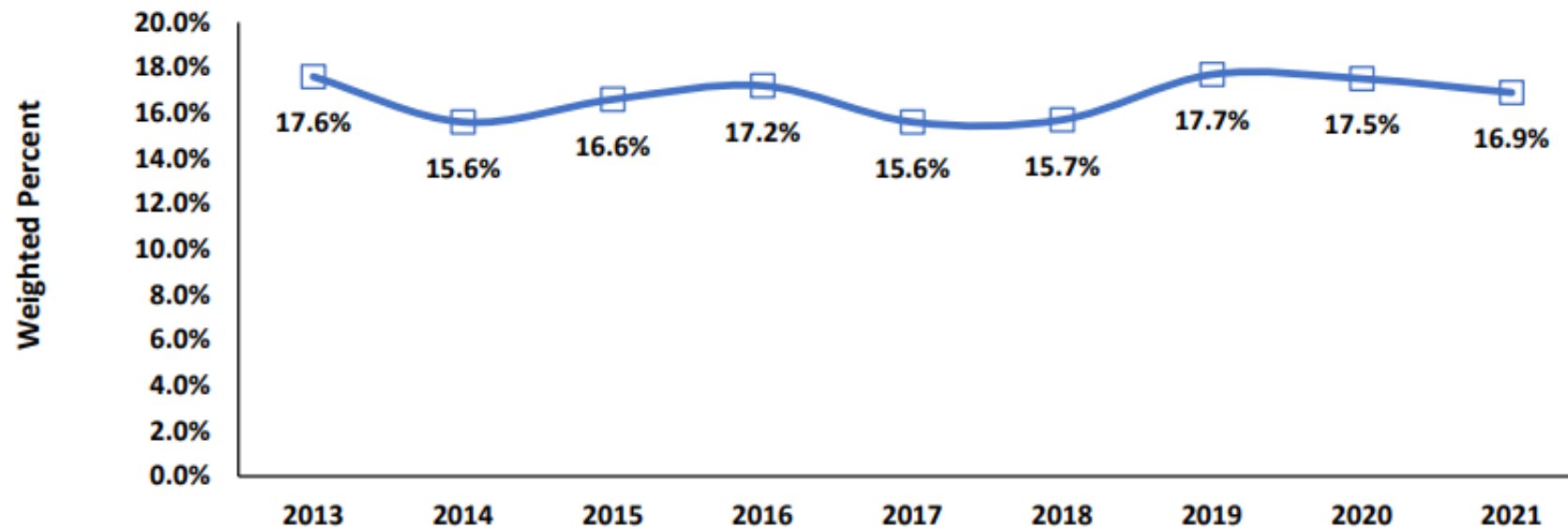


There has been an increase from 2013 to 2021 in the percent of adults who experienced 10 or more days in the past month in which poor mental health or physical health prevented them from doing usual activities, from 17.5% to 25.7%.



Self Reported Depressive Disorders, Including Depression, Major/Minor Depression, or Dysthymia (BRFSS), Nevada Adults 18+

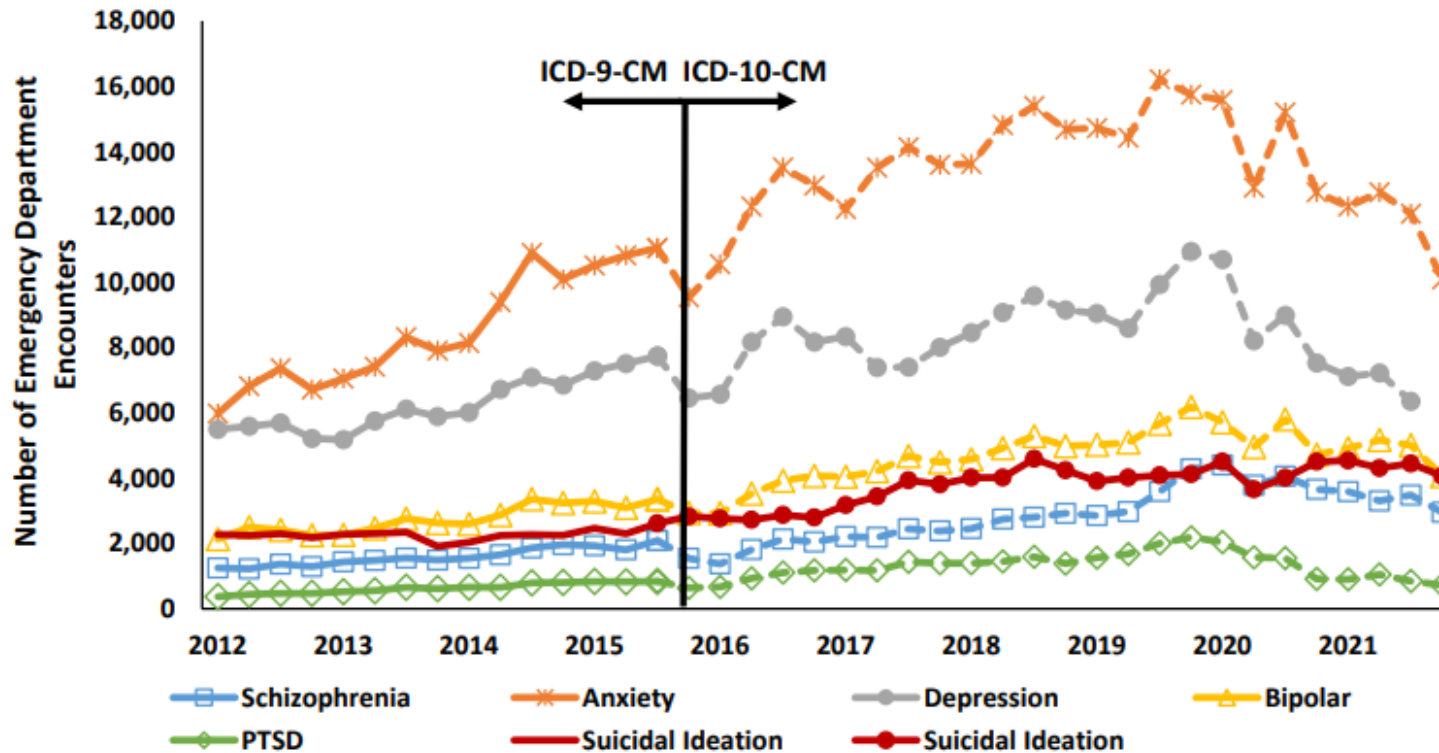
Specific question asked in survey: “(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?”



Approximately 17% of Nevadans had ever been told they have a depressive disorder as of 2021. This percent has remained roughly the same since 2013.



Mental Health-Related Emergency Department (ED) Encounters



Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.

Anxiety has been the leading mental health-related diagnosis seen in the ED since 2012, followed by depression.

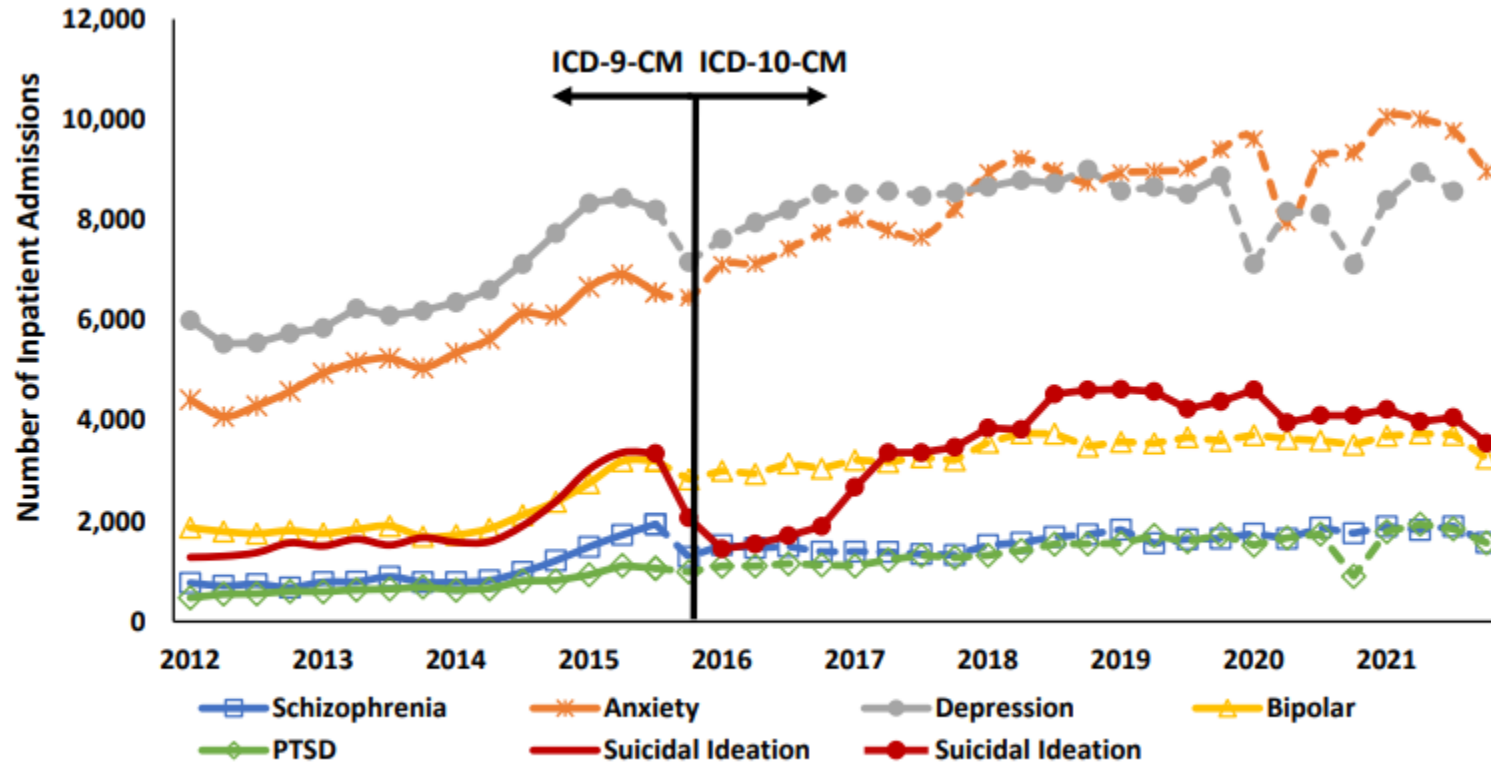
Anxiety-related encounters increased significantly from 2012 to 2019 in both counts and rates, but then decreased significantly from 2019-2021.

The number of total ED encounters for all diagnoses decreased 18.7% from 2019 to 2020, most likely due to the impact of COVID-19.

Males account for significantly more visits for schizophrenia (66%) and suicidal ideation (62%), whereas females account for significantly more visits for anxiety, depression, bipolar disorder, and PTSD (65%, 61%, 54%, and 55%, respectively).



Mental Health-Related Inpatient Admissions



Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.

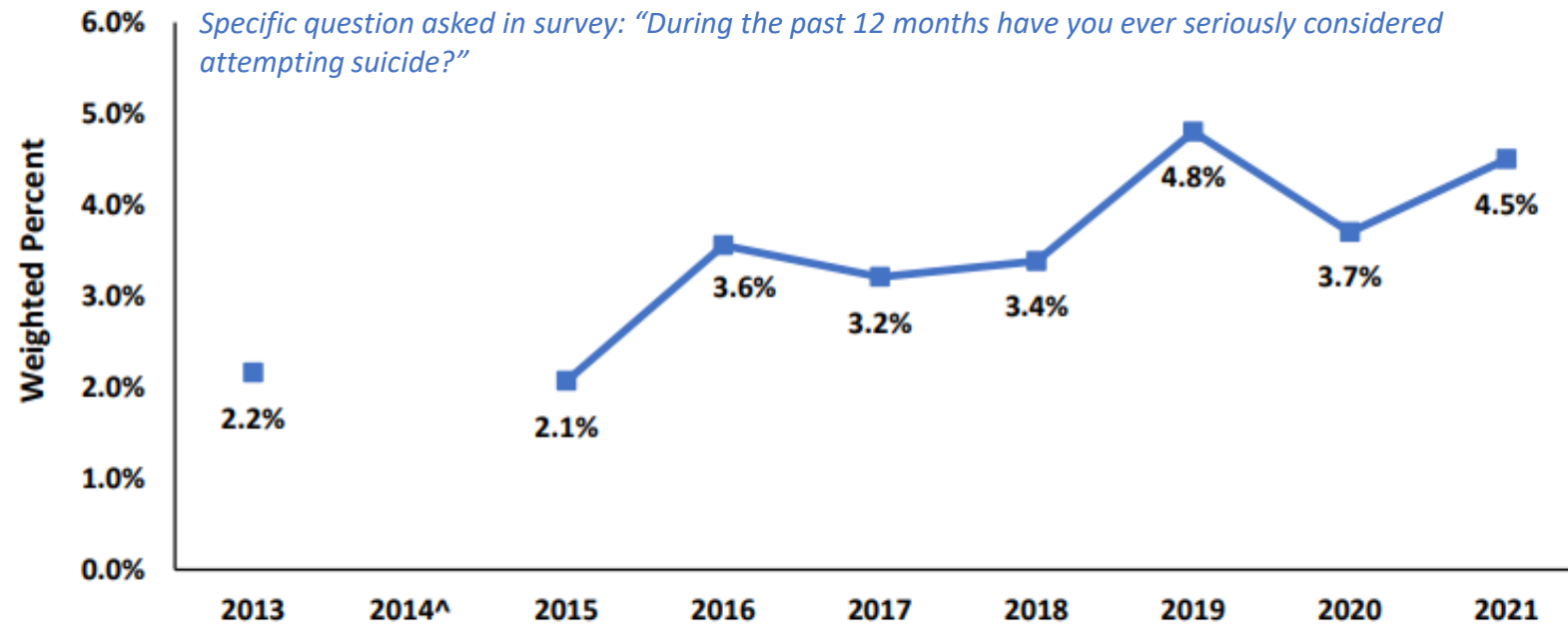
Anxiety and depression are the top two diagnoses for mental health-related inpatient admissions from 2012 to 2021.

Inpatient hospital admissions related to all mental-health related diagnoses have generally been increasing over the past decade, with some potential stabilization in the last few years.

From 2019 to 2021 there were decreases in mental health-related admissions. However, the number of total inpatient admissions for all diagnoses decreased 6.9% from 2019 to 2020, most likely due to the impact of COVID-19.



Self Reported Seriously Considered Attempting Suicide (BRFSS), Nevada Adults 18+

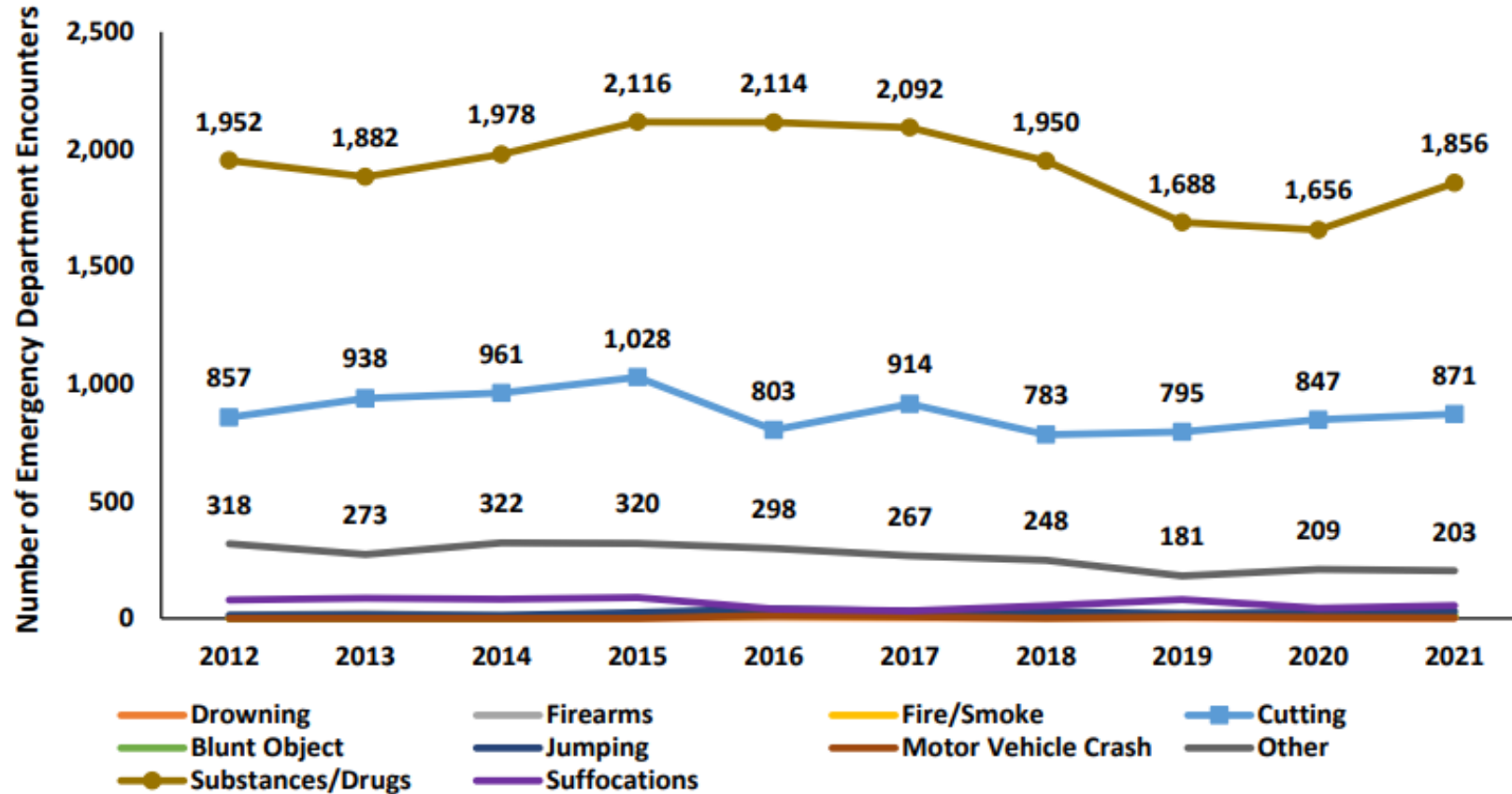


[^]Indicator was not measured in 2014.

When asked "Have you seriously considered attempting suicide during the past 12 months," 4.5% of adult Nevada resident BRFSS respondents responded "yes" in 2021.



Suicide Attempt-Related ED Encounters

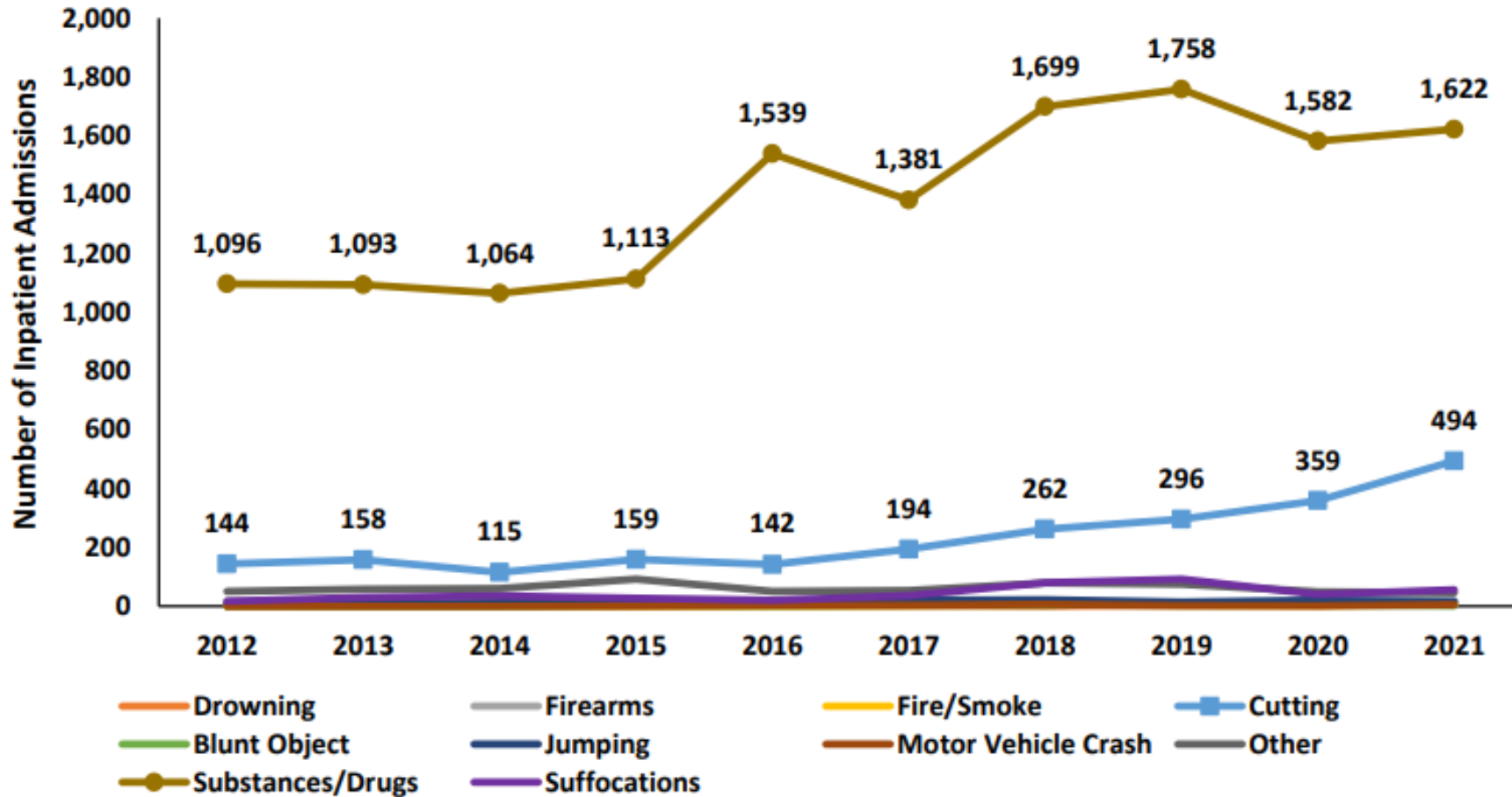


ED encounters related to suicide attempts, where the patient did not expire at the hospital, have remained steady from 2012 to 2021.

The most common method for attempted suicide is substance or drug overdose, followed by cutting.



Suicide Attempt-Related Inpatient Admissions

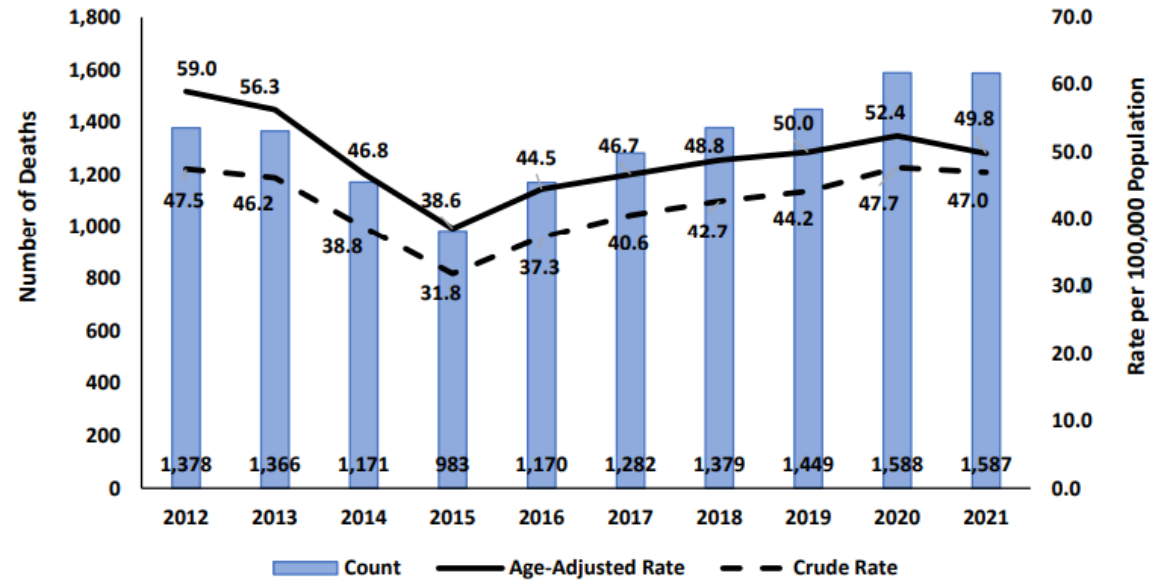


Inpatient admissions for attempted suicide, where the patient was admitted and did not expire at the hospital, have increased over the past decade. The most common method being substances or drugs, followed by cutting.



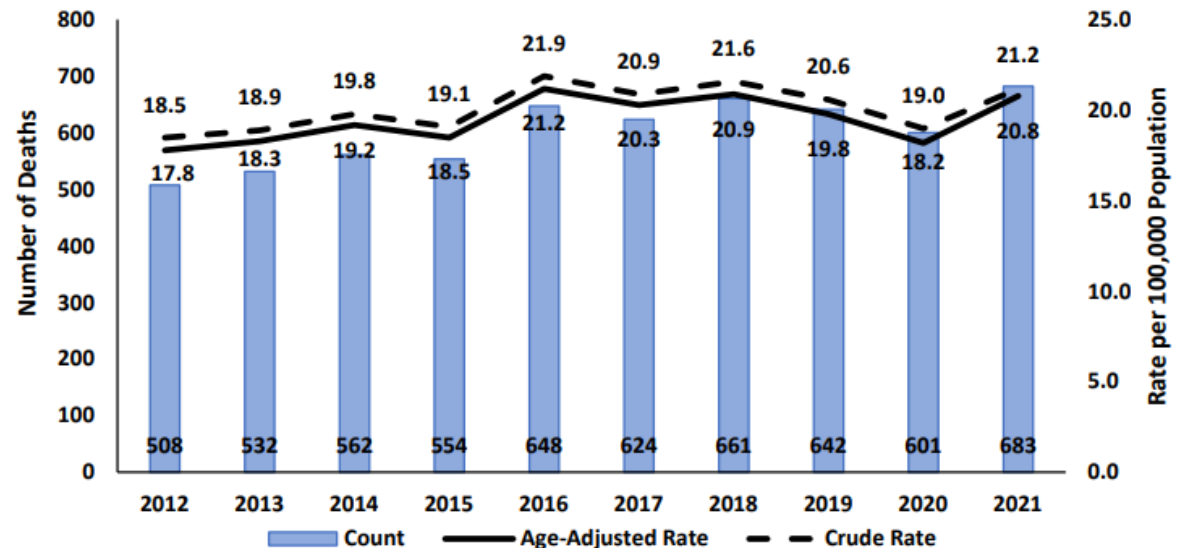
Mental Health-Related Deaths and Suicides

Mental Health-Related Deaths and Rates, 2012-2021



Mental health-related deaths in Nevada for 2021 occurred at an age-adjusted rate of 49.8 per 100,000 population, with a death count of 1,587 persons.

Suicide Deaths and Rates, 2012-2021



The age-adjusted suicide rate for Nevada in 2021 was 20.8 per 100,000 population.



Questions?



Appendix



National Survey on Drug Use and Health (NSDUH)

Definitions

Substance Use Disorder (SUD) estimates are based on Diagnostic and Statistical Manual of Mental Disorders, 5th edition criteria. SUD is defined as meeting the criteria for drug or alcohol use disorder.

Drug Use Disorder estimates are based on Diagnostic and Statistical Manual of Mental Disorders, 5th edition criteria. Beginning with the 2021 National Survey on Drug Use and Health, questions on prescription drug use disorder were asked of all past year users.

Drug Use includes the use of marijuana (including vaping), cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine in the past year or any use (i.e., not necessarily misuse) of prescription pain relievers, tranquilizers, stimulants, or sedatives in the past year.

Alcohol Use Disorder estimates are based on Diagnostic and Statistical Manual of Mental Disorders, 5th edition criteria.

Marijuana use estimates include marijuana vaping.

Illicit drug use other than marijuana includes the misuse of prescription psychotherapeutics or the use of cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Prescription psychotherapeutics do not include over-the-counter drugs. Illicit Drugs Other Than Marijuana excludes respondents who used only marijuana but includes those who used marijuana in addition to other illicit drugs.



Definitions

National Survey on Drug Use and Health (NSDUH)

Estimates for youths aged 12 to 17 are not available for past year heroin use because past year heroin use was extremely rare among youths aged 12 to 17 in the 2021 and 2022 National Surveys on Drug Use and Health. As a result, estimates for people aged 12 or older are also not produced.

Estimates for youths aged 12 to 17 are not available for past year heroin use because past year heroin use was extremely rare among youths aged 12 to 17 in the 2021 and 2022 National Surveys on Drug Use and Health. As a result, estimates for people aged 12 or older are also not produced.

Prescription pain relievers are a type of prescription psychotherapeutic. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used alcohol or drugs in their lifetime. These estimates include data from respondents who reported that they received any substance use treatment but did not report the substance for which they received treatment.



National Survey on Drug Use and Health (NSDUH)

Definitions

Respondents were classified as needing substance use treatment if they met Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) criteria for a drug or alcohol use disorder or received treatment for drug or alcohol use through inpatient treatment/counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center. Substance use treatment questions are asked of respondents who used drugs or alcohol in their lifetime.

Substance use disorder (SUD) estimates are based on DSM-5 criteria. SUD is defined as meeting the criteria for drug or alcohol use disorder. Beginning with the 2021 National Survey on Drug Use and Health, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. These estimates include prescription drug use disorder data from all past year users of prescription drugs.

Any Mental Illness (AMI) aligns with Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. These estimates are based on indicators of AMI rather than direct measures of diagnostic status. For details, see Section B of 2021-2022 National Survey on Drug Use and Health: Guide to State Tables and Summary of Small Area Estimation Methodology at <https://www.samhsa.gov/data/report/2021-2022-nsduh-guide-state-tables-and-summary-sae-methodology>.



Definitions

National Survey on Drug Use and Health (NSDUH)

Serious Mental Illness (SMI) aligns with Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of SMI are a subset of estimates of any mental illness (AMI) because SMI is limited to people with AMI that resulted in serious functional impairment. These estimates are based on indicators of SMI rather than direct measures of diagnostic status. For details, see Section B of 2021-2022 National Survey on Drug Use and Health: Guide to State Tables and Summary of Small Area Estimation Methodology at <https://www.samhsa.gov/data/report/2021-2022-nsduh-guide-state-tables-and-summary-sae-methodology>.

Mental health treatment includes treatment for mental health, emotions, or behavior through inpatient treatment/counseling; outpatient treatment/counseling; use of prescription medication; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Major Depressive Episode (MDE) is based on the Diagnostic and Statistical Manual of Mental Disorders, 5th edition definition, which specifies a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. For details, see Section B of 2021-2022 National Survey on Drug Use and Health: Guide to State Tables and Summary of Small Area Estimation Methodology at <https://www.samhsa.gov/data/report/2021-2022-nsduh-guide-state-tables-and-summary-sae-methodology>.



Definitions

National Survey on Drug Use and Health (NSDUH)

The adult and youth suicide questions are in different sections of the questionnaire and have different response options. Because of this, data from youths aged 12 to 17 were not combined with data from adults aged 18 or older to produce an estimate for those aged 12 or older. For details, see Section B of 2021-2022 National Survey on Drug Use and Health: Guide to State Tables and Summary of Small Area Estimation Methodology at <https://www.samhsa.gov/data/report/2021-2022-nsduh-guide-state-tables-and-summary-sae-methodology>.

Statewide Hospital Billing Data

Alcohol/Drug-Related Emergency Department (ED) Encounter: an ED visit where alcohol/drug use or abuse is listed as part of the diagnosis.

Alcohol/Drug-Related Inpatient (IP) Admission: an inpatient stay where alcohol/drug use or abuse is listed as part of the diagnosis.

Alcohol/Drug-Related Poisoning: the primary reason for the visit is an overdose, and the patient record has specific billing codes for overdose or poisoning.

Alcohol/Drug-Related Death: a death where a primary or contributing factor to cause of death included drugs/alcohol.



Definitions

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

Statewide Hospital Billing Data

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



Electronic Death Registry System (EDRS, Vital Records)

Definitions

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 health-related deaths: F00-F09, and F20-F99 (Initial or contributing cause of death).
- Alcohol-related deaths: K70, Y90, Y91, X45, X65, Y15, T51, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1 (Initial cause of death).
- Drug-related deaths: X40-X44, X60-S64, X85, Y10-Y14 (Initial cause of death).
- *The 2018 Epi Profile utilized contributing cause of death for drug and alcohol-related deaths, this methodology is changed to only the initial cause of death in this report, numbers will have decreased due to this change.



Electronic Death Registry System (EDRS, Vital Records)

Definitions

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

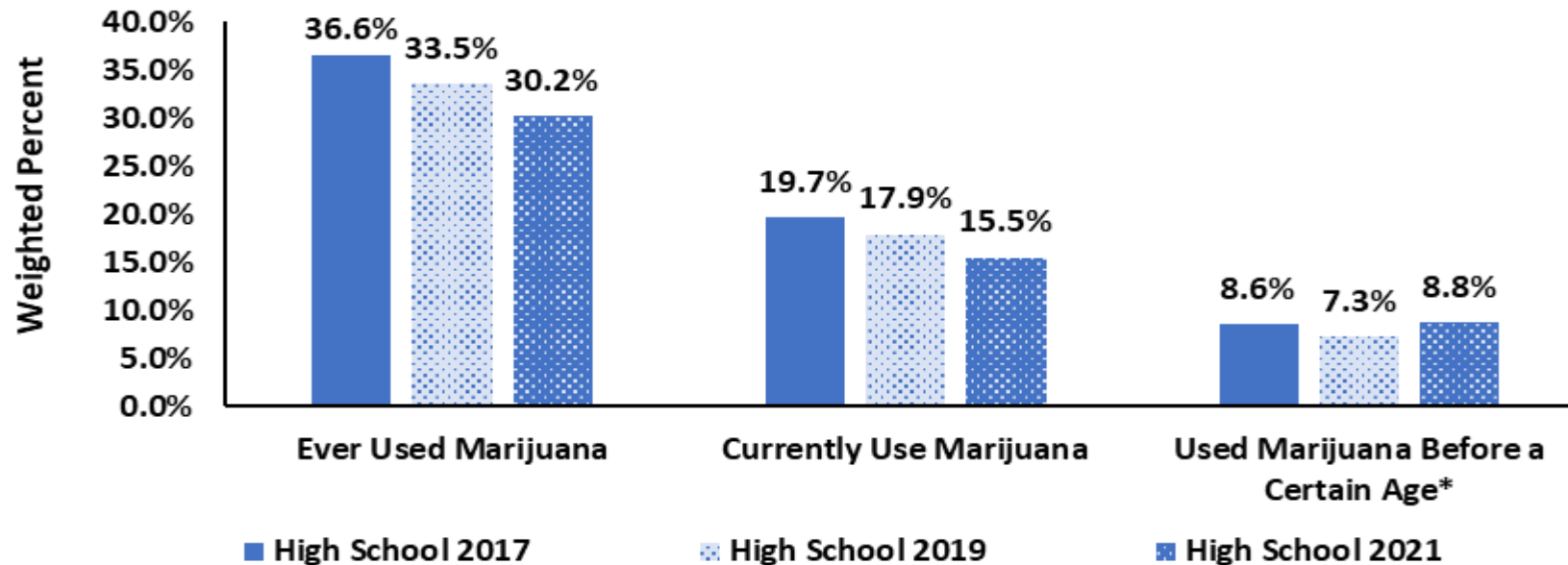
- Organic, including symptomatic, mental disorders
- Schizophrenia, schizotypal and delusional disorder
- Mood [affective] disorder
- Neurotic, stress-related and somatoform disorder
- Behavioral syndromes associated with physiological disturbances and physical factors
- Disorders of adult personality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



Youth Risk Behavior Survey (YRBS)



Self-Reported Marijuana Use, Nevada High School Students, 2017, 2019, 2021 (YRBS)



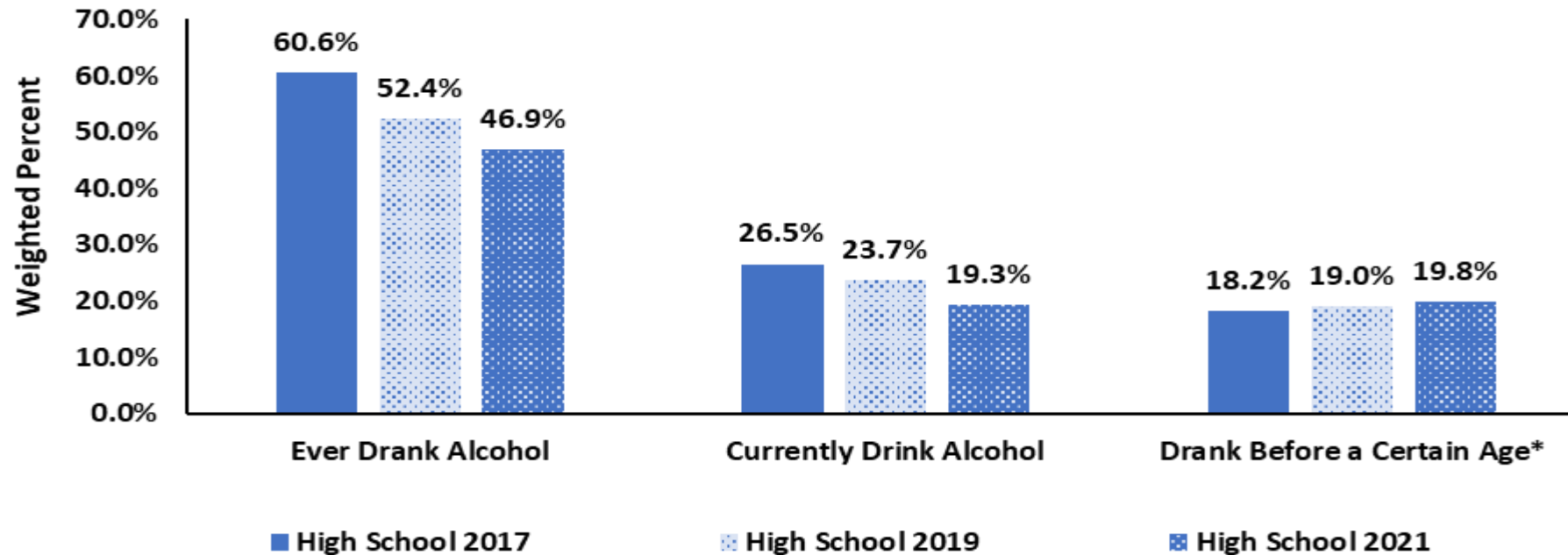
**Among high school students, if they ever used marijuana before age 13.*

In 2021:

- 30.2% of Nevada high school students reported ever using marijuana, down from 36.6% in 2017.
- 15.5% reported currently using marijuana, down from 19.7% in 2017.
- 8.8% reported having used marijuana before the age of 13.



Self-Reported Alcohol Use, Nevada High School Students, 2017, 2019, 2021 (YRBS)



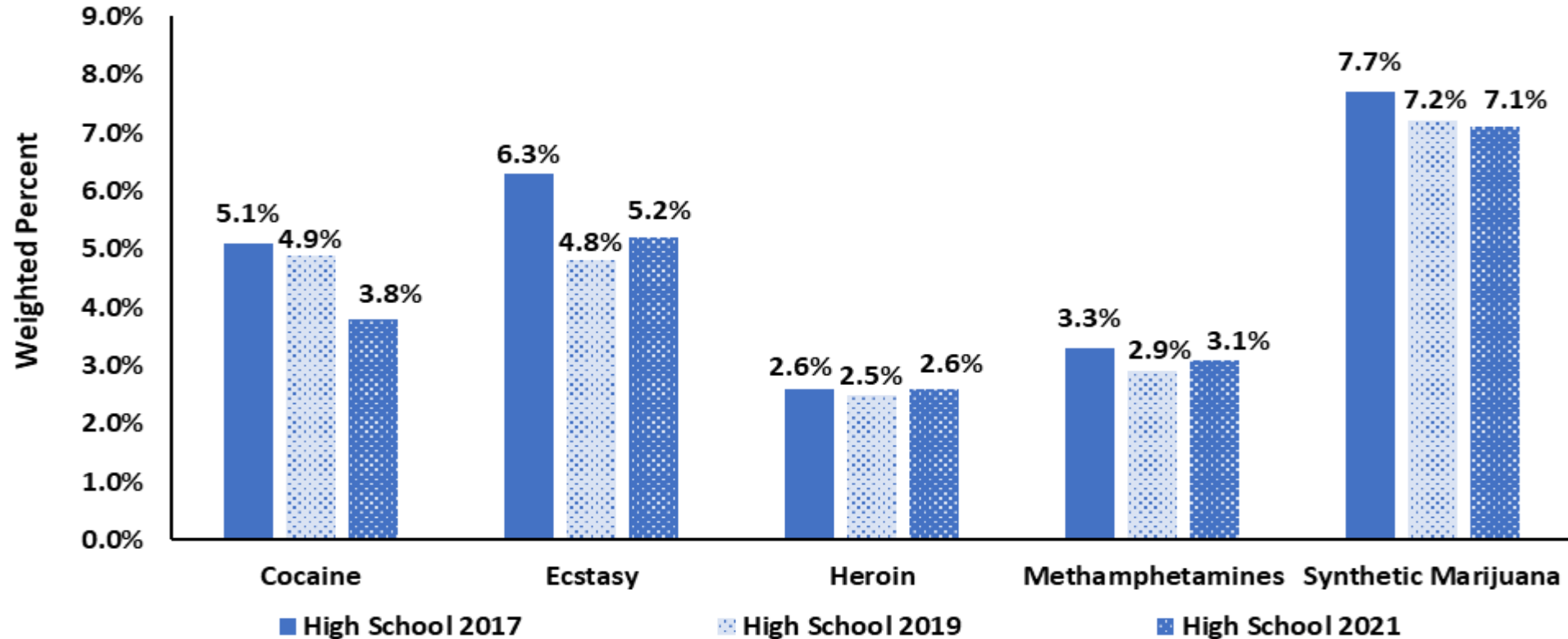
**Among high school students, if they ever drank before age 13.*

In 2021:

- 46.9% of Nevada high school students reported ever drinking alcohol, down from 60.6% in 2017.
- 19.3% reported currently drinking alcohol, down from 26.5% in 2017.
- 19.8% reported having drunk alcohol before the age of 13.



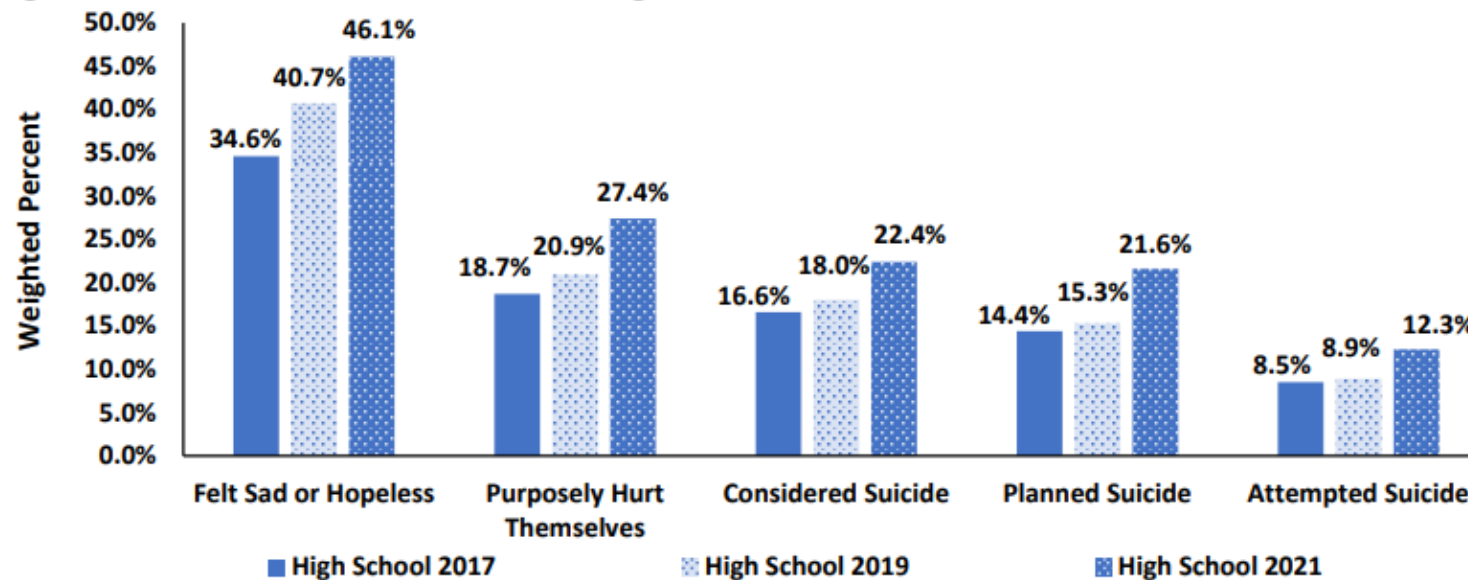
Self-Reported Lifetime Drug Use, Nevada High School Students, 2017, 2019, 2021 (YRBS)



Self-reported lifetime drug use among high school students has been relatively stable from 2017 to 2021. Some decreases have been observed but they are not statistically significant.



Self Reported Mental Health Behaviors, Nevada High School Students, 2017, 2019, and 2021 (YRBS)



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

From 2017 to 2021 there were increases in the percent of Nevada high school students reporting that they felt sad or hopeless, that they purposely hurt themselves, or that they considered, planned, or attempted suicide.

In 2021, female high school students in Nevada reported at significantly higher percent over male high school students that they felt sad or hopeless (59.4% and 32.9%, respectively), purposely hurt themselves (36.7% and 17.3%, respectively), considered suicide (30.2% and 14.1%, respectively), planned suicide (27.3% and 15.3%, respectively), or attempted suicide (14.9% and 9.0%, respectively).



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[Office of Analytics Website](#)
[Nevada DHHS Data Portal](#)