Substance Abuse Prevention and Treatment Agency

2017 Epidemiologic Profile

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Office of Analytics
Department of Health and Human Services

On behalf of the Division of Public and Behavioral Health

Brian Sandoval
Governor
State of Nevada

Julie Kotchevar, Ph.D.
Administrator
Division of Public and Behavioral Health

Richard Whitley, MS
Director
Department of Health and Human Services

Ihsan Azzam Ph.D., M.D.
Chief Medical Officer
Division of Public and Behavioral Health

Acknowledgements

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Data Sources/Limitations

Age-Adjusted Rates
A rate is a measure of the frequency of a specific event over a given period of time, 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). 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.

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

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 350,000 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 individual 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 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 are for patients who were seen in the emergency room setting. 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. 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, discharge status, and external cause of injury codes. The billing 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 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 are for patients who were admitted for 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.

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

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

Nevada State Demographer
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.

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.

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

Youth Risk Behavior Survey (YRBS)
The purpose of the YRBS is to provide Nevada data to assess trends in priority health-risk behaviors among high school students, measure progress toward achieving national health objectives for Healthy People 2020 and other program and policy indicators and evaluate the impact of broad school and community interventions at the national, state, and local level. The YRBS is a biennial, anonymous, and voluntary survey of students in 9th through 12th grade in traditional, public high schools that monitors the prevalence of health risk behaviors among youth. The survey asks students to self-report their behaviors in six major areas of health that directly lead to morbidity and mortality; these include: (1) Behaviors that contribute to unintentional injuries and violence; (2) Sexual behaviors that contribute to human

immunodeficiency virus (HIV) infection, other sexually transmitted diseases, and unintended pregnancy; (3) Tobacco use; (4) Alcohol and other drug use; (5) Unhealthy dietary behaviors; and (6) Physical inactivity.

Executive Summary

This report is intended to provide an overview of behavioral health in Nevada. The analysis can be used to identify issues of concern and areas that may need to be addressed.
Key Findings:

- Nevada's population has grown by an estimated 10% since 2010.
- While mental health utilization has decreased from state-funded facilities, hospital visits to both the emergency department and inpatient admissions have increased since 2009, especially for depression and anxiety.
- From 2011 to 2017, the non-Hispanic Black population has had a higher rate of utilization of state-funded mental health clinics than other races/ethnicities.
- The most common method of attempted suicides from 2009 to 2017 is from substance and drug overdose.
- Between 2009 and 2017, Nevada had its highest age-adjusted suicide rate in 2016, which was 20.6 per 100,000 population while the lowest rate was in 2012, with 17.8 per 100,000 population.
- The age-adjusted suicide rates for White non-Hispanics were significantly higher than the state age-adjusted suicide rate for each year from 2009 to 2017, with 27.2 per 100,000 population in 2017.
- Among Nevada high school students, 12% have reported using a tobacco product, and 43% have reported using E-vapor products. Among Nevada middle school students, 19% reported using E-vapor products in 2017.
- In Nevada for 2017, 61% of high school students and 30% of middle school students reported having ever drank alcohol.
- Drug use among high school students is slightly higher in Nevada then the nation. Of Nevada high school students 7.5% have use inhalants, while nationally the percent is lower at 6.2% for 2017.
- In 2014, emergency department visits for drug use (including overdose and dependence use) surpassed visits for alcohol use and has remained higher through 2017.
- Emergency department and inpatient visits for marijuana use (not overdoses) were more prevalent than methamphetamine, opioid and cocaine use in 2017.
- In 2017, 4,909 deaths were related to alcohol and/or drugs use, of which 80% of these deaths were drug-related.
- Among high school students for 2017 in Nevada, 26% have reported that they are currently having sex.
- Self-report marijuana/cannabis use in pregnant women has increased from 3.3 per 1,000 live births in 2010, to 8.5 per 1,000 live births in 2017.
- The Lesbian/Gay/Bisexual and Transgender (LGBT) population have higher responses to health risk behaviors including binge drinking, depressive disorder, and more days of poor mental health for 2015 and 2017.
- The prevalence of health risk behaviors is higher (48%) in those that identify as LGB or unsure of sexual orientation (46%) then those that identify as heterosexual (39%) in both 2015 and 2017.

Demographic Snapshot

Figure 1. Selected Demographics for Nevada.

	Nevada
Population, 2017 estimate*	2,985,184
Population, 2010 estimate*	2,705,845
Population, percentage change*	10.3%
Male persons, 2017 estimate*	1,497,711 (50.2%)
Female Persons, 2017 estimate*	1,487,473 (49.8%)
Median household income (in 2016), 2012-2016**	$53,094
Per capita income in the past 12 months (in 2016), 2012-2016**	$27,253
Persons in poverty, percent (2016) **	13.8%
With a disability, under the age 65 years, percent, 2012-2016**	9.2%
Land area (square miles), 2016**	109,806

Source: *Nevada State Demographer, Vintage 2017 and **US Census Bureau.*

In 2017, the estimated population for Nevada was 2,985,184, a 10.3% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. The median household income is $53,094. Nevada's land area is approximately 109,806 square miles.

Figure 2. Nevada Population Distribution by County, 2017.
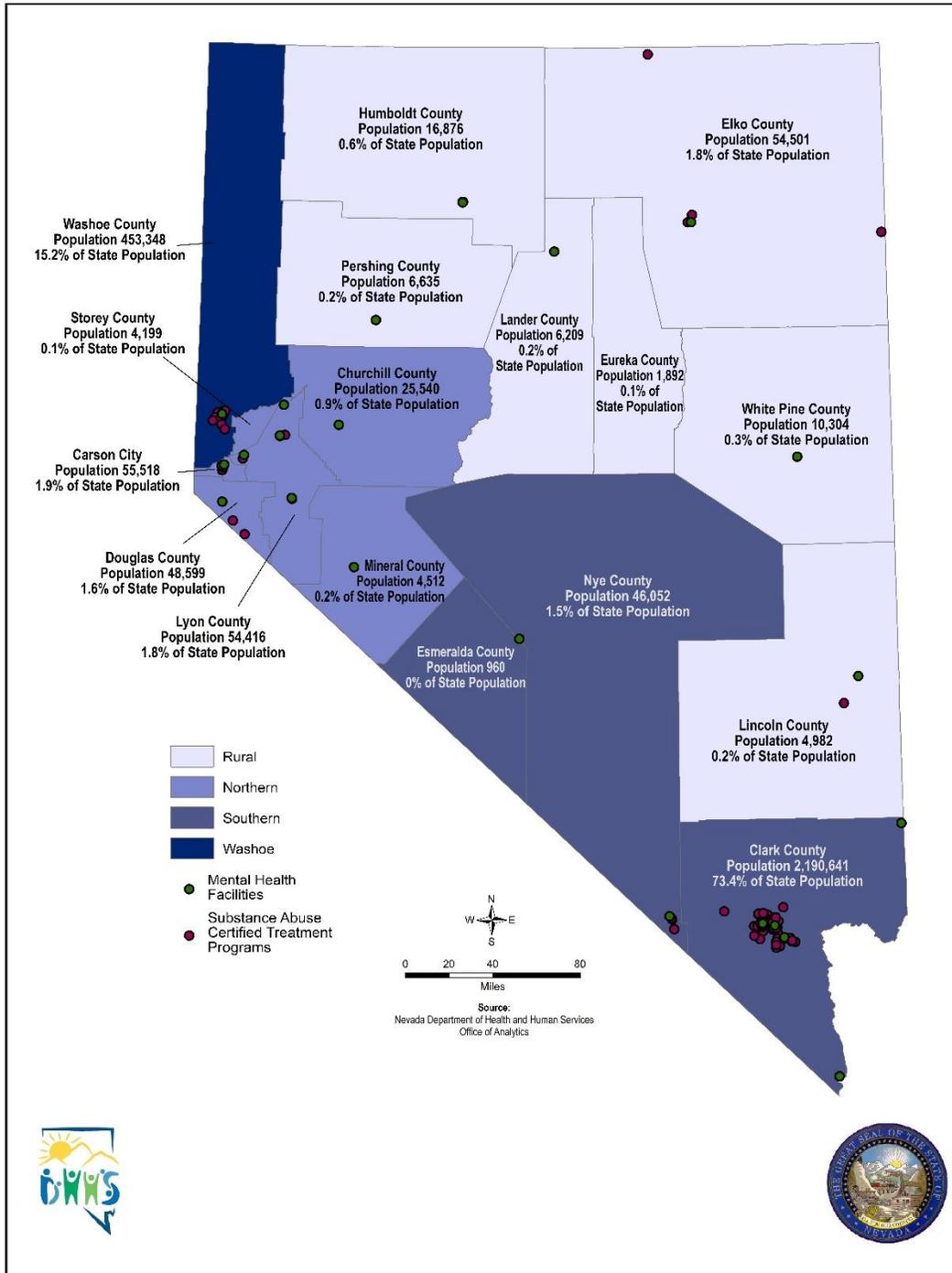
Source: Nevada State Demographer, Vintage 2017;
Northern Nevada Region: *Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.*
Rural Nevada Region: *Elko, Eureka, Humboldt, Lincoln, Pershing, and White Pine Counties.*
Southern Nevada Region: *Clark, Esmeralda, and Nye Counties.*
Washoe Region: *Washoe County.*

Figure 3. Nevada Population, 2009-2017.

Figure 4. Nevada Population by Age Group, 2017.

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Figure 5. Nevada Population by Race/Ethnicity, 2017.

Source: Nevada State Demographer, Vintage 2017.

Figure 6. Nevada Population Distribution by Sex, 2009-2017.
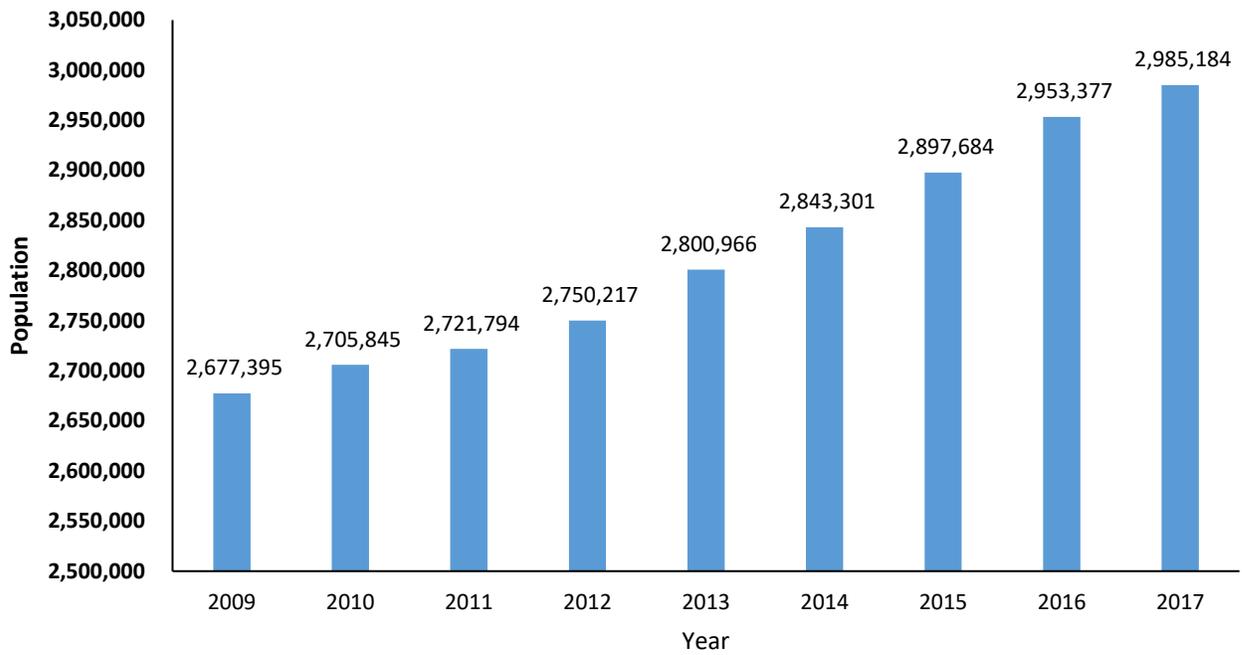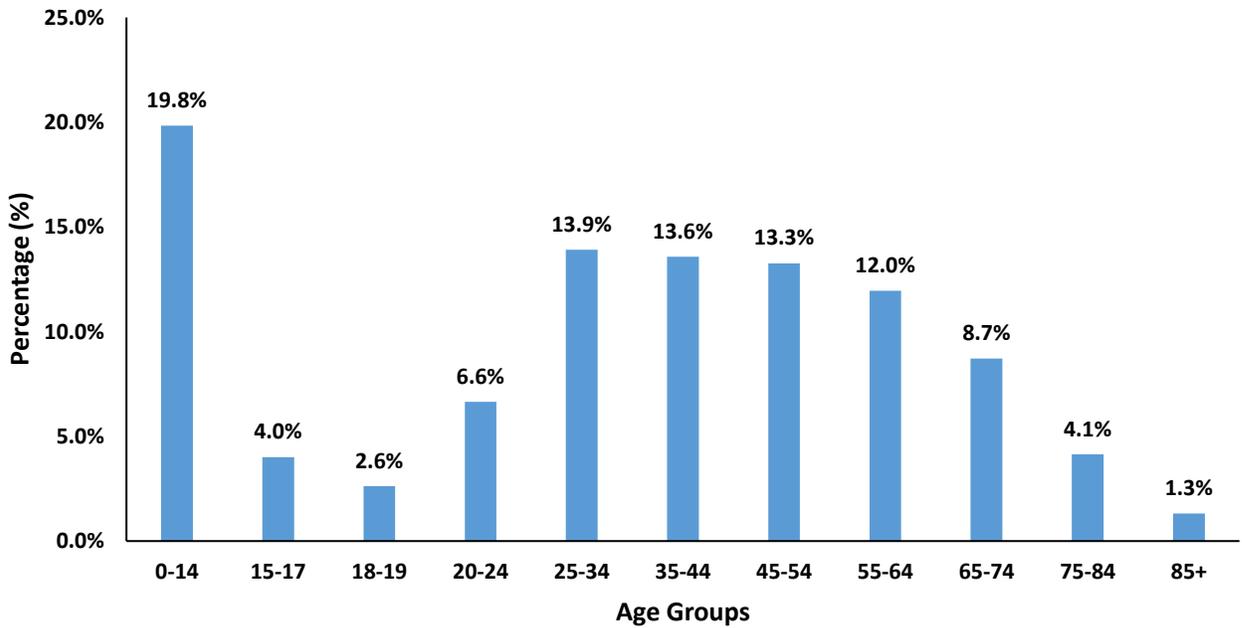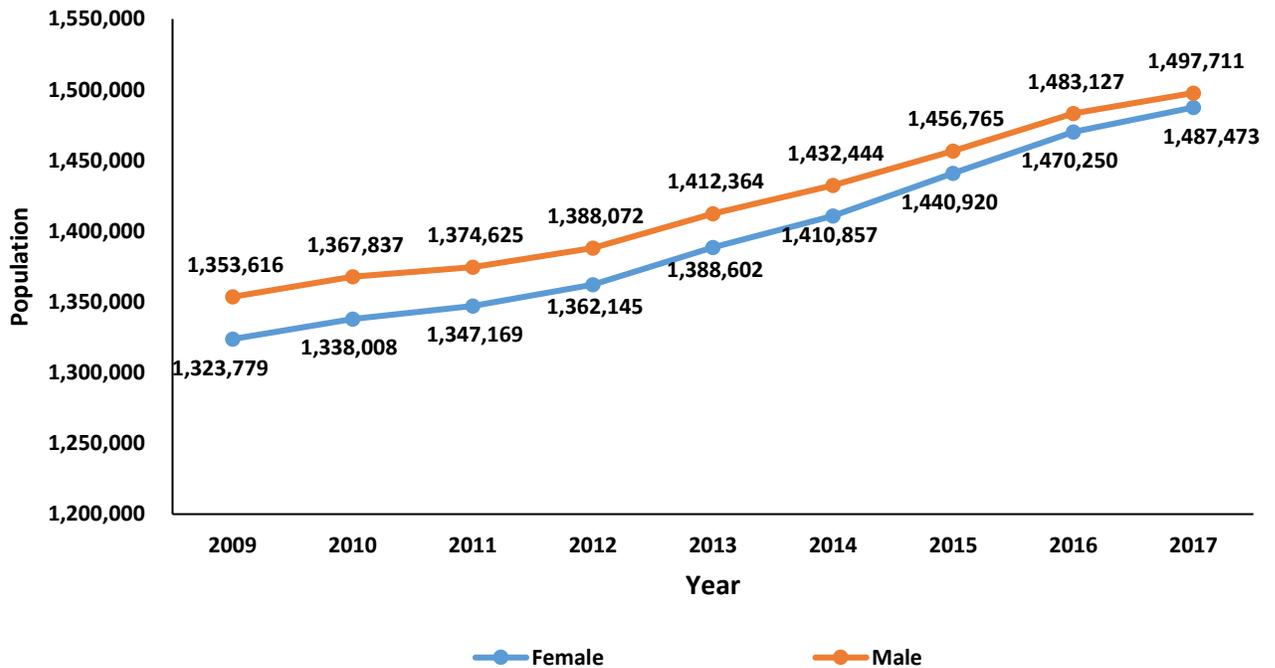
Source: Nevada State Demographer, Vintage 2017.
Chart scaled to display differences among years.

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.

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2017, 5,336 high school and 5,464 middle school students participated in the survey.

Figure 7. Mental Health Risk Behaviors, Nevada High School Students, 2017.
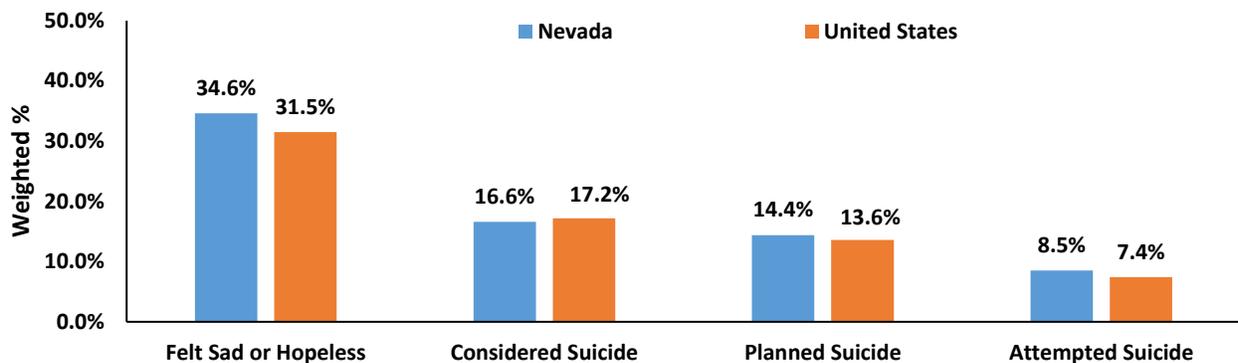
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50% to display differences among groups.

Figure 8. Mental Health Risk Behaviors, Nevada Middle School Students, 2017.
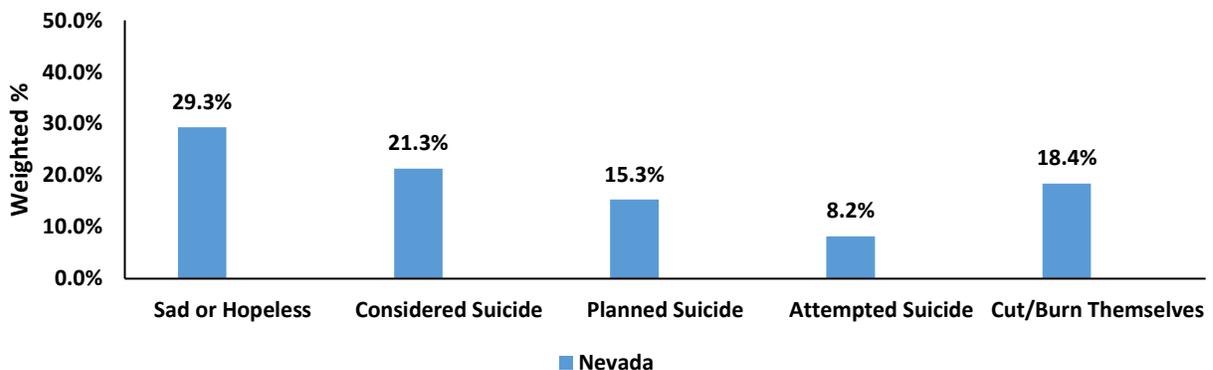
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50% to display differences among groups.

Approximately 34.6% of Nevada high school students and 29.3% of Nevada middle school students have felt sad or hopeless in the last 12 months. About 16.6% of high school students have considered suicide, while 14.4% have planned to commit suicide in the past 12 months. About 8.5% of Nevada students have attempted suicide in the past 12 months.

Behavioral Risk Factor Surveillance System (BRFSS)

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.

Nevada residents were asked how many days, if any, did a mental health condition or emotional problem keep them from doing their work duties or other usual activities.

Figure 9. Percentages of Adults Who Experienced Poor Mental or Physical Health that Prevented them from Doing Usual Activities by Days Effected, Nevada Residents, 2011-2017.
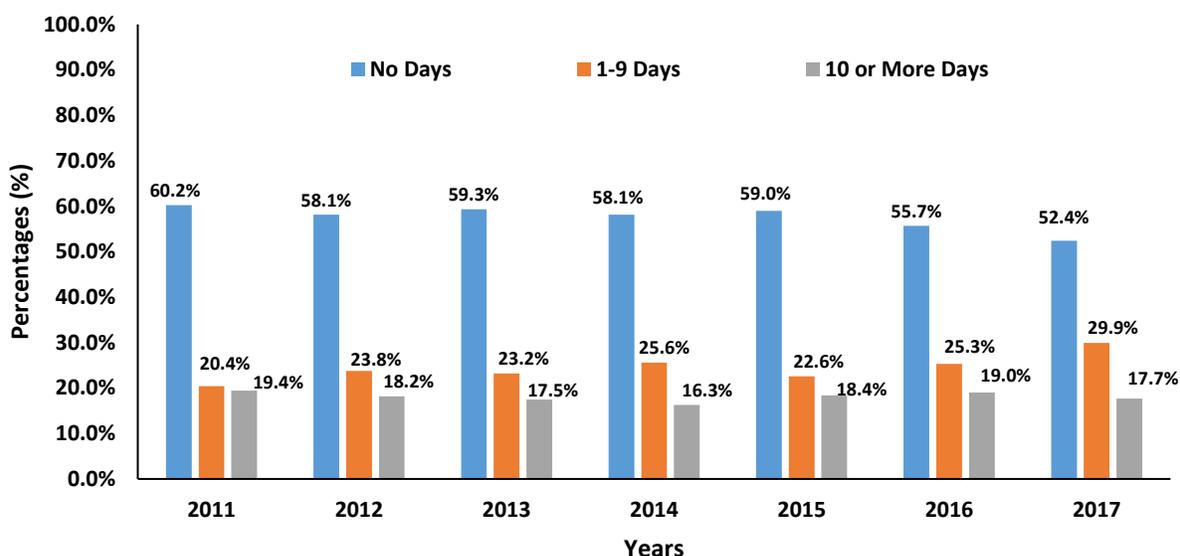
Source: Behavioral Risk Factor Surveillance System (BRFSS).

In 2016, 55.7% Nevada residents reported missing no days of work or activities, 25.3% missed 1-9 days, and 19.0% missed 10 or more days of work or usual activities. In 2017, 52.4% reported missing no days of work or activities, 29.9% missed 1-9 days, and 17.7% missed 10 or more days of work or usual activities.

Hospital Emergency Department Encounters

The hospital emergency department billing data includes data for emergency room patients for Nevada's non-federal hospitals. There were 98,543 visits related to mental health disorders among Nevada residents in 2017. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive.

Figure 10. Mental Health-Related Emergency Department Encounters, by Quarter and Year, 2009-2017.
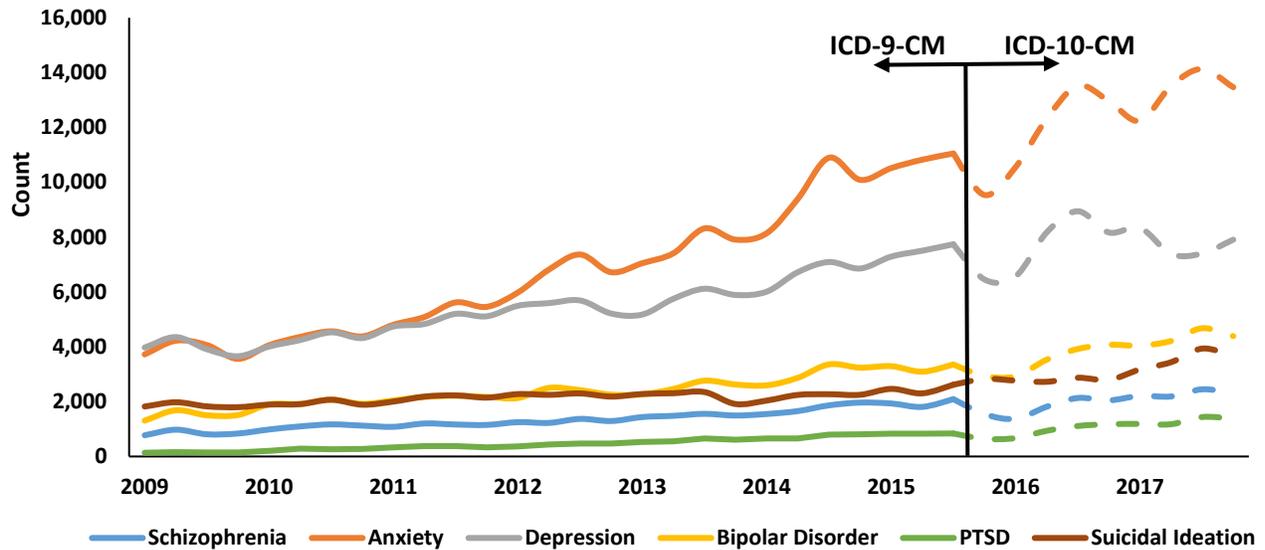
Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Anxiety has been the leading mental health-related diagnosis since 2012 in emergency department encounters. Anxiety-related encounters increased significantly from 2009 to 2017 in both counts and rates. When adjusted for population growth, 2009 had 15,567 (581.4 per 100,000 Nevada residents) emergency department encounters and 2017 had 53,380 (1,791.5 per 100,000 Nevada residents) encounters. Emergency department encounters related to depression also increased significantly from 2009 to 2017, from 15,891 (593.5 per 100,000 Nevada residents) to 31,133 (1,042.9 per 100,000 Nevada residents). Schizophrenia, Bipolar Disorder, Post Traumatic Stress Disorder (PTSD) and Suicidal Ideation also have all increased significantly from 2009 to 2017.

Hospital Inpatient Admissions

Hospital Inpatient Billing data includes data for patients discharged from Nevada's non-federal hospitals. There were 101,892 inpatient admissions related to mental health disorders among Nevada residents in 2017. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given and therefore the following numbers are not mutually exclusive.

**Figure 11. Mental Health-Related Inpatient Admissions, by Quarter and Year, 2009-2017.**
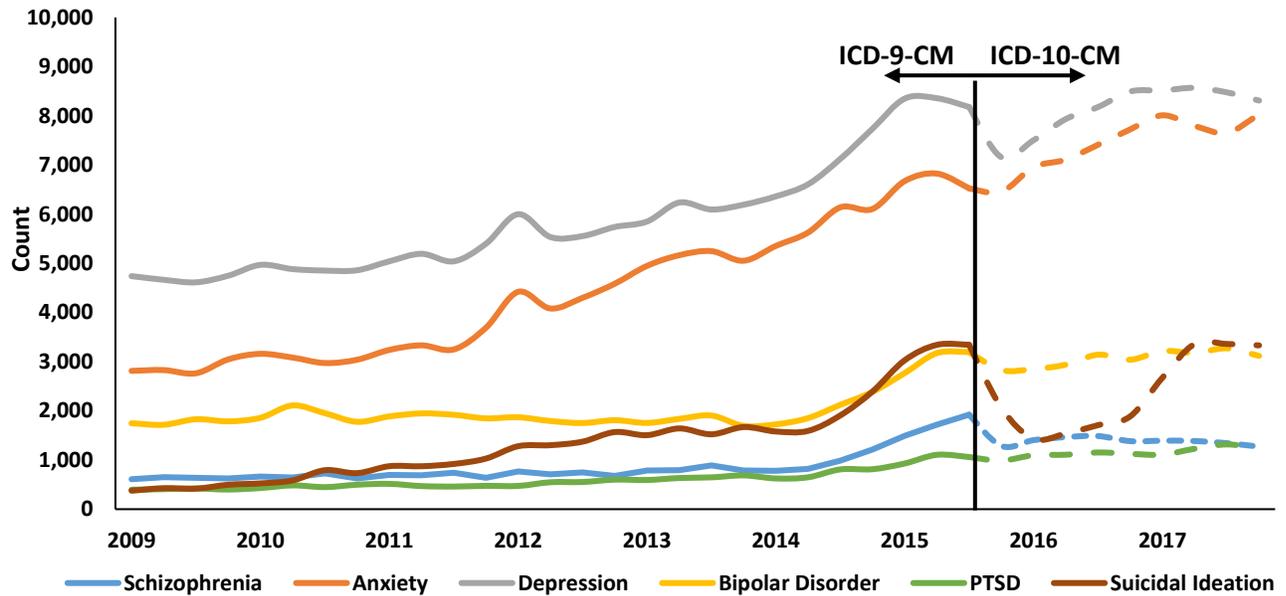
Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Unlike emergency department encounters, depression is the leading diagnosis for mental health-related inpatient admissions. Depression has increased significantly from 2009 to 2017 both in counts and rates. When adjusted for population growth, 2009 had 18,764 (700.8 per 100,000 Nevada residents) inpatient admissions and 2017 had 34,115 (1,142.8 per 100,000 Nevada residents) admissions. Inpatient admissions related to anxiety significantly increased from 2009 to 2017, from 11,453 (427.8 per 100,000 Nevada residents) to 31,671 (1,060.9 per 100,000 Nevada residents). Schizophrenia, Bipolar Disorder, and Post Traumatic Stress Disorder (PTSD) also have all increased significantly from 2009 to 2017. Suicidal ideation also increased from 2009 to 2017 but should be noted that in 2016 inpatient admissions state wide dropped and then continued increase in 2017. This may be due to ICD-9-CM conversion to ICD-10-CM or another change in medical billing.

State-Funded Mental Health Services (Avatar)

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

Figure 12. Unique Clients* Served at State-Funded Mental Health Clinics, 2011-2017.
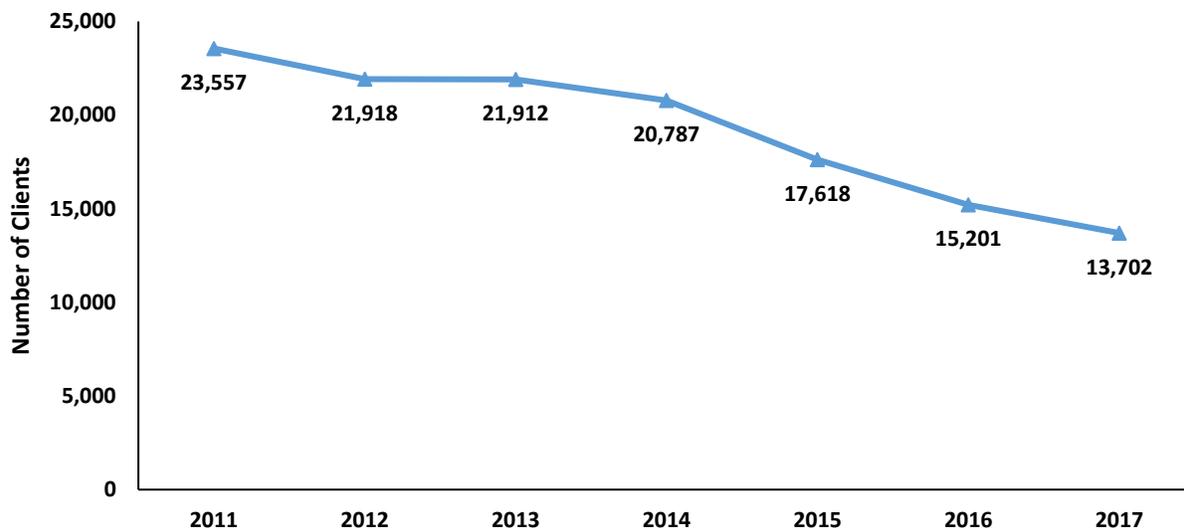
Source: Avatar.
*A client is counted only once per year. Clients may be counted more than once across years.

The number of unique clients served* by State-Funded Mental Health facilities continues to decline. There were 13,702 clients served in 2017, which has decreased significantly from 2011 (23,557). The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facliites through the expansion of Medicaid. This likely contributes to the decline of the clients represented in the above chart.

Of the Nevada residents accessing DPBH mental health services in 2017, 48.3% lived in Clark county and 16.6% lived in Washoe county. White Pine county had the highest rate of adults accessing state mental health services, 3,795 per 100,000 population.

Figure 13. State-Funded Mental Health Clinics Utilization by County, 2017

Humboldt County
1.8% Utilization
1,499 rate per 100,000

Elko County
3.1% Utilization
782 rate per 100,000

Washoe County
16.6% Utilization
503 rate per 100,000

Pershing County
0.5% Utilization
1,070 rate per 100,000

Lander County
0.7% Utilization
1,611 rate
per 100,000

Eureka County
0.1% Utilization
529 rate
per 100,000

Storey County
0.0% Utilization
24 rate per 100,000

Churchill County
3.2% Utilization
1,727 rate per 100,000

White Pine County
2.9% Utilization
3,795 rate per 100,000

Carson City
5.6% Utilization
1,394 rate per 100,000

Douglas County
2.6% Utilization
743 rate per 100,000

Mineral County
0.8% Utilization
2,549 rate per 100,000

Nye County
3% Utilization
949 rate per 100,000

Lyon County
7.0% Utilization
1,770 rate per 100,000

Esmeralda County
0.0% Utilization
625 rate per 100,000

Lincoln County
0.4% Utilization
1,004 rate per 100,000

Frontier
Rural
Southern
Washoe

Clark County
48.3% Utilization
302 rate per 100,000

N
W E
S

0   20   40   80
Miles

Source:
Nevada Department of Health and Human Services
Office of Analytics

**State
Mental Health Clinics Utilization
by County**

Source: 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 100,000 people.*

**Figure 14. State-Funded Mental Health Clinics Utilization* by Gender, 2011-2017.**
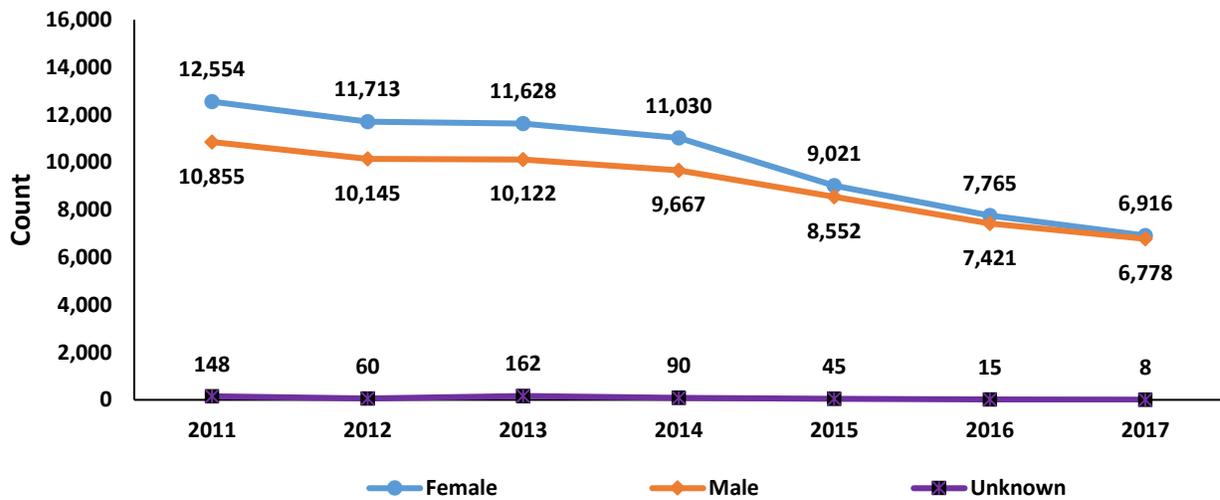
*A client is counted only once per year. Clients may be counted more than once across years.

From 2011 to 2017, females have significantly utilized the state-funded mental health clinics more than males except in 2017, where the difference between male and female is not significant (95% confidence interval). In 2017, 452.6 per 100,000 male population utilized the state-funded mental health clinics, compared females at 464.9 per 100,000 female population.

Figure 15. State-Funded Mental Health Clinics Utilization* by Age-Group, 2011-2017.
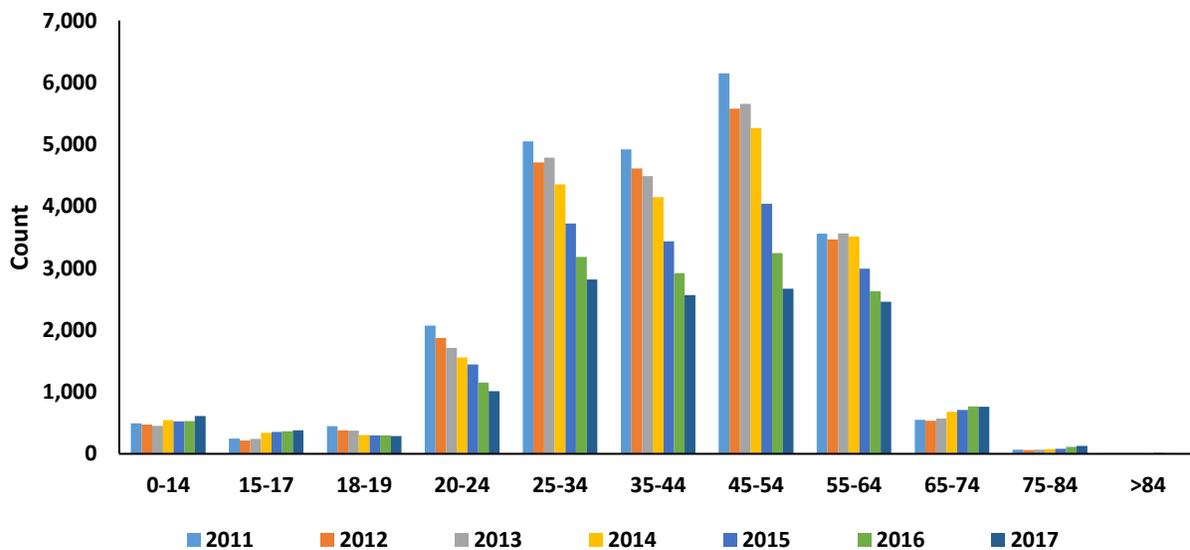
Age "Unknown" not included in analysis.
*A client is counted only once per year. Clients may be counted more than once across years.

Of patients that utilized state-funded mental health services, the most common age group was 45-54-year olds, on average accounting for 24% of the patients.

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Figure 16. State-Funded Mental Health Clinics Utilization* by Race/Ethnicity Crude Rates, 2011-2017.

The Affordable Care Act (ACC) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facliites through the expansion of Medicaid. This likely contributes to the decline of the clients represented in the above chart. The patient utilization crude rate has gone down significantly across all races from 2011 to 2017. The Black non-Hispanic population has had the highest rate over the seven-year period.

High school graduates accounted for 29% of the patients, followed by those with some college at 28%, and then those with less than 12th grade, no diploma education at 24% in 2017.

Figure 17. State Mental Health Clinics Utilization* by Education, 2010-2017.

Figure 18. Top Mental Health Clinic Services by Number of Patients Served*, 2012-2017.

Program	Year						
	2011	2012	2013	2014	2015	2016	2017
SNAMHS Medication Clinic Adult	8,492	8,081	8,481	8,083	5,500	4,307	3,891
NNAMHS Medication Clinic Adult	3,790	3,678	3,838	3,508	3,149	2,310	1,920
SNAMHS Inpatient Hospital Adult	2,106	1,537	2,359	2,593	2,685	1,960	1,881
SNAMHS Ambulatory Service Coordination Adult	3,331	3,137	2,711	1,520	823	1,843	1,517
SNAMHS Observation Unit Adult~	4,458	4,736	3,106	~	~	~	~
NNAMHS Ambulatory Service Adult	1,369	1,537	1,822	1,560	1,326	692	56
SNAMHS Service Coordination Adult	698	742	1,052	1,051	867	644	521
SNAMHS Out Patient Counseling Adult	1,061	967	673	649	526	575	566

Source: Avatar.
~Program no longer active.
*A client is counted only once per year. Clients may be counted more than once across years.

Patients were counted only once per program per year. Since a patient can receive services in more than one program the count above are not mutually exclusive.

Suicide

While suicide is not a mental illness, one of the most common causes of suicide is mental illness. Risk factors for suicide include depression, bipolar disorder and personality disorders. Of those who attempt or die from suicide, many have a diagnosed mental illness.

Figure 19. Percentage of Adult Nevada Residents Who Have Seriously Considered Attempting Suicide, 2011-2017.
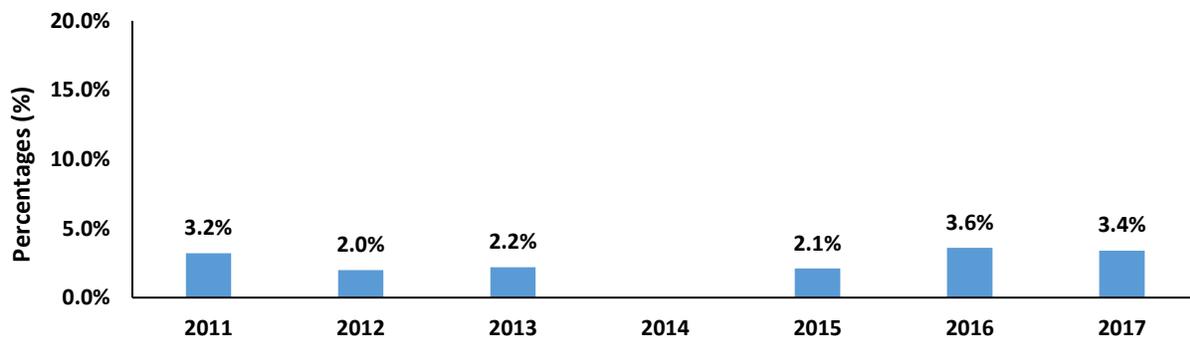
Source: Behavioral Risk Factor Surveillance System (BRFSS).
Charts scaled to 20% to display differences among groups.
Indicator was not measured in 2014.

When asked "have you seriously considered attempting suicide during the past 12 months," 3.6% of Nevada residents said yes in 2016. Between 2011 and 2016, the average prevalence for suicide consideration in the state of Nevada is 2.6%. This indicator was not measured in 2014.

Figure 20. Suicide Attempt Emergency Department Encounters by Method, Nevada Residents, 2009-2017.
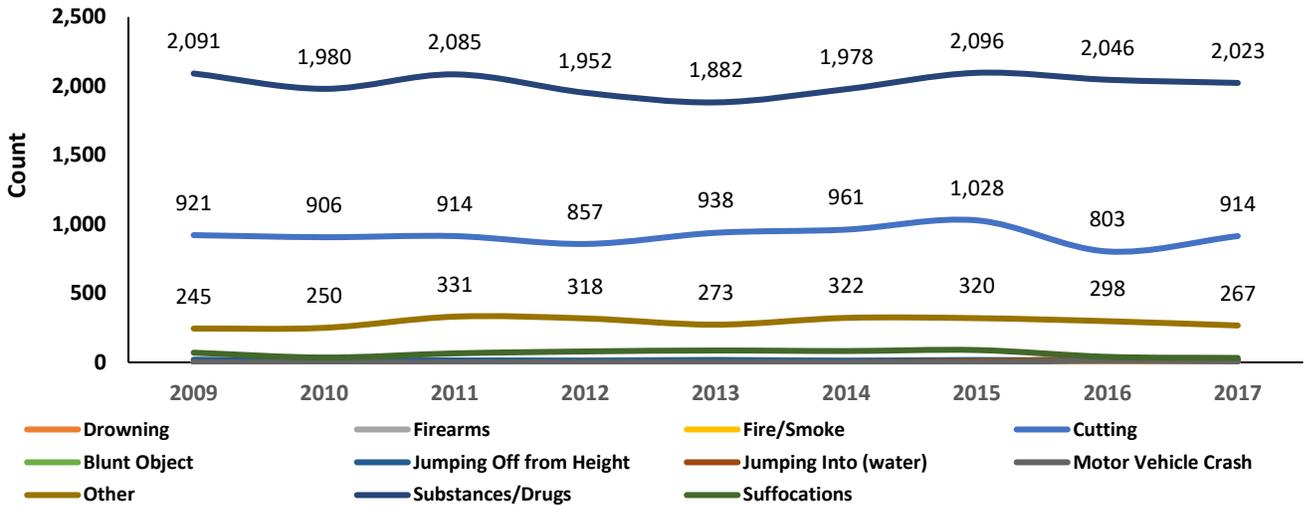
Source: Hospital Emergency Department Billing.
ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Attempted suicides, where the patient did not expire at the hospital, have remained steady from 2009 to 2017. The most common method for attempted suicides is a substance or drug overdose attempt. During 2017, 3,247 emergency department encounters were for suicide attempts. Of those attempts, 2,023 (62%) were for substance/drug overdose.

Figure 21. Suicide Attempt Inpatient Admissions by Method, Nevada Residents, 2009-2017.
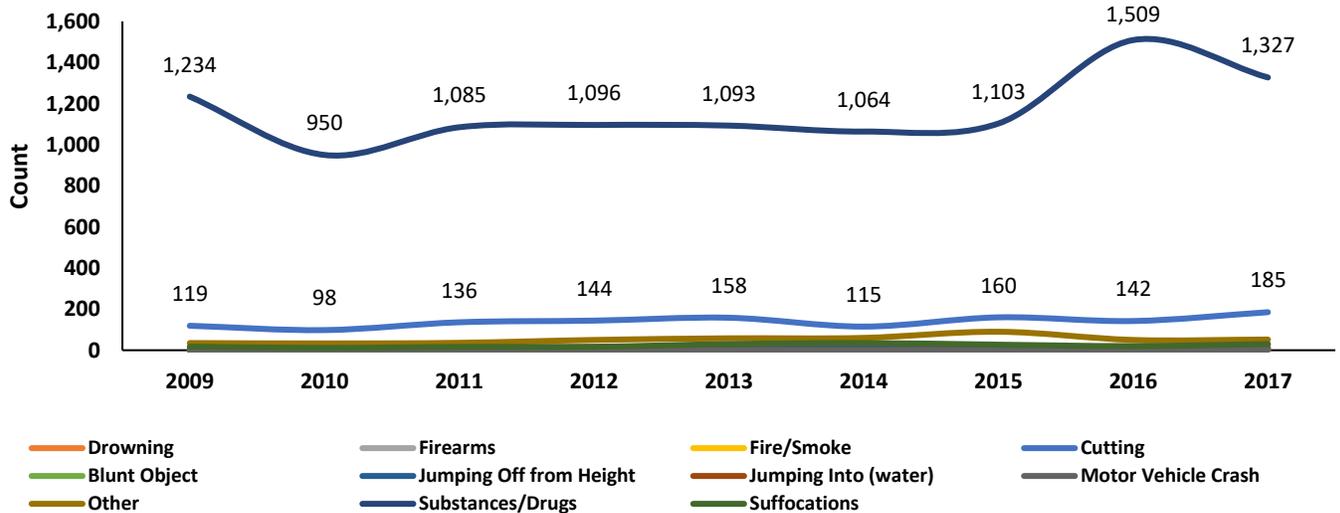
Source: Hospital Inpatient Billing.
ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

In 2017, there were 1,605 inpatient admissions for attempted suicides where the patient was admitted and did not expire at the hospital. Of those, 1,327 (82%) were for substance and drug overdoses.

Figure 22. Number of Suicides and Age-Adjusted Rates, Nevada Residents, 2009-2017.
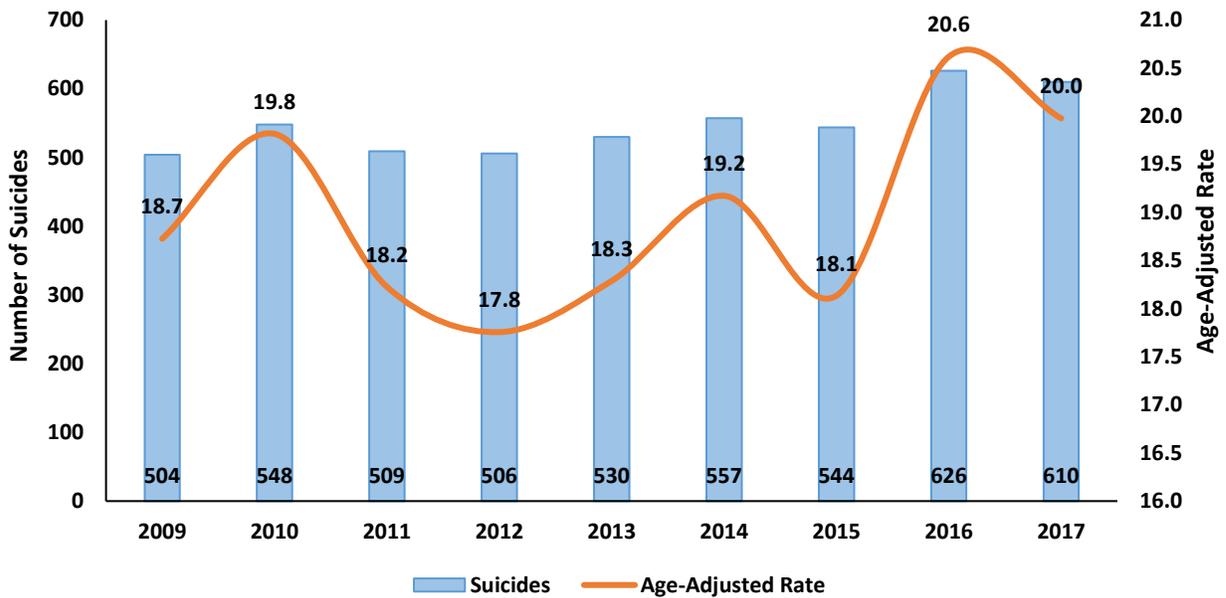
Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for 2017 in Nevada was 20.0 per 100,000 population. Between 2009 and 2017, the highest age-adjusted suicide rate was in 2016 (20.6 per 100,000 population), and lowest rate was in 2012 (17.8 per 100,000 population). From 2009 to 2017 there have been 4,934 suicides in Nevada, on average 548 suicides occur each year.

Figure 23. Suicides by Age Group, Nevada Residents, 2009-2017.
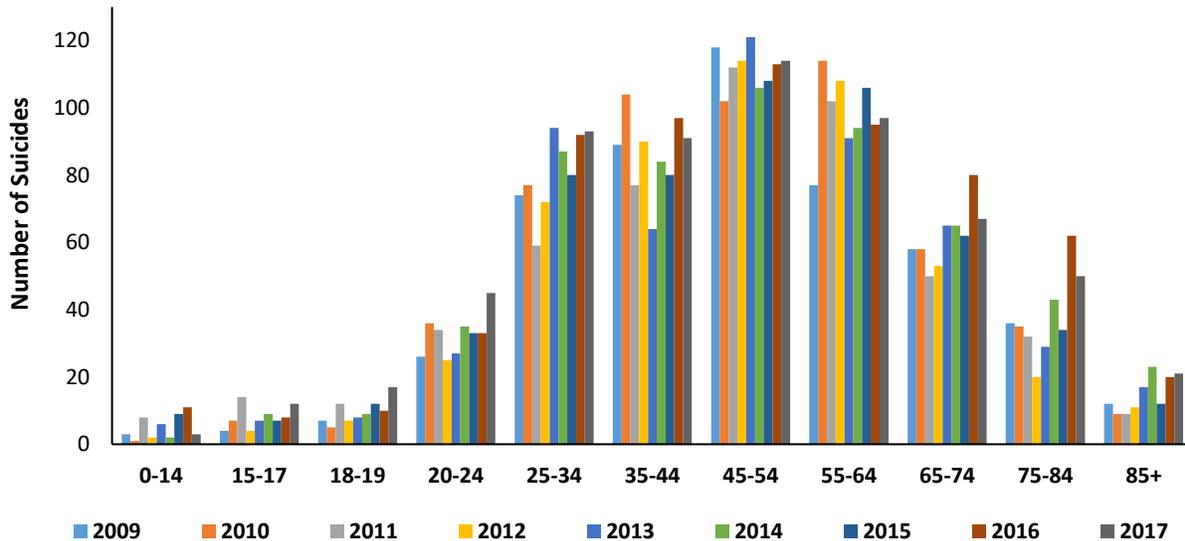
Source: Nevada Electronic Death Registry System.

Suicides in Nevada are most common in the 45-54 age group, with 114 suicides in 2017.

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Figure 24. Suicides by Level of Education, Nevada Residents, 2009-2017.

Legend: 2009 2010 2011 2012 2013 2014 2015 2016 2017
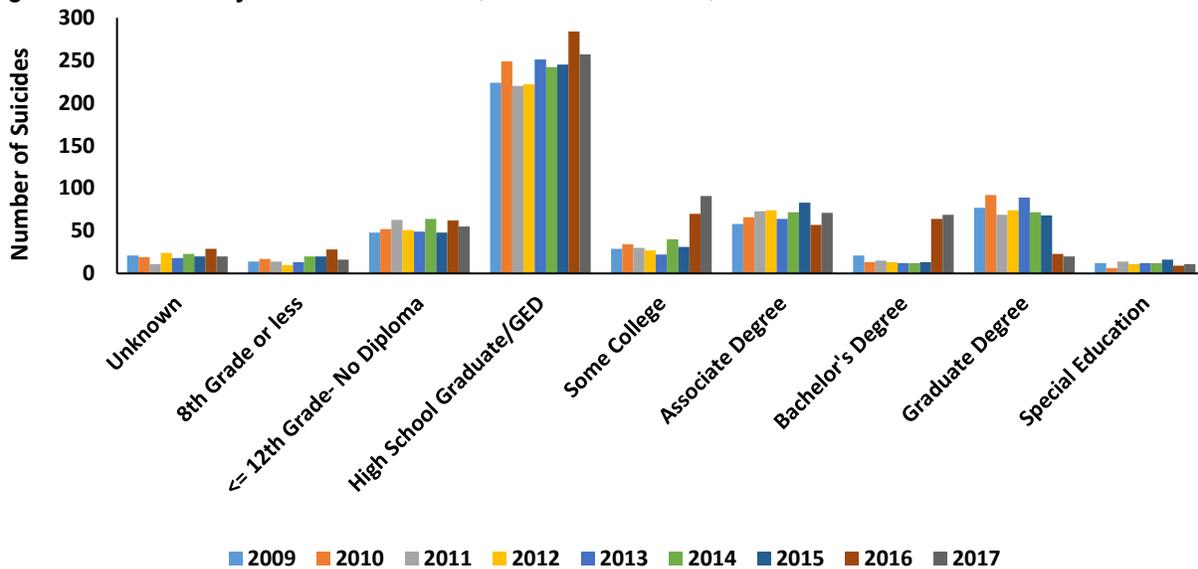
Source: Nevada Electronic Death Registry System.

Suicides in Nevada are most common among persons with a high school degree, with 257 suicides in 2017.

Figure 25. Age-Adjusted Suicides Rates by Race/Ethnicity, Nevada Residents, 2009-2017.
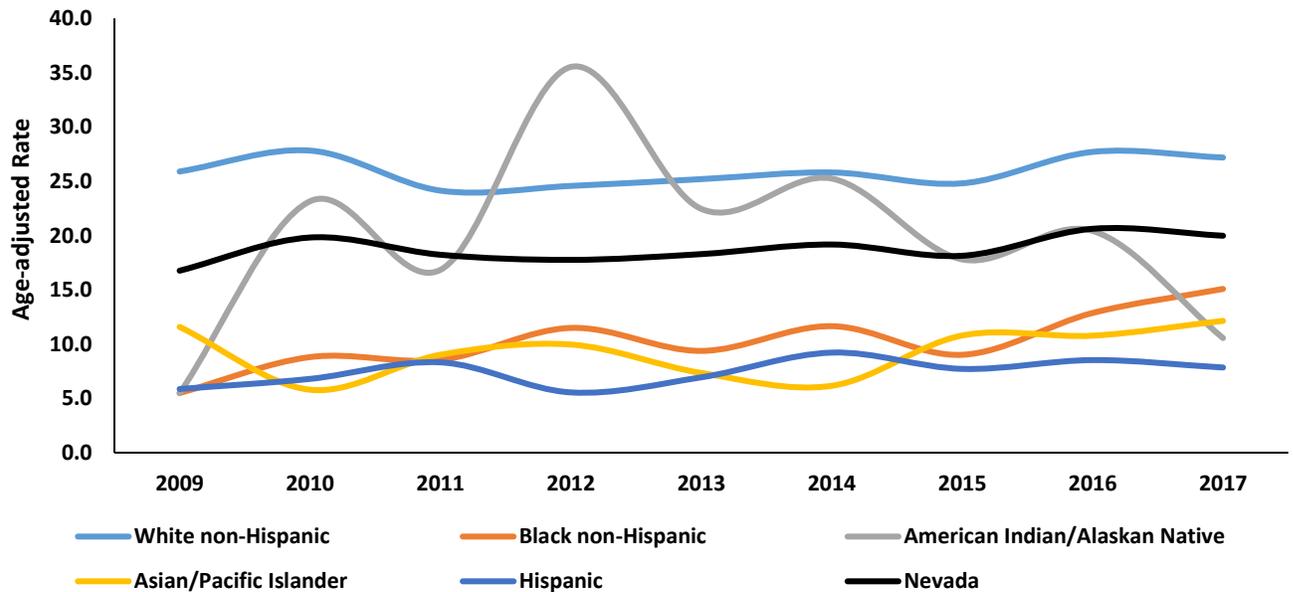
Legend: White non-Hispanic, Black non-Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander, Hispanic, Nevada

Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rates for White non-Hispanics were significantly higher than the Nevada overall rate for each year from 2009 to 2017, with 27.2 per 100,000 population in 2017. The age-adjusted suicide rate for American Indian/Alaskan Native was above the total Nevada rate (2012, 2103, 2014), but was not significantly higher based on 95% confidence intervals. Rates among Hispanics are significantly lower than overall Nevada rates from 2009 to 2017.

Mental Health-Related Deaths

Mental health-related deaths are deaths with the following ICD-10 codes groups listed as a contributing cause of death (F00-F99 excluding F10-F19): Organic, including symptomatic, mental disorders; Schizophrenia, schizotypal and delusional disorders:

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

Figure 26. Mental Health-Related Deaths and Age-Adjusted Rates, Nevada Residents, 2009-2017.
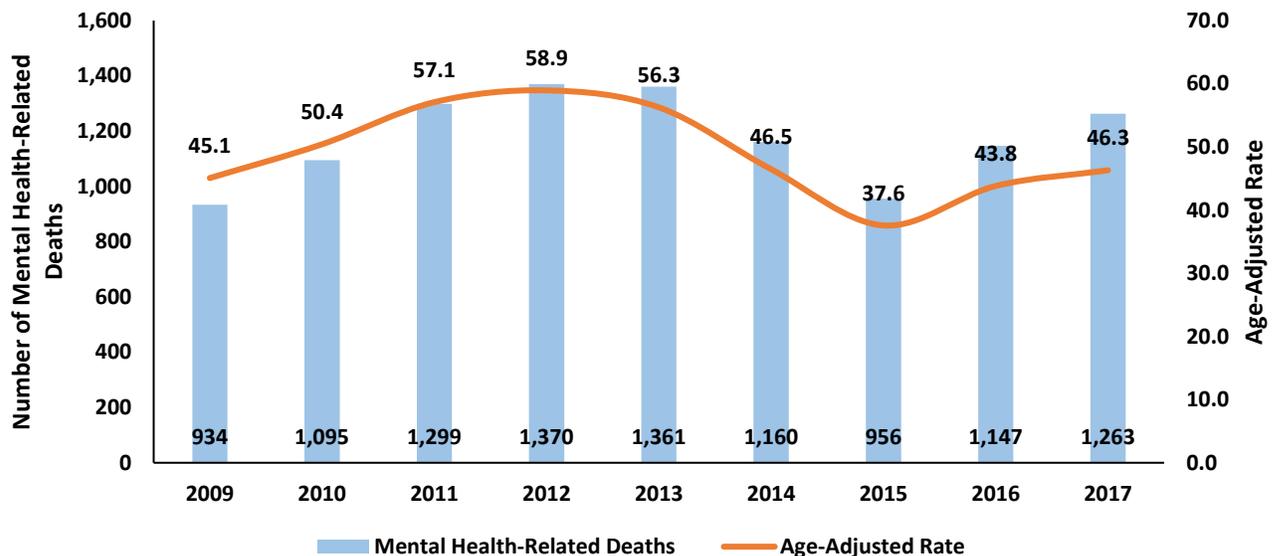
Source: Nevada Electronic Death Registry System.

Mental health-related deaths dropped to 37.6 per 100,000 age-specific rate in 2015, which was a significant decrease (95% confidence interval), from 2014. Additionally, the rate began to increase from 2015 to 2017, but were significantly smaller than previous years (2011 to 2014) still.

Figure 27. Mental Health-Related Deaths by Age Group, Nevada Residents, 2009-2017.
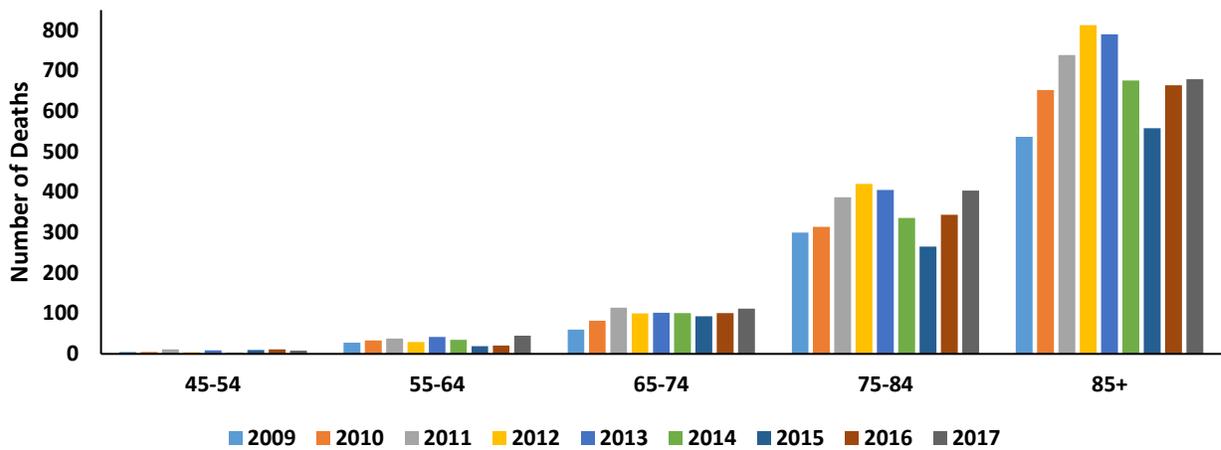
There were 40 deaths to those less than 45 years old in the 9-year span (2009-2017), and therefore were not displayed in the figure above. The most common age group for mental health-related deaths were the ages 85 and older with 679 in 2017.

Figure 28. Mental Health-Related Deaths by Education, Nevada Residents, 2009-2017.

Mental health-related deaths were highest among individuals who had high school diplomas.

**Figure 29. Mental Health-Related Deaths by Race/Ethnicity, Nevada Residents, 2009-2017.**
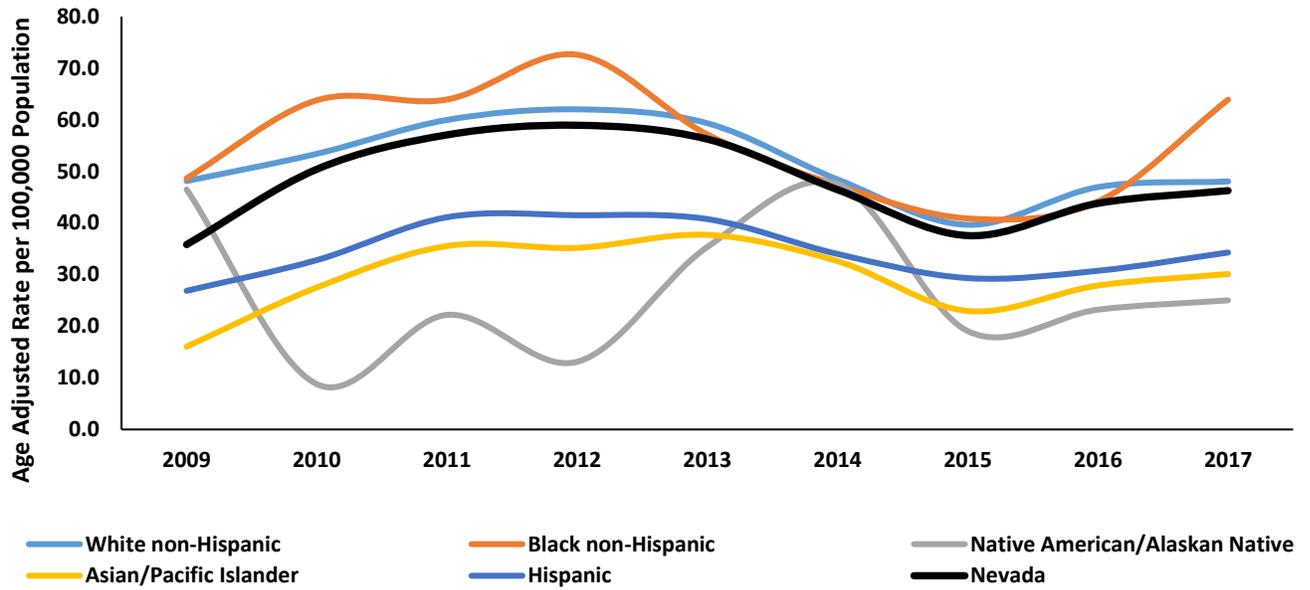
Source: Nevada Electronic Death Registry System.

There are no significant differences between the age-adjusted mental health-related death rates among the races/ethnicities.

Substance Abuse

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

National Survey on Drug Use and Health

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

Figure 30. Past Month Illicit Drug Use Among Adolescents Aged 12-17 in Nevada and the United States, 2011-2016.
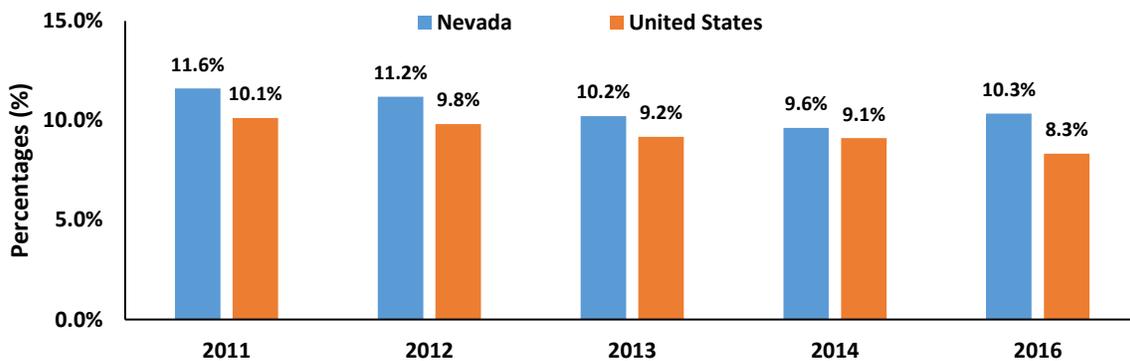
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2016.
Chart scaled to 15% to display differences among groups.

According to the International Encyclopedia of Behavioral Sciences, Illicit drugs are "substances that either stimulate or inhibit the central nervous system or cause hallucinogenic effects to the effect that their use has been prohibited globally." In 2016, 10.3% of Nevada adolescents aged 12-17 reported use of illicit drugs in the past month, whereas the nation reported 8.3%.

Figure 31. Past Non-Medical Use of Pain Relievers Among Adolescents Aged 12-17 in Nevada and the United States, 2011-2016.
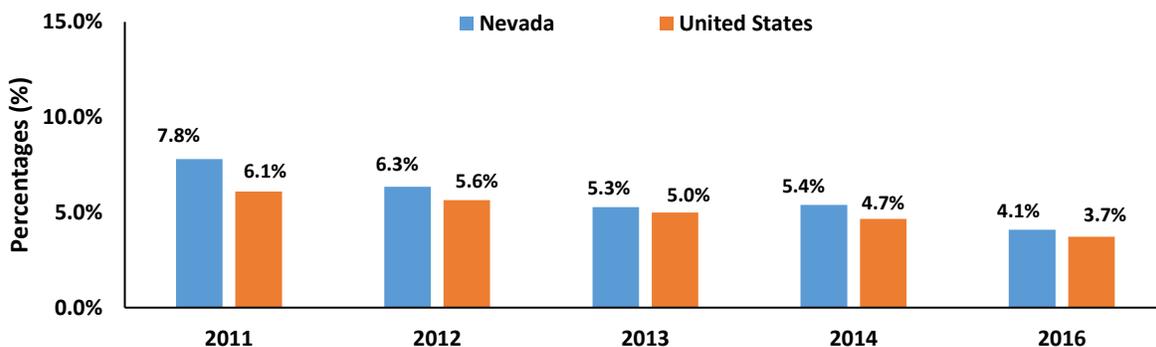
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010-2016.
Chart scaled to 15% to display differences among groups.

The use of non-medical pain relievers among adolescents age 12-17 has decreased from 7.8% in 2011 to 4.1% in 2016.

Figure 32. Illicit Drug Use Disorder in the Past Year in Ages 12 Years and Above, in Nevada and the United States, 2011-2016.
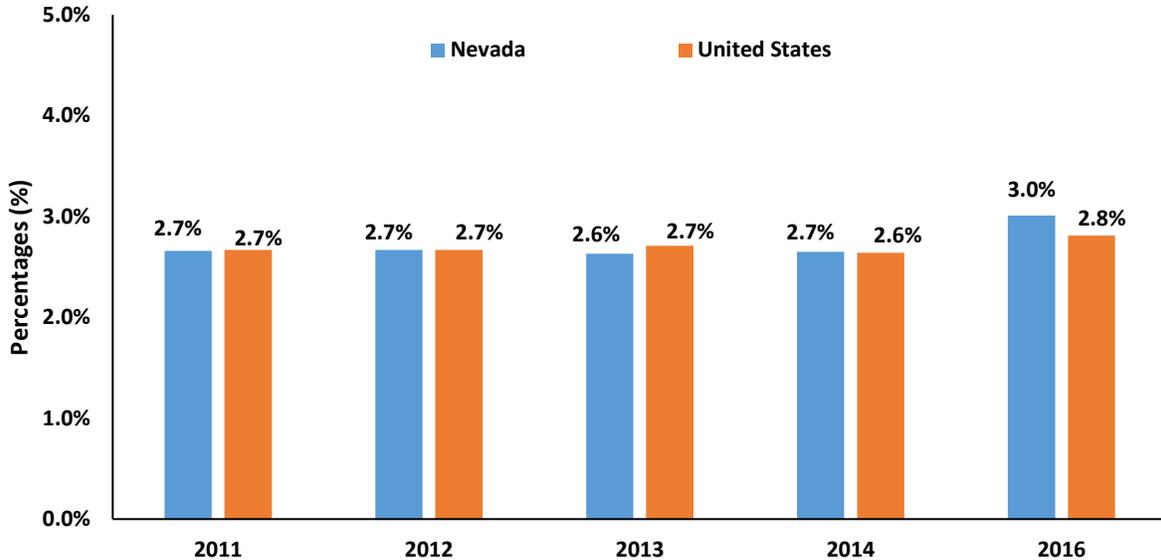
In 2016, 3.0% of Nevadans aged 12 years and above reported having an illicit drug use disorders, which is a slight increase from 2.7% in 2011.

Figure 33. Alcohol Use Disorder in the Past Year in Ages 12 Years and Above, in Nevada and the United States, 2011-2016.
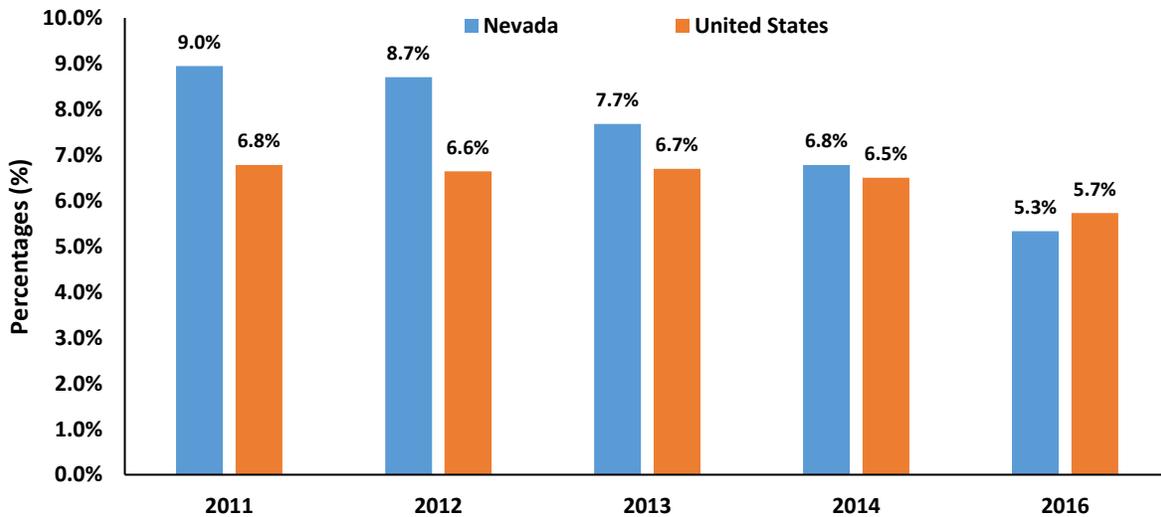
In 2016, 5.3% of Nevadans aged 12 years and above were surveyed to have an alcohol use disorder, which is down from 9.0% in 2011.

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Figure 34. Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week in the Past Year in Ages 12 Years and Above, in Nevada and the United States, 2011-2016.
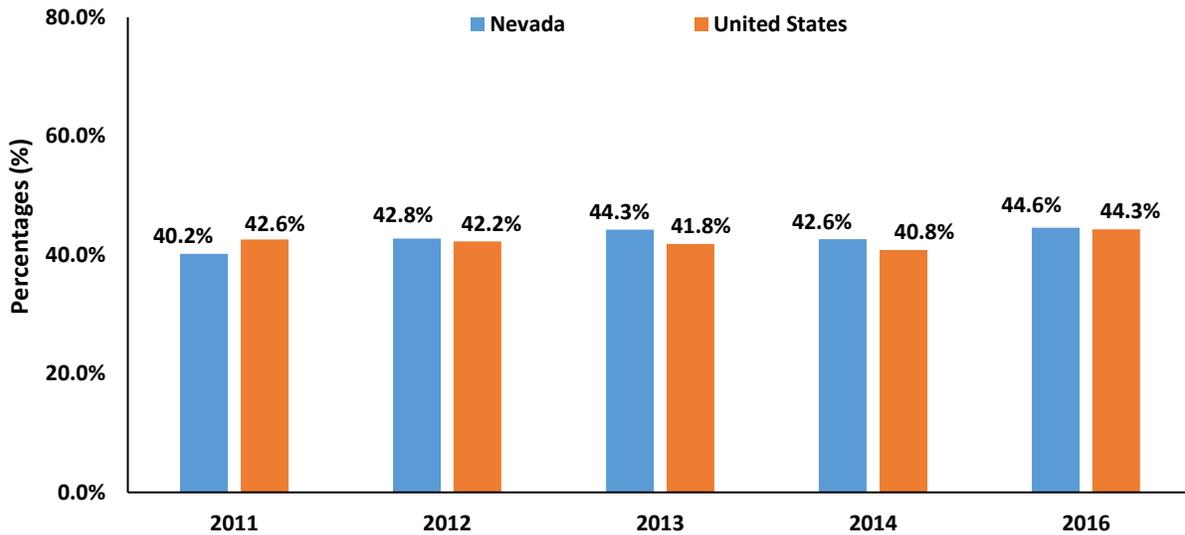
In 2016, 44.6% of Nevadans aged 12 years and above perceived having five or more drinks of an alcoholic beverage once or twice a week in the past year as a great risk, this is up from 2011.

Figure 35. Perceptions of Great Risk in Smoking 1-2 Packs of Cigarettes/Day in the Past Year Among 12 Years and Above, in Nevada and the United States, 2011-2016.
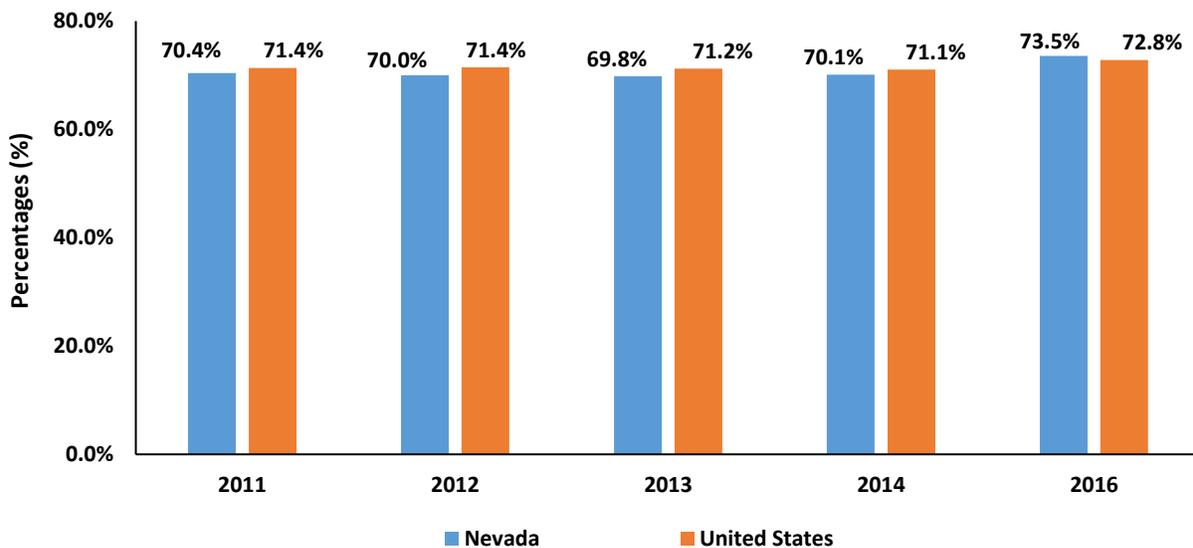
In 2016, 73.5% of Nevadans aged 12 years and above perceived smoking 1-2 packs of cigarettes per day as having great risk, which is higher than previous years.

Monitoring the Future Survey

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, and young adults. Each year, a total of approximately 50,000 students in 8th, 10th and 12th grades are surveyed. The Monitoring the Future Study has been funded under a series of investigator-initiated competing research grants from the National Institute on Drug Abuse, a part of the National Institutes of Health. Monitoring the Future Survey is conducted at the Survey Research Center in the Institute for Social Research at the University of Michigan. This data is collected nationality and state level is not provided.

Figure 36. Annual Prevalence of Marijuana/Hashish Use, United States, 2008-2017.
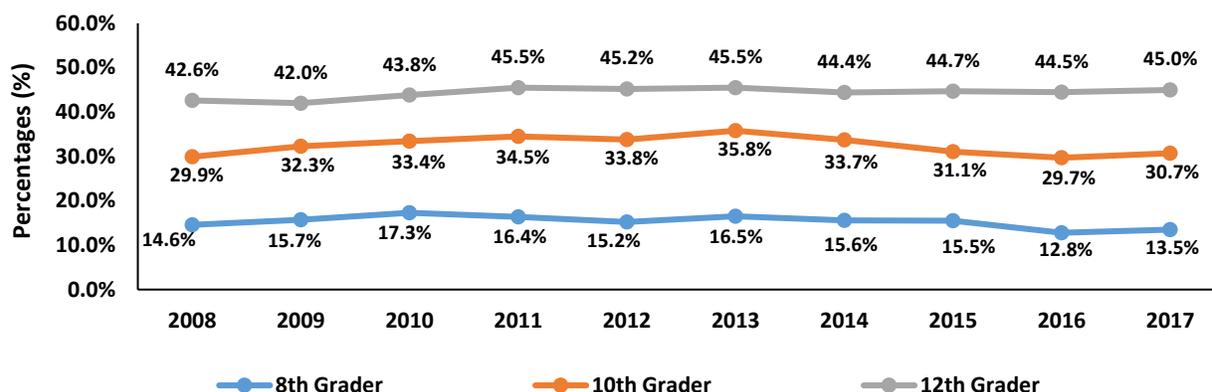
Source: Monitoring the Future Survey.
Chart scaled to 60% to display differences among groups.

On average, 44% of 12th graders, 32% of 10th graders, and 15% of 8th graders have reported ever using marijuana/hashish in the United States.

Figure 37. Annual Prevalence of Methamphetamine Use, United States, 2008-2017.
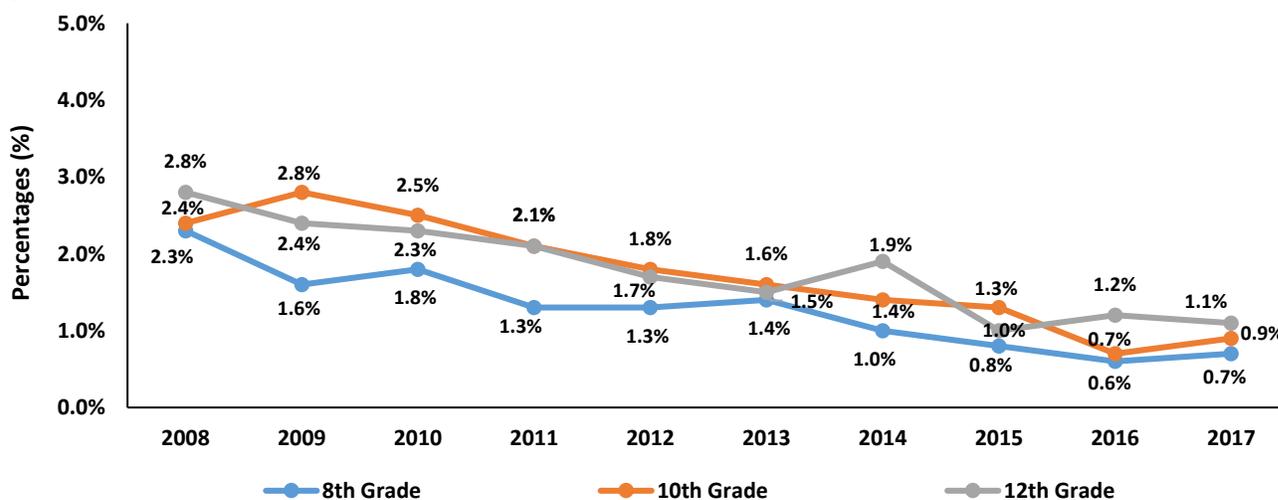
Source: Monitoring the Future Survey.
Chart scaled to 5% to display differences among groups.

Methamphetamine use has decreased by an average of 63% among all three surveyed grades since 2008 in the United States.

Figure 38. Annual Prevalence of Alcohol Use, United States, 2008-2017.
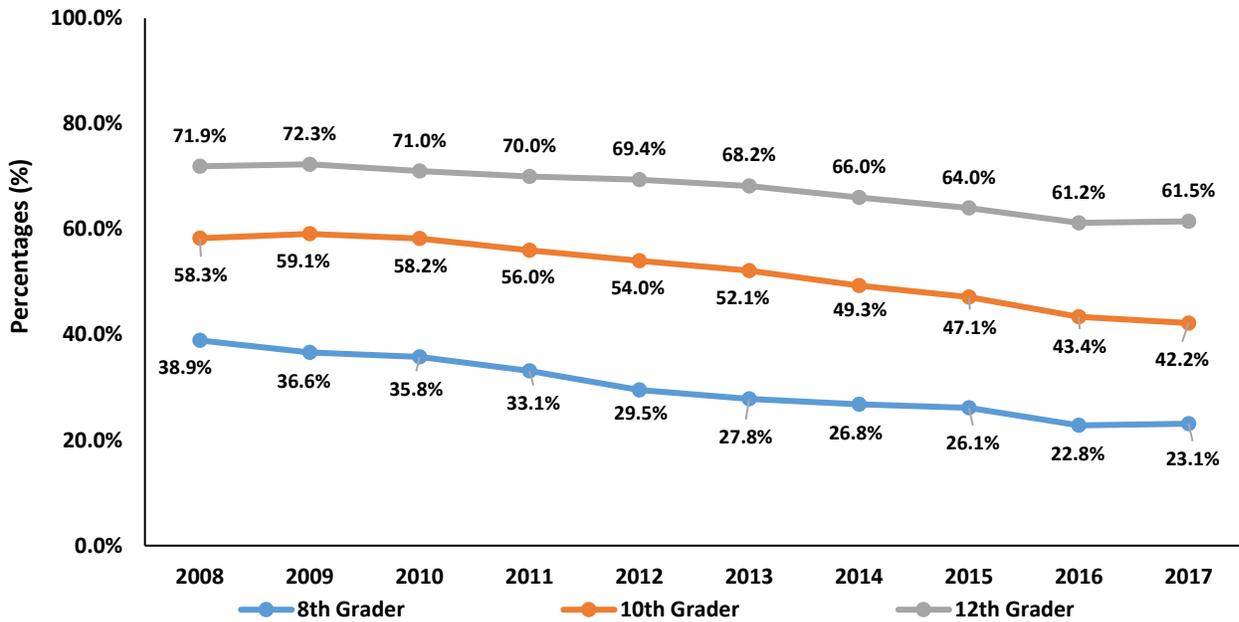
Source: Monitoring the Future Survey.

The prevalence of alcohol use including being drunk from alcohol has decreased in all grades since 2008 in the United States.

Figure 39. Annual Prevalence of Being Drunk from Alcohol, United States, 2008-2017.
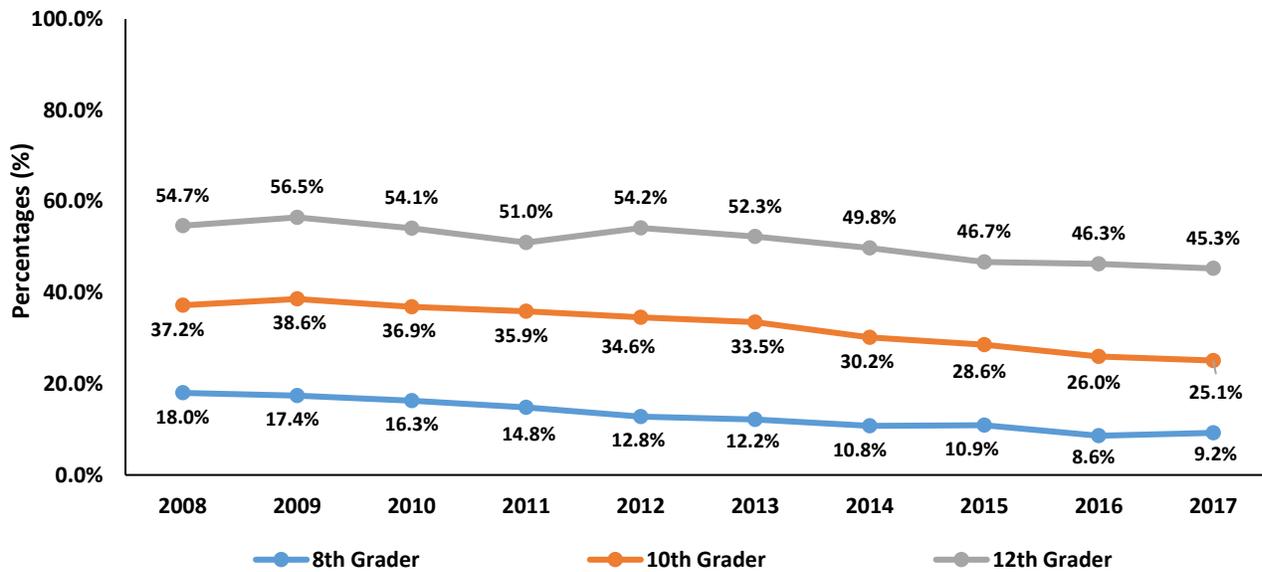
Source: Monitoring the Future Survey.

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2017, 5,336 high school, and 5,464 middle school students participated in the YRBS.

Figure 40. Current Tobacco Use Summary, Nevada High School Students, 2017.
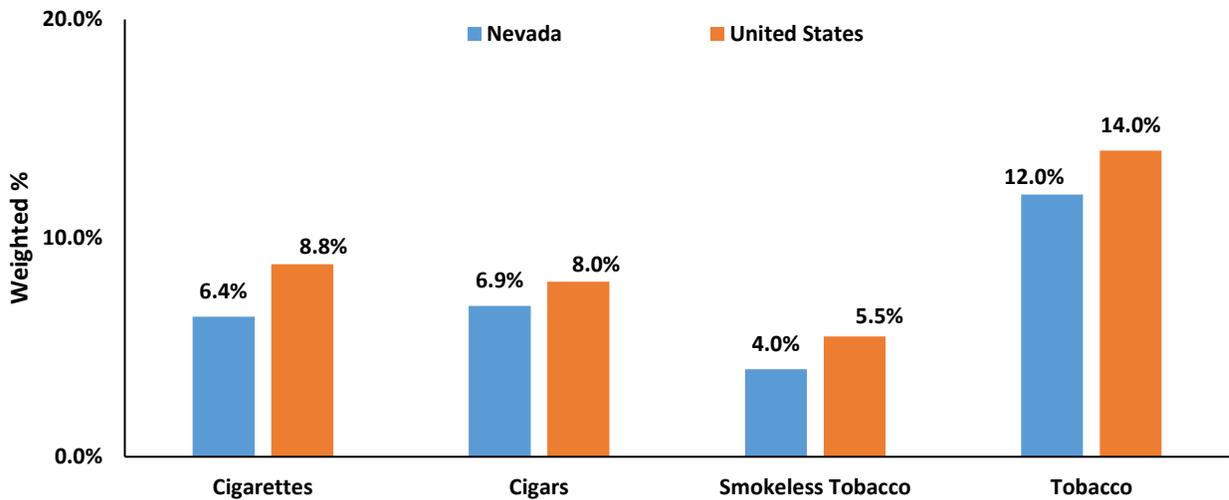
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 20% to display differences among groups.

Of Nevada high school students, 6.4% reported using cigarettes in the past 30 days and 12% have used tobacco at one time; this is lower than the nation at 14%.

Figure 41. Current Tobacco Use Summary, Nevada Middle School Students, 2017.
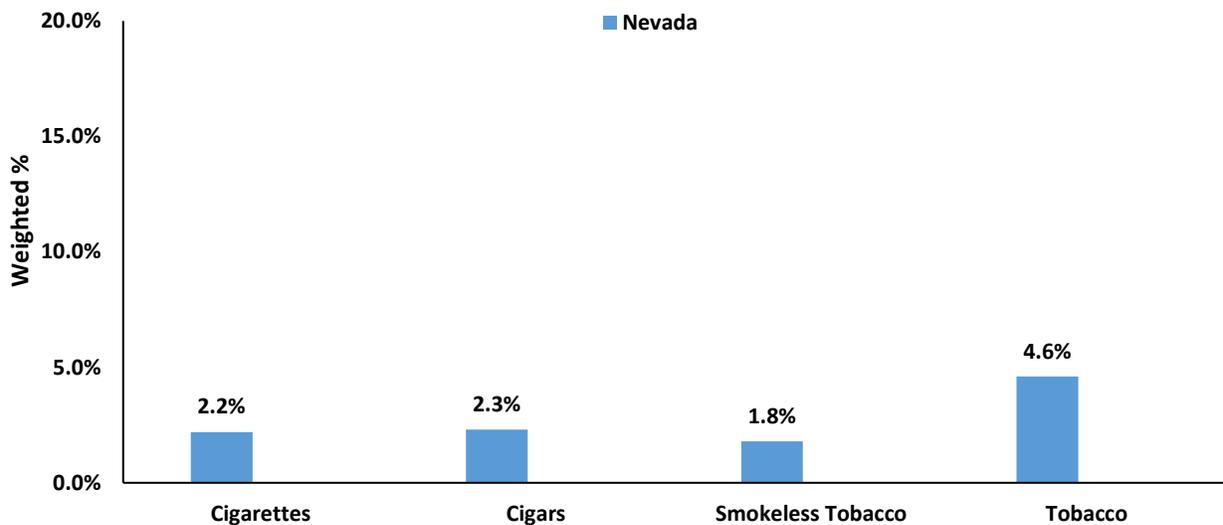
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 20% to display differences among groups.

Of Nevada middle school students, 4.6% reported use of tobacco in the past 30 days; 2.2% reported use of cigarettes in the past 30 days and 2.3% used cigars in the past 30 days.

Figure 42. Electronic Vapor Product Use Summary, Nevada High School Students, 2017.
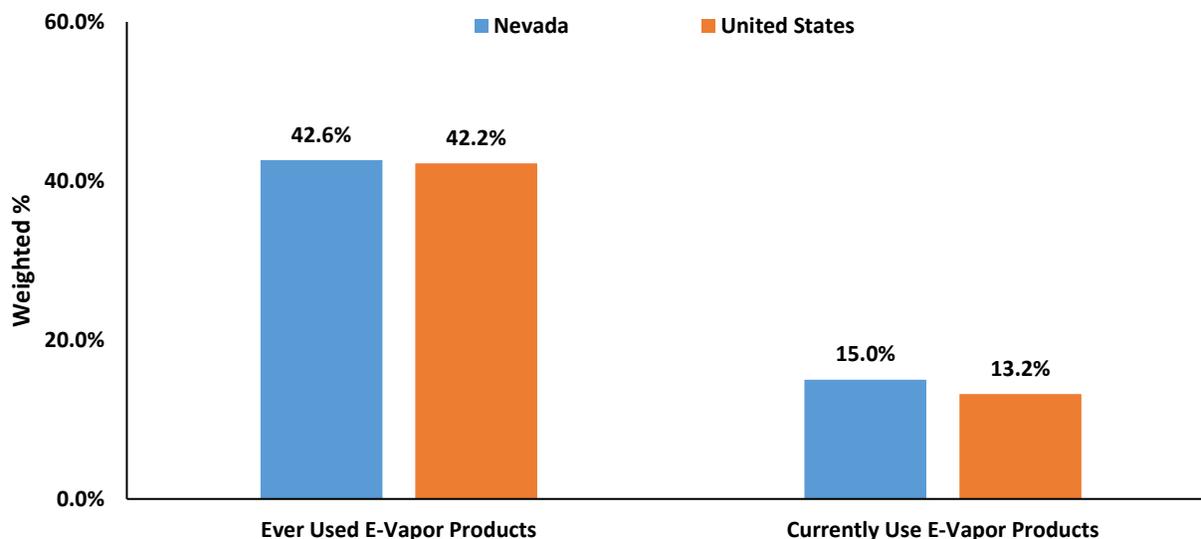
Both in Nevada and the nation, about 42% have used electronic vapor (E-vapor) products. In Nevada 15% of high school students reported using E-vapor products, which is higher than the nation (13.2%).

Figure 43. Electronic Vapor Product Use Summary, Nevada Middle School Students, 2017
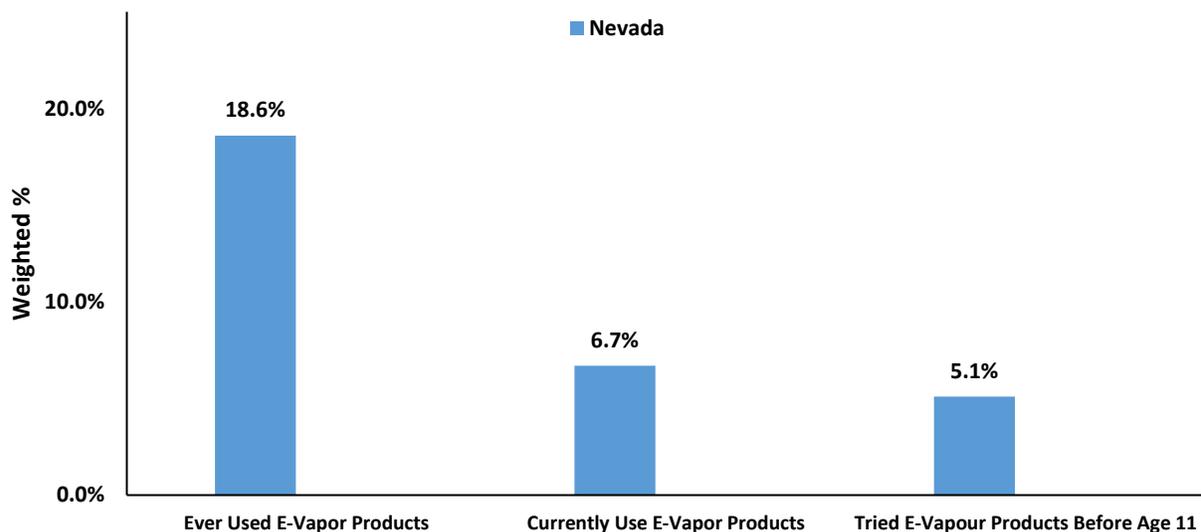
In Nevada, 18.6% of middle school students have used E-vapor products and 6.7% are currently using E-vapor products.

Figure 44. Alcohol Use Summary, Nevada High School Students, 2017.

Bar chart showing Weighted % for Nevada and United States:
- Ever Drank Alcohol: Nevada 60.6%, United States 60.4%
- Currently Drank Alcohol: Nevada 26.5%, United States 29.8%
- Someone Else Provided Alcohol: Nevada 42.6%, United States 43.5%
- Drank Before Age 13: Nevada 18.2%, United States 15.5%
- Recent Binge Drinking: Nevada 11.1%, United States 13.5%

Legend: ■ Nevada ■ United States
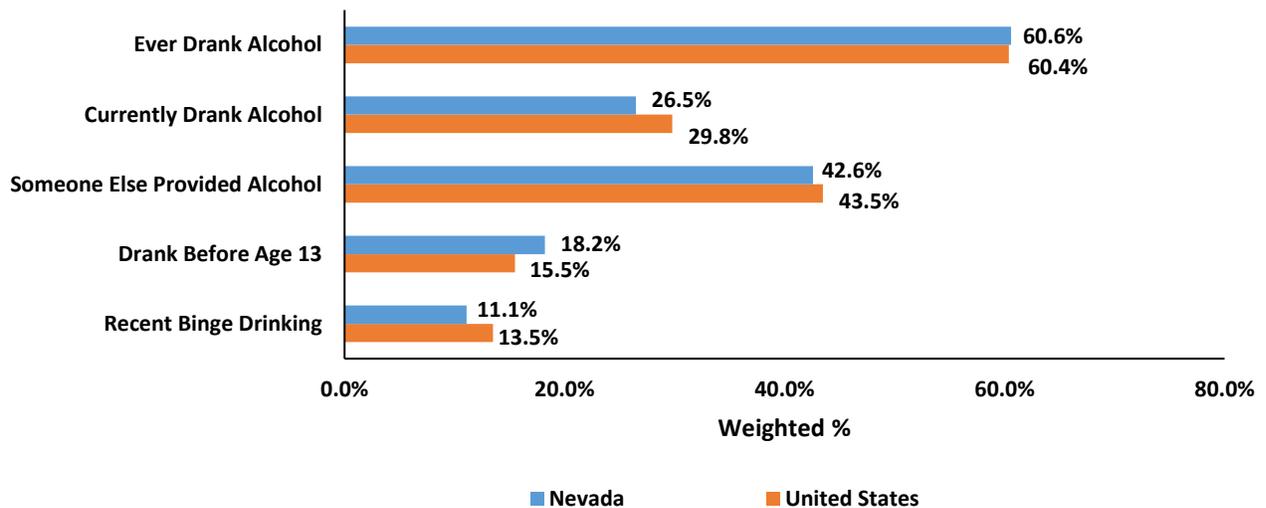
Source: Nevada Youth Risk Behavior Survey (YRBS).
Binge Drinking: Had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours.
Chart scaled to 80% to display differences among groups.

Approximately 6 out of 10 high school students have ever drank alcohol (60.6%). About 26.5% currently drink alcohol and 42.6% have had alcohol provided to them by someone else. Of Nevada high school students, 18.2% had alcohol before the age of 13 years and over 11.0% of high school students had a recent binge drinking experience (had at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours).

Figure 45. Alcohol Use Summary, Nevada Middle School Students, 2017.
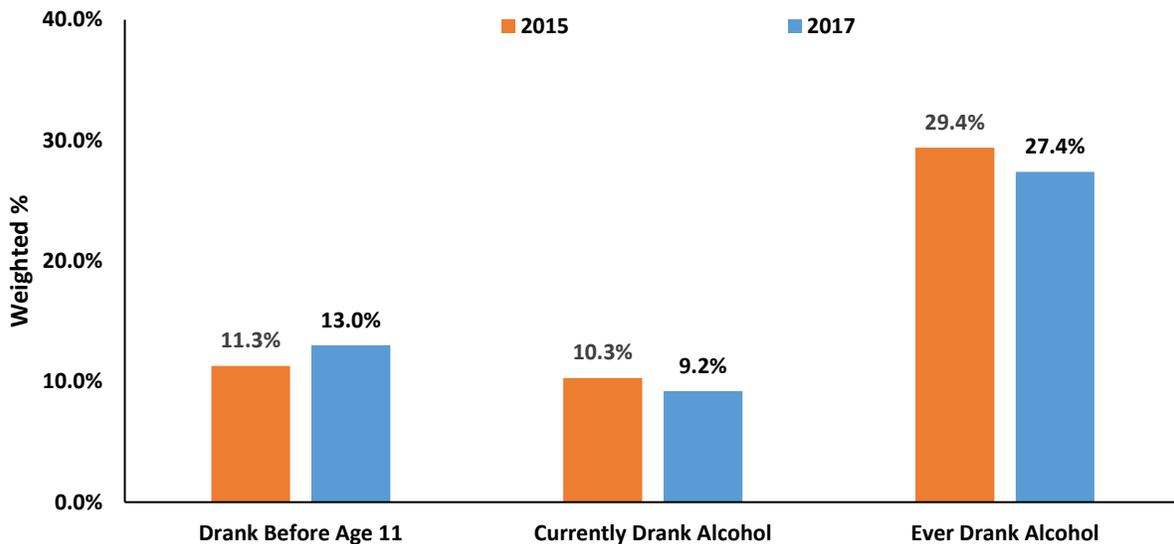
Bar chart showing Weighted % for 2015 and 2017:
- Drank Before Age 11: 2015 11.3%, 2017 13.0%
- Currently Drank Alcohol: 2015 10.3%, 2017 9.2%
- Ever Drank Alcohol: 2015 29.4%, 2017 27.4%

Legend: ■ 2015 ■ 2017

Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 40% to display differences among groups.

One out of ten middle school students drank alcohol before age 11. Also, 9.2% currently drink alcohol and three out of ten had drank alcohol before (27.4%).

Figure 46. Marijuana Use Summary, Nevada High School Students, 2017.
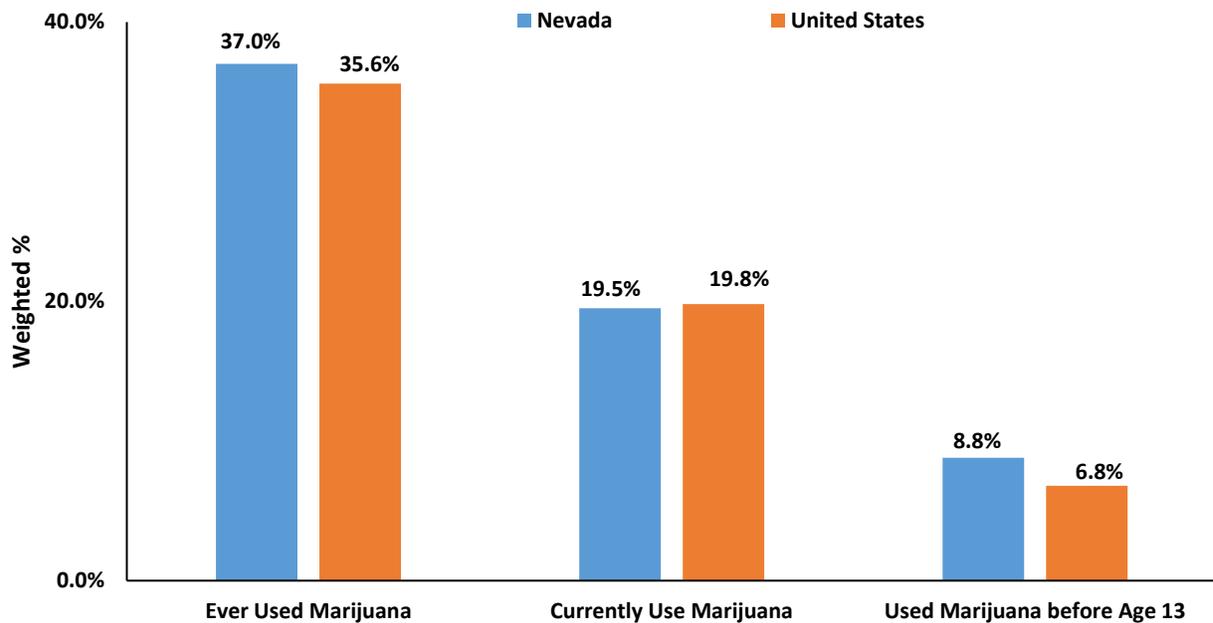
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 40% to display differences among groups.

In Nevada, 37% of high school students reported trying marijuana, and 19.5% currently use marijuana. Nevada is comparable the nation (35.6%) for marijuana use.

Figure 47. Marijuana Use Summary, Nevada Middle School Students, 2017.
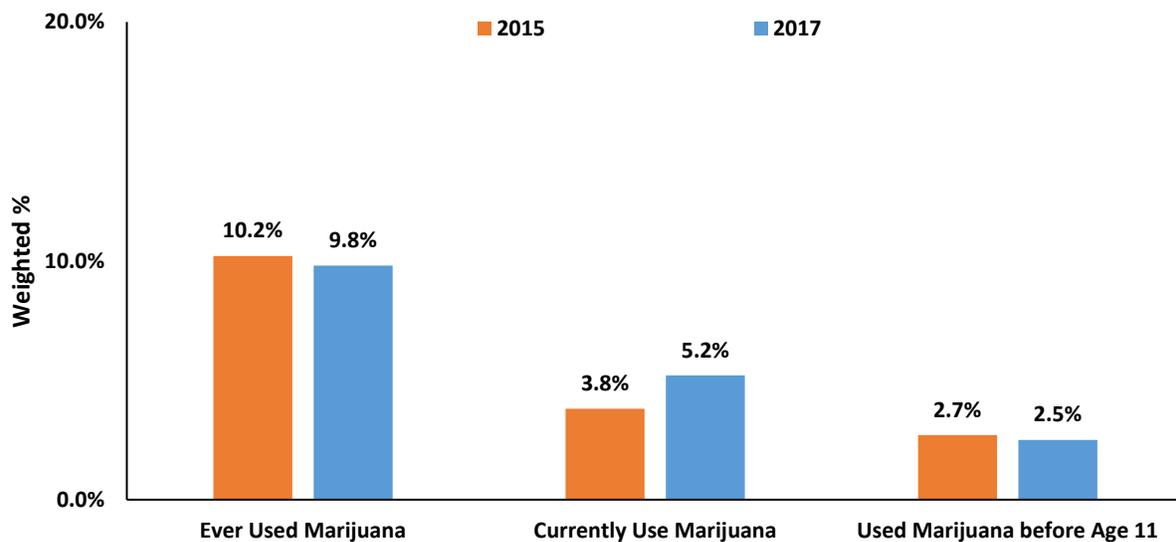
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 20% to display differences among groups.

About 3% of Nevada middle school students had tried marijuana before they turned 11 years old, 9.8% have ever tried marijuana before, and 5.2% currently use marijuana.

Figure 48. Nonprescription Substance Use Summary, Nevada Middle and High School Students, 2017.
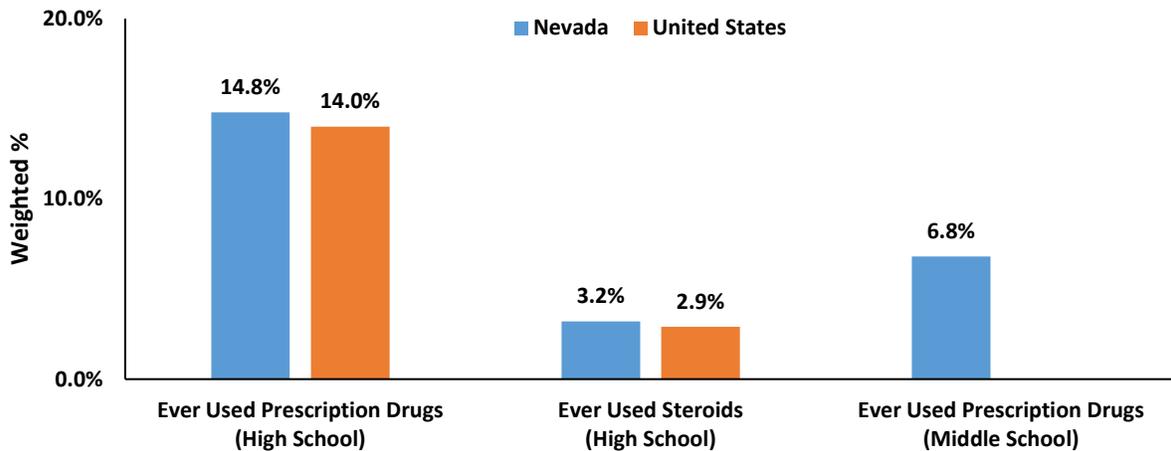
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 20% to display differences among groups.

Approximately 15% of high school students and 7% of middle school students in Nevada have used prescription drugs that were not prescribed to them. Of Nevada's high school students, 3.2% have tried non-prescribed steroids.

Figure 49. Lifetime Drug Use Summary, Nevada High School Students, 2017.
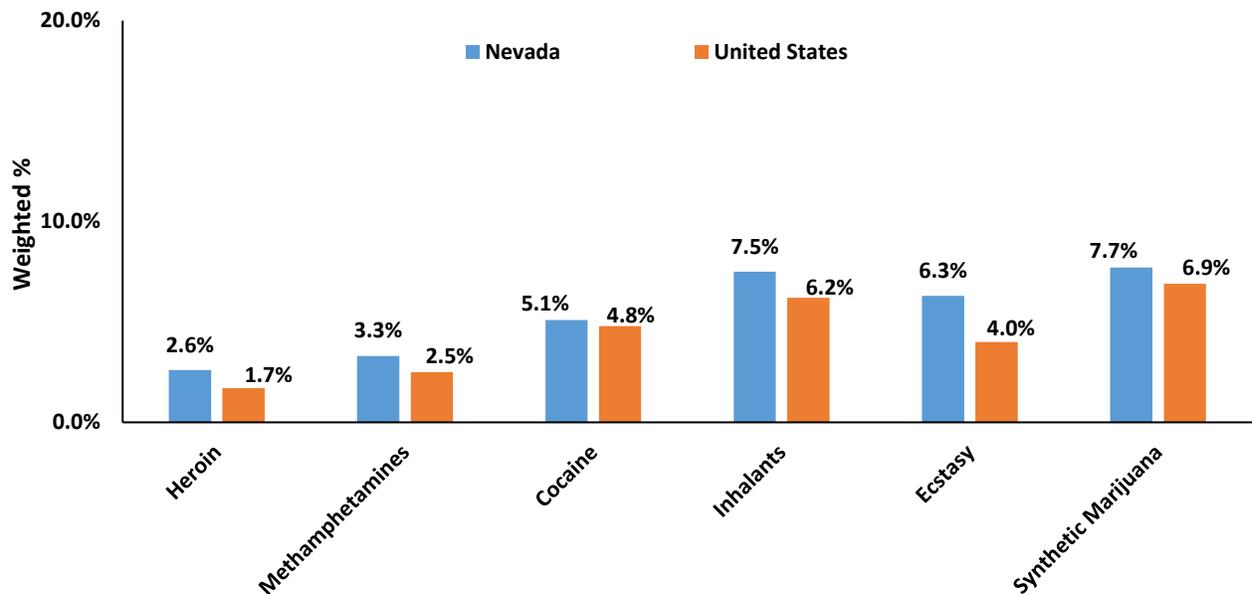
Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 20% to display differences among groups.

Drug use among high school students is slightly higher in Nevada than the nation. Of Nevada high school students, 7.5% have use inhalants, while the national percentage is lower at 6.2%.

**Figure 50. Lifetime Drug Use Summary, Nevada Middle School Students, 2017.**
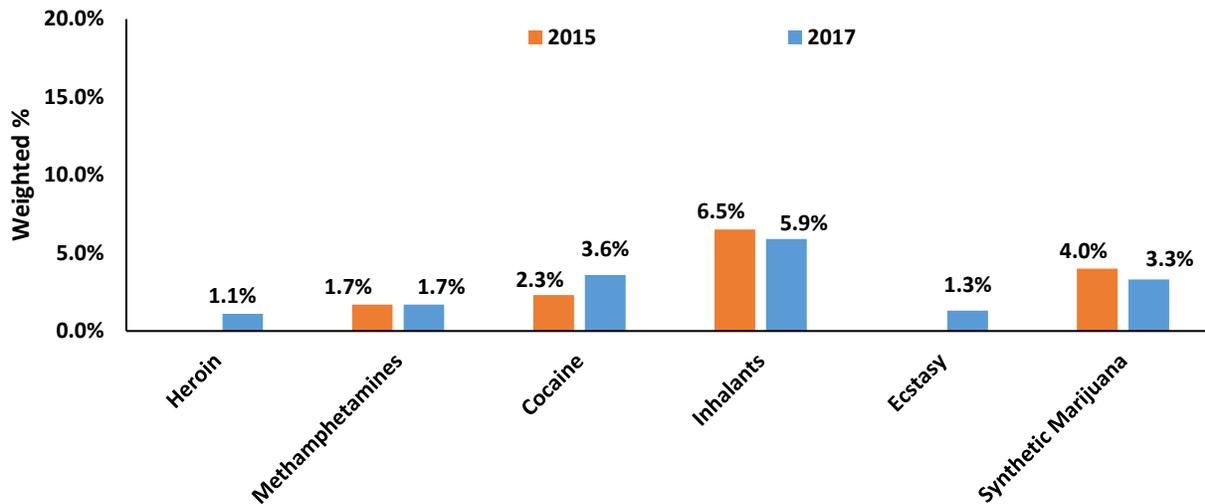
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 20% to display differences among groups.

Among Nevada middle school students, 1.7% reported using methamphetamines and 5.9% reported using inhalants in 2017. Drug use for cocaine, has increased from 2015 at 2.3% to 3.6%.

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.

Figure 51. Adult Nevada Residents Who Used Illegal Substances or Marijuana/Hashish or Painkillers to Get High in the Last 30 days, 2011-2017.
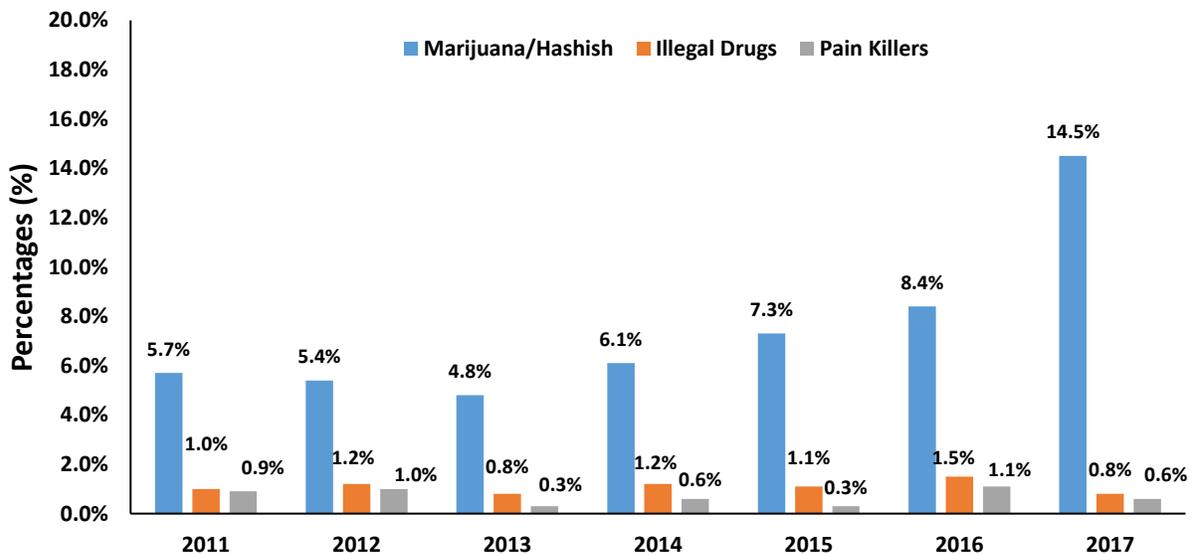
Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 10% to display differences among groups.

Between 2011 and 2017, on average, 7.5% of Nevada adults used marijuana or hashish in the last 30 days. Marijuana use has increased consistently since 2014 and is expected to increase as marijuana was legalized in Nevada in 2017. Of Nevadans surveyed, 0.7% (on average) used painkillers to get high in the last 30 days and 1.1% used other illegal drugs to get high in the last 30 days.

Figure 52. Percentage of Adult Men Who are Considered Heavy Drinkers, 2011-2017.
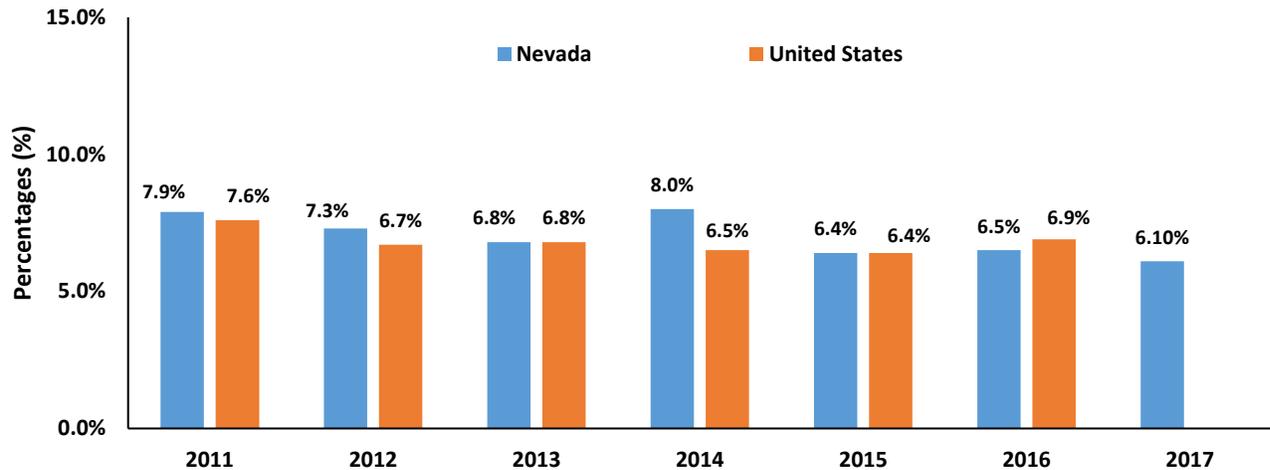
Source: Behavioral Risk Factor Surveillance System (BRFSS).
The national data for 2017 are not available.
Chart scaled to 15% to display differences among groups.

Men who are considered heavy drinkers has significantly decrease from 2011 to 2017, by a percent change of 22%. For men, heavy drinking is defined by consuming more than two alcoholic beverages per day.

Figure 53. Percentage of Adult Women Who are Considered Heavy Drinkers, 2011-2017.
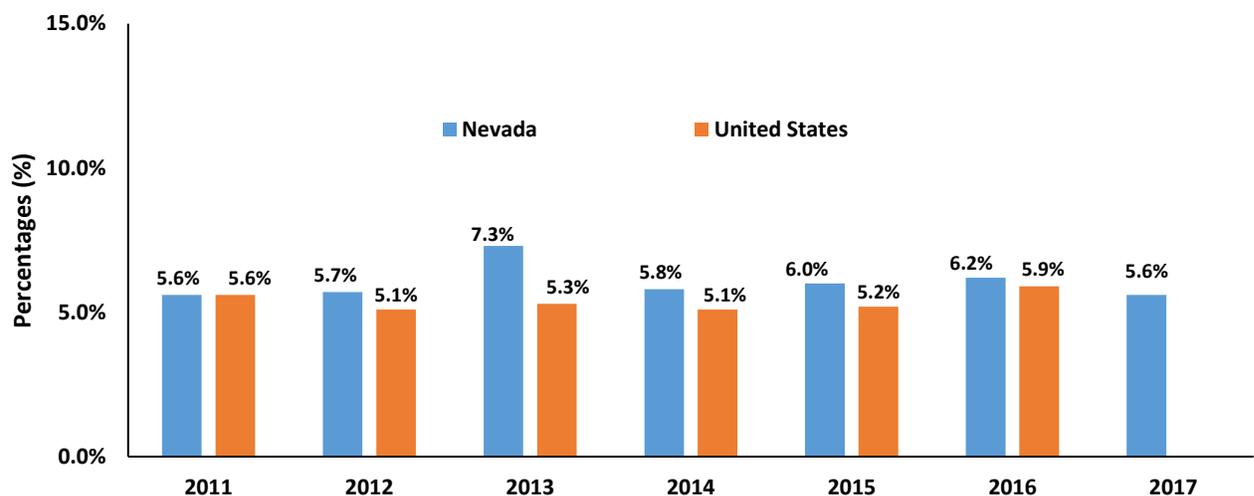
Source: Behavioral Risk Factor Surveillance System (BRFSS).
The national data for 2017 are not available.
Chart scaled to 15% to display differences among groups.

Women who are considered heavy drinkers has remain steady from 2011 to 2017, at 5.6%. For women, heavy drinking is defined by consuming more than one alcoholic beverage per day.

Figure 54. Percentage of Adult Men Who are Considered Binge Drinkers, 2011-2017.
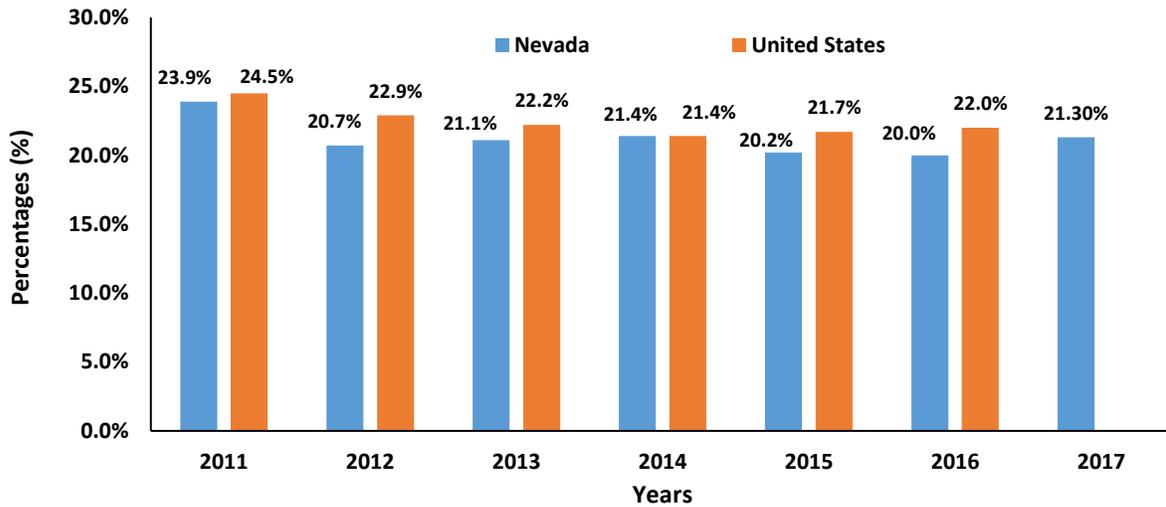
Source: Behavioral Risk Factor Surveillance System (BRFSS).
The national data for 2017 are not available.
Chart scaled to 30% to display differences among groups.

Binge drinking is defined in men as having five or more alcoholic beverages on an occasion. Binge drinking has decreased from 2011 to 2017 but is not significant (95% confidence interval). Nevada men reported the lowest binge drinking percentage, 20.0%, in 2016.

Figure 55. Percentage of Adult Women Who are Considered Binge Drinkers, 2011-2017.
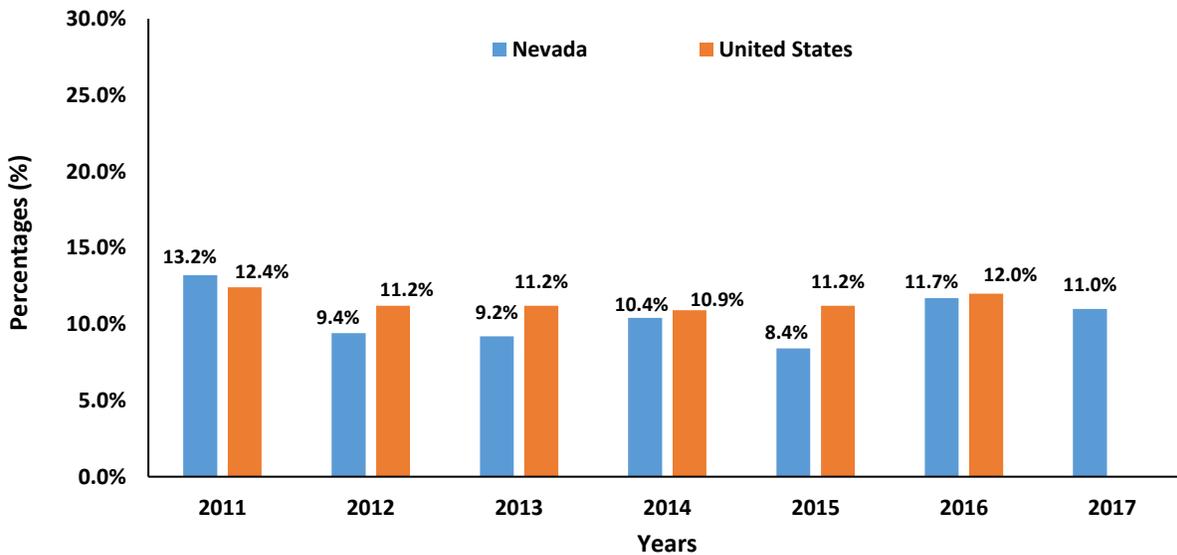
Source: Behavioral Risk Factor Surveillance System (BRFSS).
The national data for 2017 are not available.
Chart scaled to 30% to display differences among groups.

Binge drinking is defined in women as having four or more alcoholic beverages on an occasion. Nevada women reported the highest binge drinking percentage in 2011, at 13.2%. In 2017, 11.0% of Nevada women reported binge drinking, which is not a significant (95% confidence interval) decrease since 2011.

Hospital Emergency Department Encounters

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

Figure 56. Alcohol and Drug-Related Emergency Department Encounters by Quarter and Year, 2009-2017.
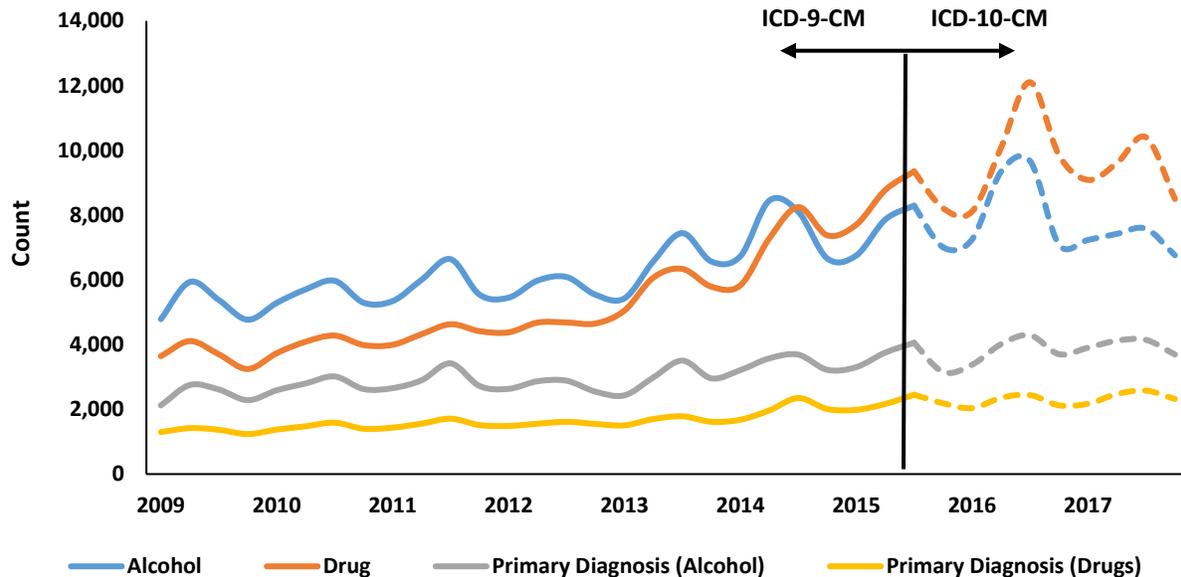
Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

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

Alcohol visits were more common than drug visits until 2014 where drugs visits to the emergency department surpassed alcohol and have remained higher through 2017. In 2017, there were a total of 66,589 alcohol and drug-related emergency department encounters. Out of this number, 15,866 were related to alcohol (primary diagnosis) and 9,542 were drug-related (primary diagnosis).

Figure 57. Drug-Related Emergency Department Encounters by Drug and Quarter and Year, 2009-2017.
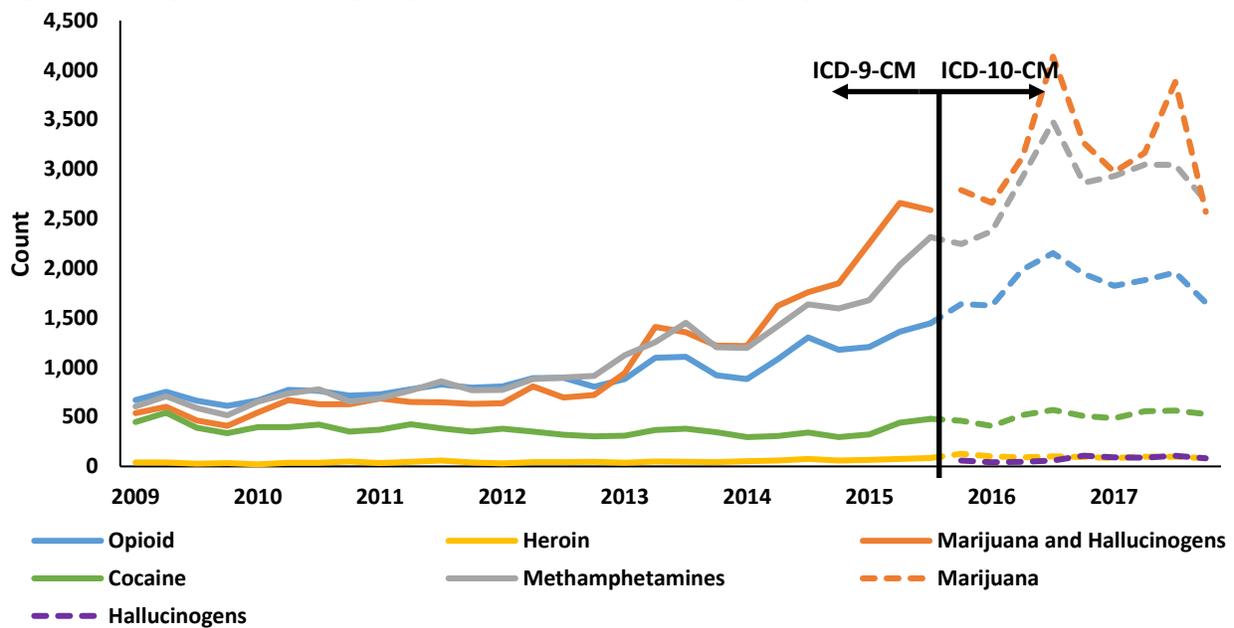
Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into their own groups in the ICD-10-CM codes. From October 2015, marijuana/cannabis use alone is more common for emergency department encounters then hallucinogens, opioids, and heroin. This includes all diagnoses, and many of the marijuana visits are for marijuana/cannabis-related disorders and not for overdose or poisonings.

Hospital Inpatient Admissions

The hospital inpatient admission billing data provides health billing data for patients admitted to hospital for longer than a 24-hour period. In 2017, more people were admitted into Nevada hospitals for drug-related issues than alcohol related issues. Of the 50,022 alcohol and drug related admissions, 19,390 was alcohol-related and 30,632 were drug-related.

Figure 58. Alcohol and/or Drug-Related Inpatient Admissions by Quarter and Year, 2009-2017.
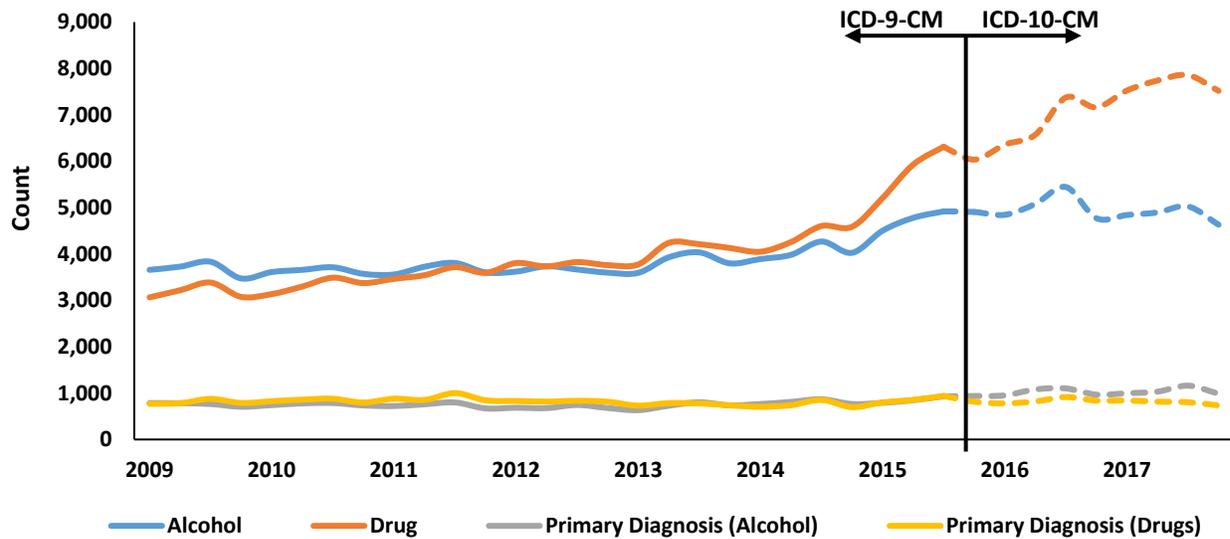
Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Alcohol-related admissions were more common than drug visits until 2011 where drug-related admissions surpassed alcohol and have remained higher through 2017. In 2017, there was a total of 50,022 alcohol and drug-related inpatient admissions. Out of this number, 4,175 were related to alcohol (primary diagnosis) and 3,192 were drug-related (primary diagnosis).

Figure 59. Drug-Related Inpatient Admissions by Quarter and Year, 2009-2017.
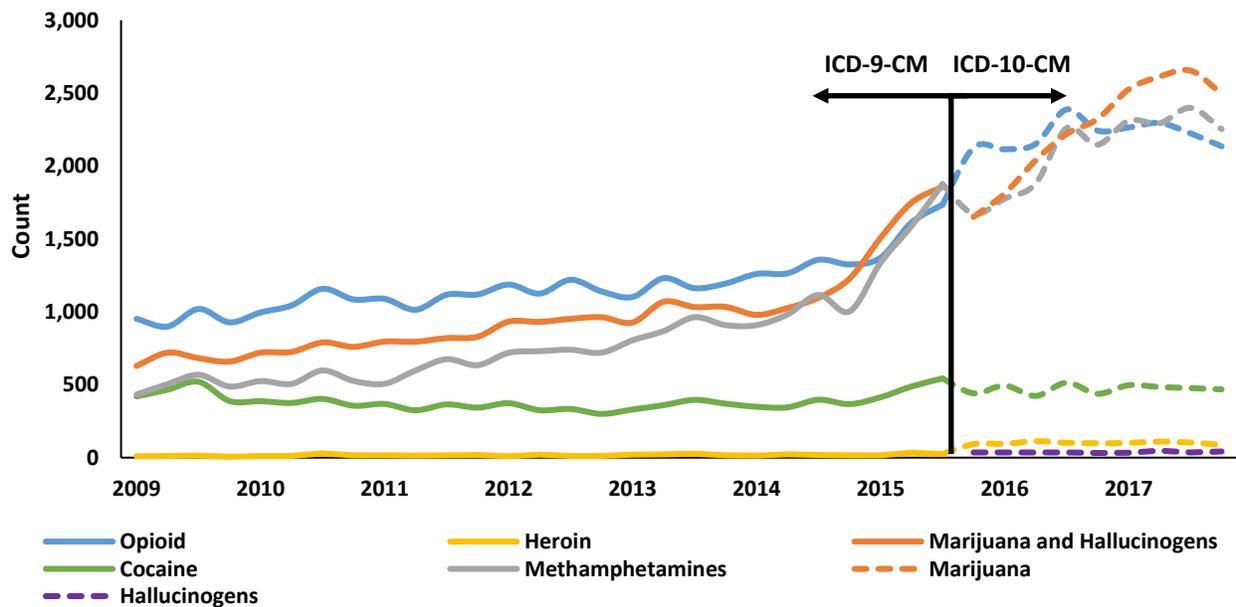
Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into their own groups in the ICD-10-CM codes. Inpatient admissions for drug use have risen significantly since 2009. In 2017, there was an increase in inpatient admissions where marijuana/cannabis-related disorders and dependence were listed on the diagnosis (n= 10,288).

Alcohol and/or Drug-Related Deaths

Alcohol and/or drug-related deaths include deaths where alcohol/drugs are listed as either the cause of death or as a contributing cause of death; therefore, the main cause of death may not be due alcohol or drugs but a contributing to the cause of death. In 2017, 4,909 deaths were related to alcohol and drugs.

Figure 60. Alcohol and/or Drug-Related Deaths by Age Group, 2009-2017.
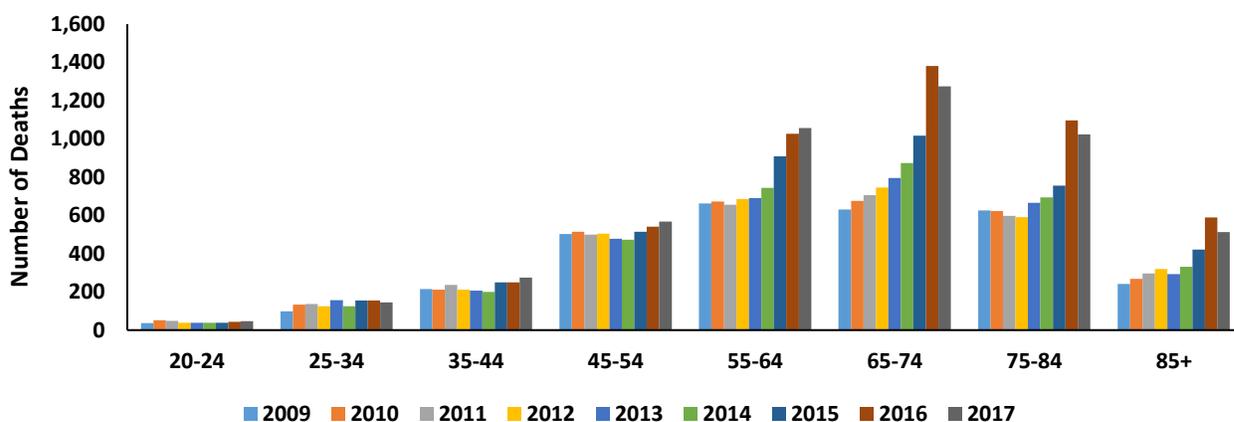
Source: Electronic Death Registry System.

In 2016, the 65-74 age group had a significant increase in deaths from previous years and in 2017, had the most alcohol and/or drug-related deaths of any age group with 1,275 deaths reported. This was followed by 55-64 age group with 1,057 drug and alcohol-related deaths.

Figure 61. Alcohol and/or Drug-Related Deaths and Age-Adjusted Rates, 2009-2017.
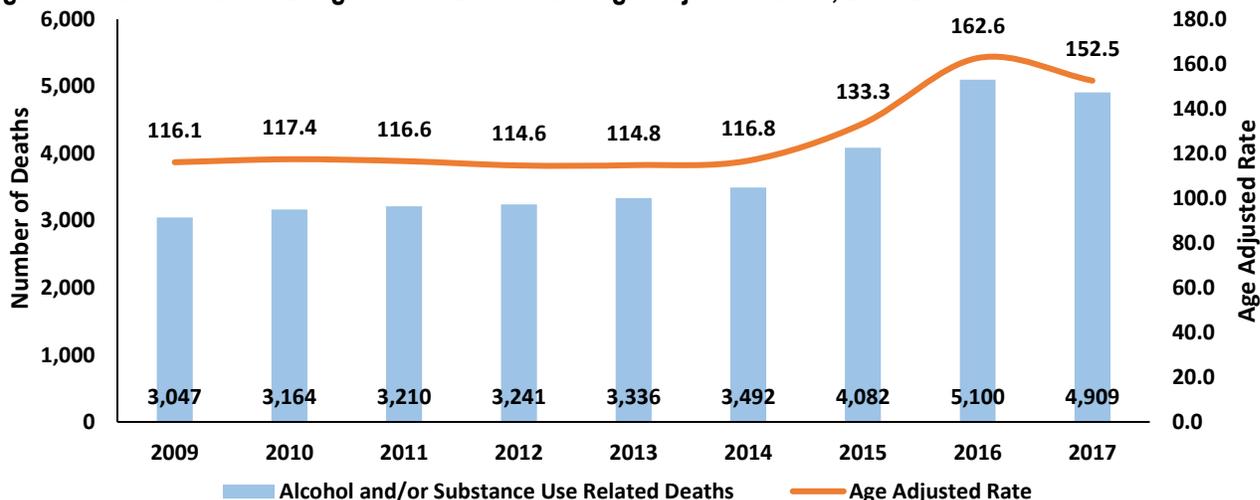
Source: Electronic Death Registry System.

The alcohol and/or drug-related age-adjusted rate increased significantly in 2015 from previous years (95% confidence interval) and has remained at a higher rate through 2017.

Figure 62. Alcohol-Related Deaths and Age-Adjusted Rates, 2009-2017.
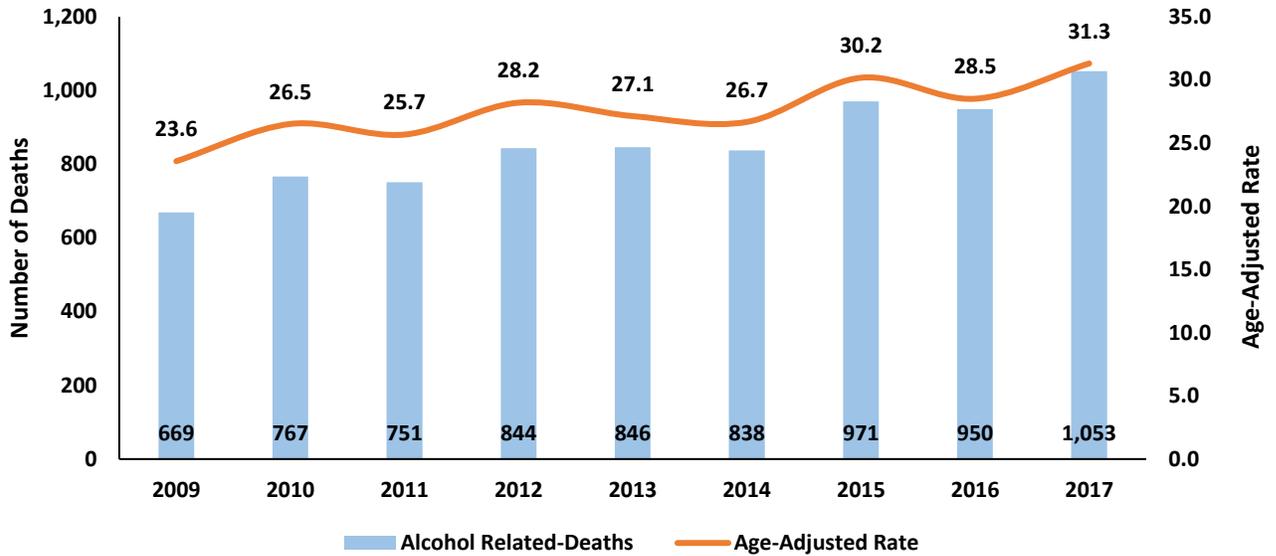
Alcohol-related deaths have not increased significantly between 2009 to 2017. The alcohol-related deaths constitute 20% of the alcohol and drug-related deaths.

Figure 63. Drug-Related Deaths and Age-Adjusted Rates, 2009-2017.
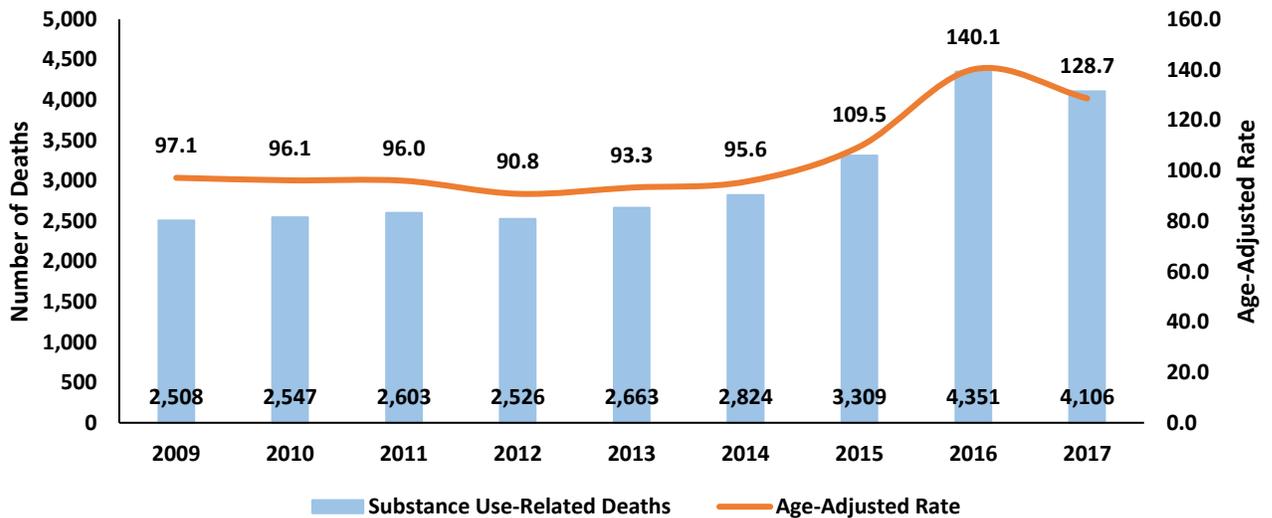
Drug-related deaths have increased significantly since 2015 (95% confidence interval). The 2016 age-adjusted rate of 140.1 is significantly higher than the 2015 and 2017 age-adjusted rates.

Figure 64. Alcohol and/or Drug-Related Deaths by Race, 2009-2017.
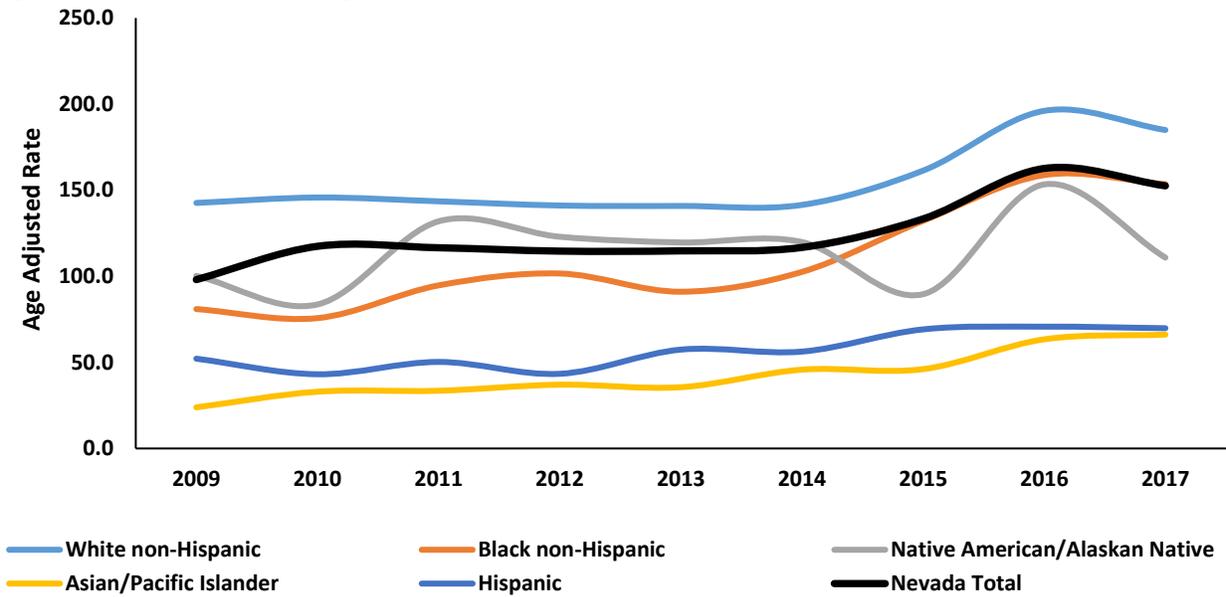
Source: Electronic Death Registry System.

The White non-Hispanic population has had a significantly higher increase in alcohol and drug-related deaths since 2014. While Native American deaths increased in 2011 and 2016, these deaths are not statistically significant (95% confidence interval) due to the relatively small population size.

Special Population: Youth

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2017, 5,336 high school, and 5,464 middle school students participated in the YRBS.

Figure 65. Sexual Intercourse Among Students, Nevada High School Students, 2017.
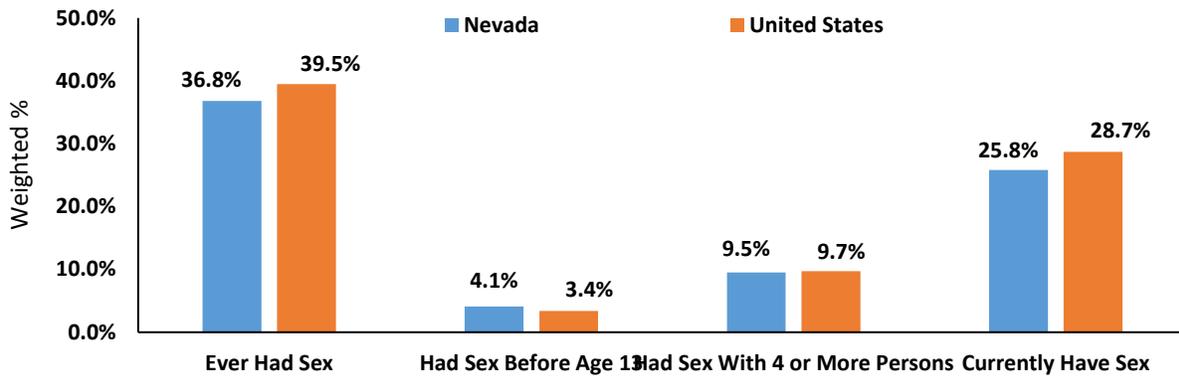
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50% to display differences among groups.

Among Nevada high school students, 40% have reported ever having sex, and 4.1% reported having sex before the age 13. Nearly 10% of high school students have had sex with more than 3 partners and nearly 26% of high school students are currently having sex. These percentages among Nevada high schoolers are comparable to the national percentages.

Figure 66. Mental Health Summary, Nevada High School Students, 2017.
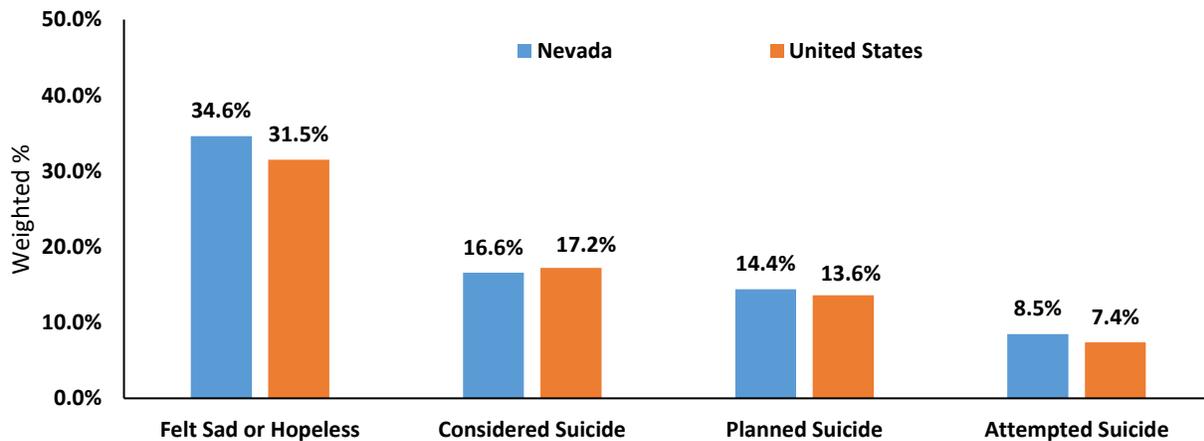
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50% to display differences among groups.

Figure 67. Mental Health Risk Behaviors, Nevada Middle School Students, 2017.
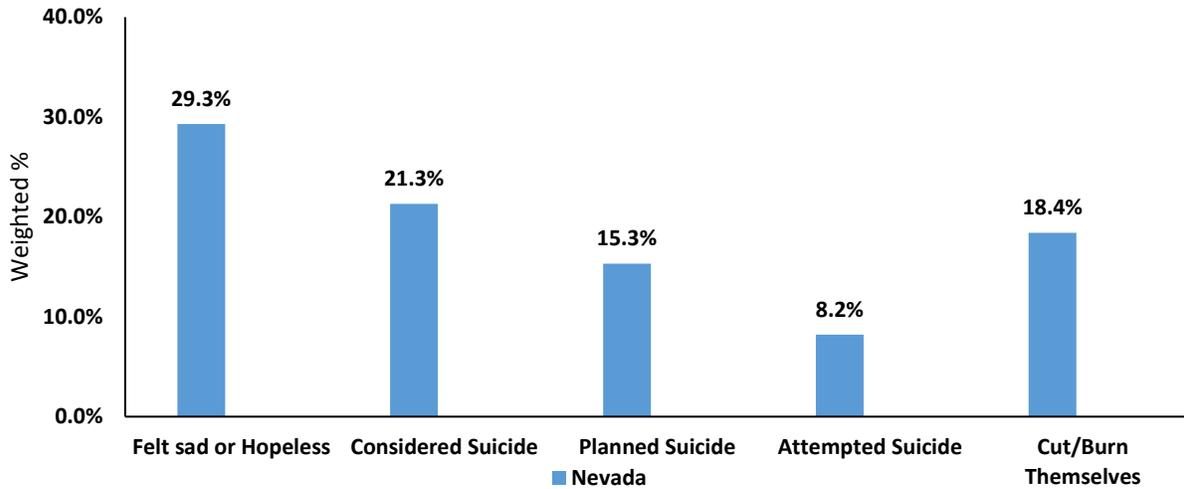
Approximately 34.6% of Nevada high school students and 29.3% of Nevada middle school students have felt sad or hopeless in the last 12 months. Additionally, 18.7% of high school students and 18.4% of middle school students intentionally cut or burned themselves without wanting to die in the past 12 months. About 16.6% high school students have considered suicide, while 14.4% have planned to commit suicide in the past 12 months. About 8.5% of Nevada students have attempted suicide in the past 12 months.

Figure 68. Current Tobacco Use Summary, Nevada High School Students, 2017.
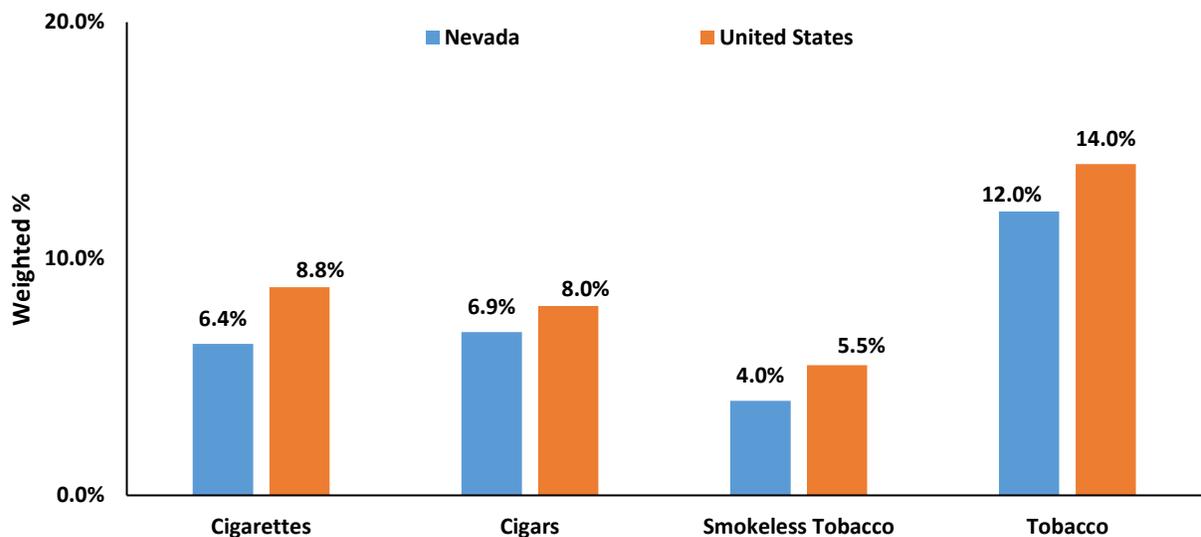
Of Nevada high school students surveyed, 6.4% reported using cigarettes in the past 30 days and 12% have used tobacco at one time, which is lower than the nation at 14%.

Figure 69. Current Tobacco Use Summary, Nevada Middle School Students, 2017.
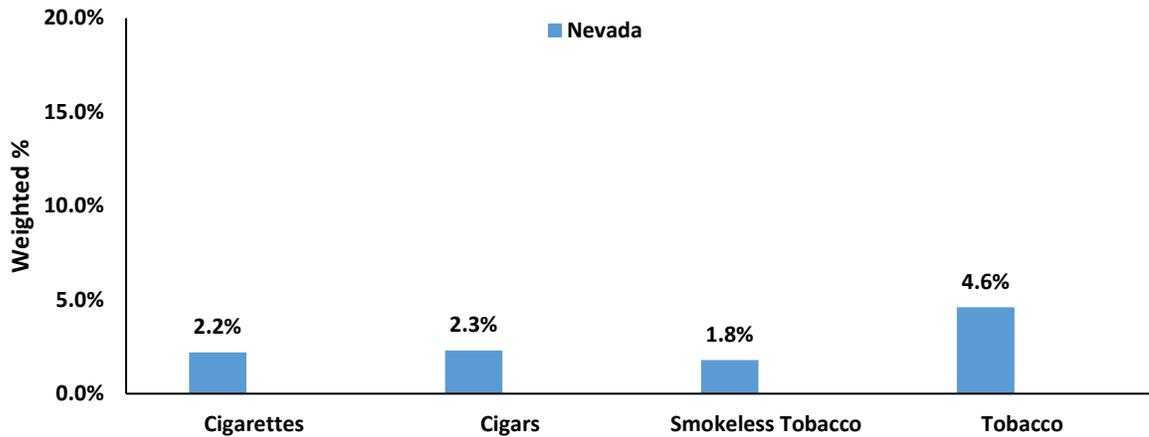
Of Nevada middle school students, 4.6% reported tobacco use in the past 30 days, 2.2% reported cigarette use in the past 30 days and 2.3% reported cigar use in the past 30 days.

Figure 70. Electronic Vapor Product Use Summary, Nevada High School Students, 2017.
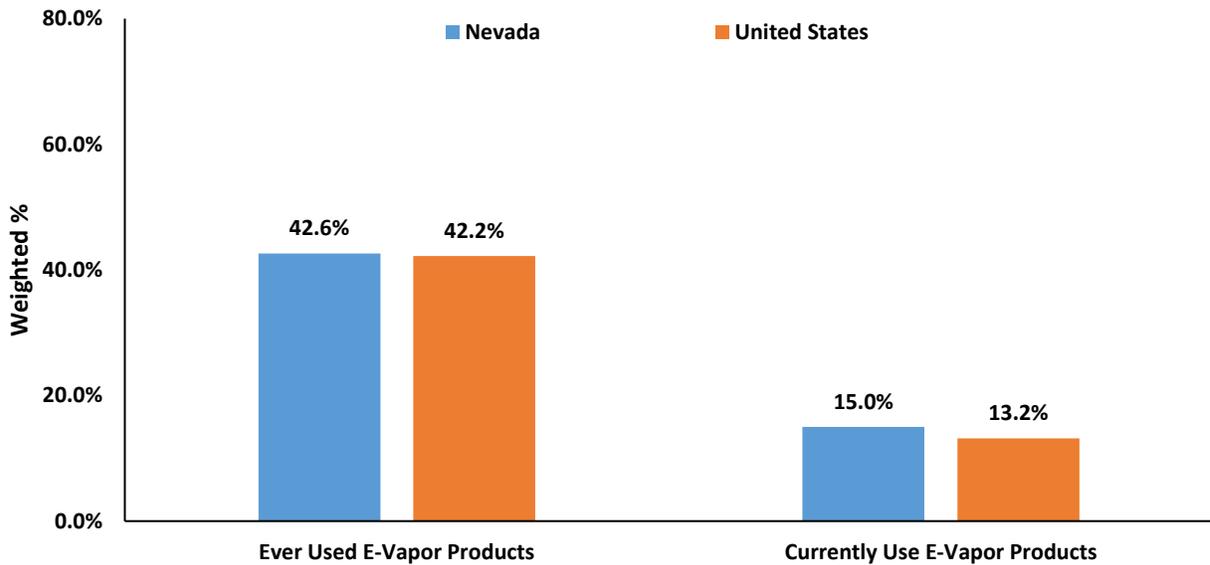
Both in Nevada and the nation, about 42% of high school students have used electronic vapor (E-vapor) products. In Nevada, 15% of surveyed high school students are currently using E-vapor products, which is higher than the national percentage of 13.2%.

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Figure 71. Electronic Vapor Product Use Summary, Nevada Middle School Students, 2015 and 2017.
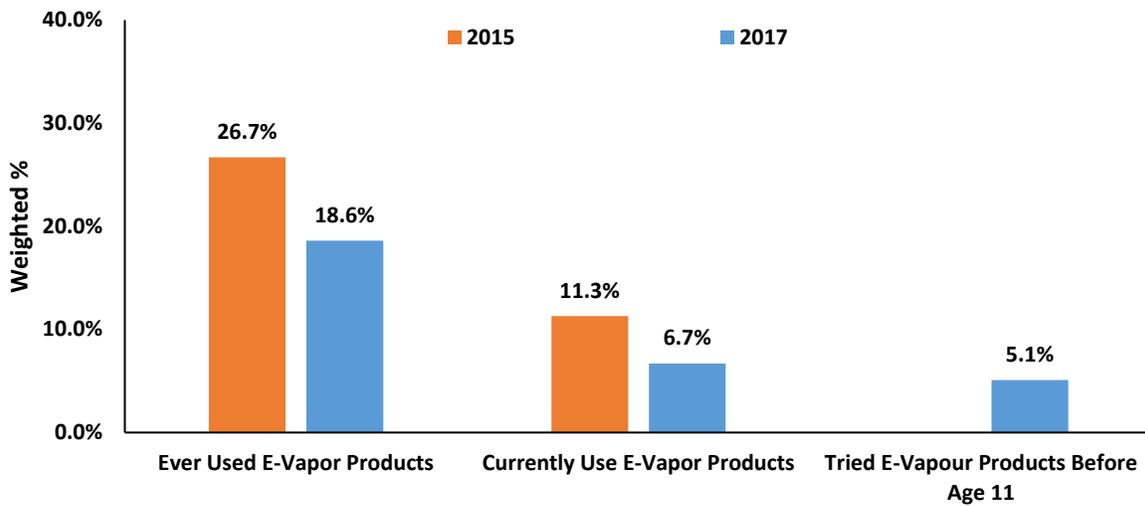
Of Nevada middle school students, 18.6% have used E-vapor products in 2017, which is down from 2015 at 26.7%. Middle school student who currently use E-Vapor products has decreased from 2015 to 2017, from 11.3% to 6.7%. In 2017, 5.1% of middle school students have tried E-vapor products before the age of 11.

Figure 72. Alcohol Use Summary, Nevada High School Students, 2017.

Approximately 6 out of 10 high school students in Nevada have ever drank alcohol (60.6%). About 26.5% currently drink alcohol and 42.6% have had alcohol provided to them by someone else. Of Nevada high school students, 18.2% had alcohol before the age of 13 years and over 11.0% of high school students had a recent binge drinking experience (had at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours).

Figure 73. Alcohol Use Summary, Nevada Middle School Students, 2015 and 2017.

Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 40% to display differences among groups.

One out of ten middle school students drank alcohol before age 11 in 2017, which is higher than 2015 at 11.3%. Also, 9.2% currently drink alcohol in 2017 and three out of ten had drank alcohol before (27.4%).

Figure 74. Marijuana Use Summary, Nevada High School Students, 2017.
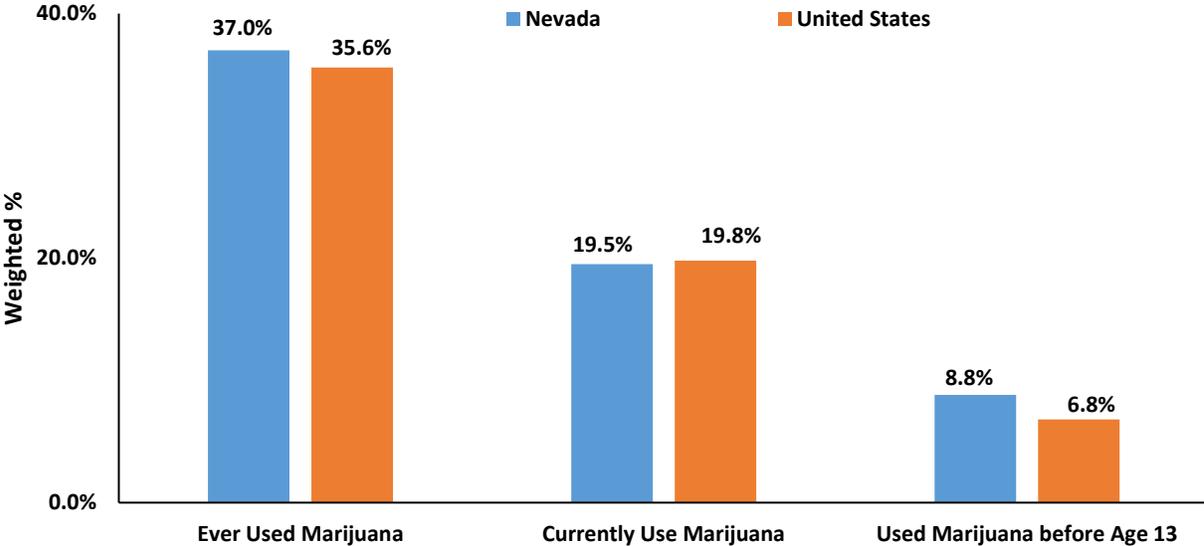
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 40% to display differences among groups.

In Nevada, 37% of high school students reported trying marijuana, and 19.5% currently use marijuana. The Nevada percentage is comparable to the national percentage (35.6%) for marijuana use.

Figure 75. Marijuana Use Summary, Nevada Middle School Students, 2015 and 2017.
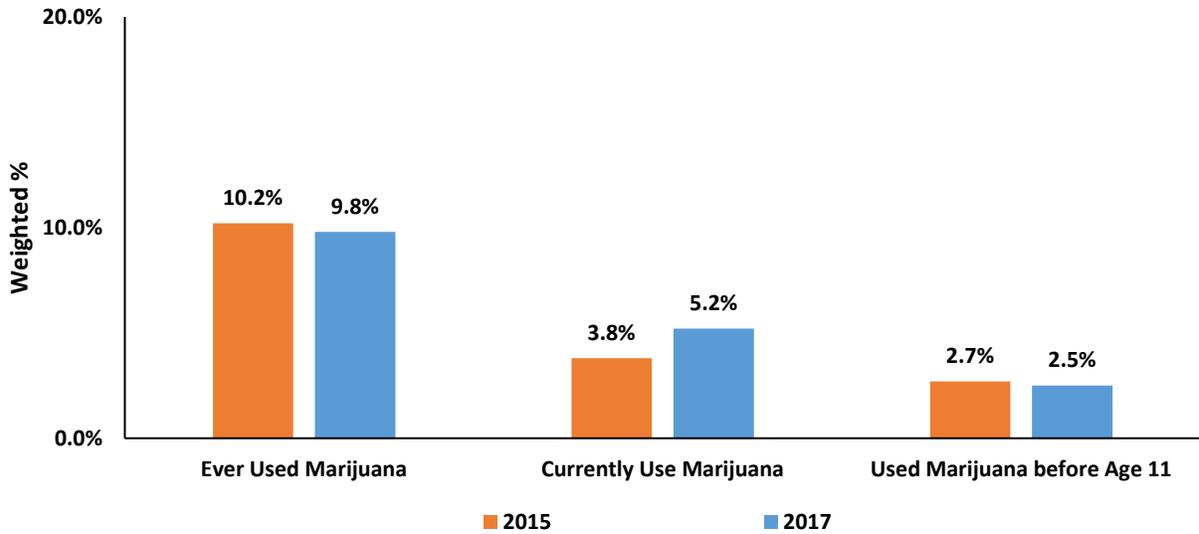
About 3% of Nevada middle school students had tried marijuana before they turned 11 years old, 9.8% have ever tried marijuana before, and 5.2% currently use marijuana.

Figure 76. Nonprescription Substance Use Summary, Nevada Middle and High School Students, 2017.
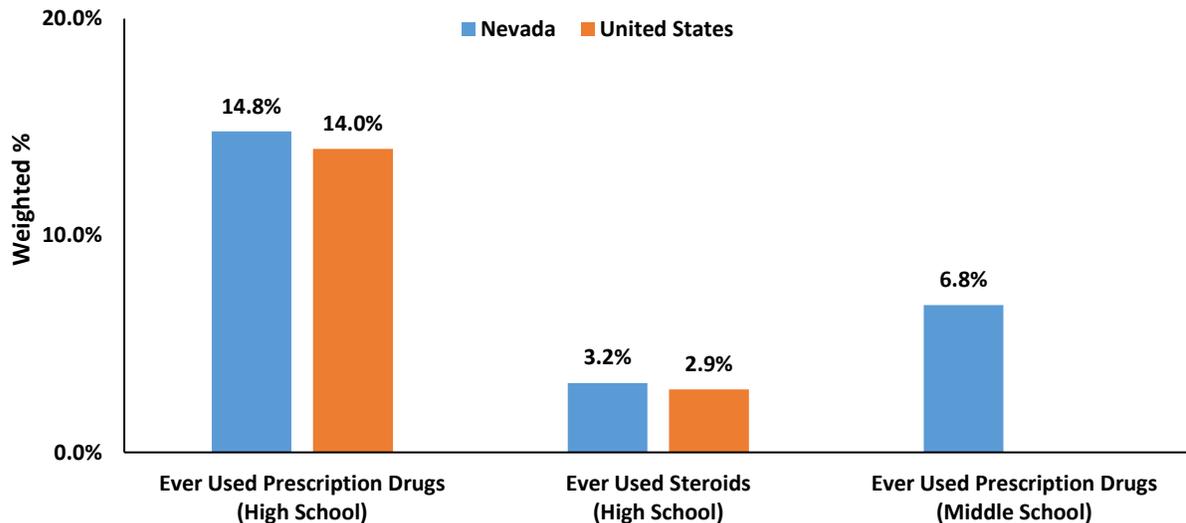
Approximately 15% of high school students and 7% of middle school students in Nevada have used prescription drugs that were not prescribed to them in their lifetime. Of Nevada's high school students, 3.2% have tried non-prescribed steroids.

Figure 77. Lifetime Drug Use Summary, Nevada High School Students, 2017.

Legend: ■ Nevada ■ United States

Y-axis: Weighted %

Drug	Nevada	United States
Heroin	2.6%	1.7%
Methamphetamines	3.3%	2.5%
Cocaine	5.1%	4.8%
Inhalants	7.5%	6.2%
Ecstasy	6.3%	4.0%
Synthetic Marijuana	7.7%	6.9%
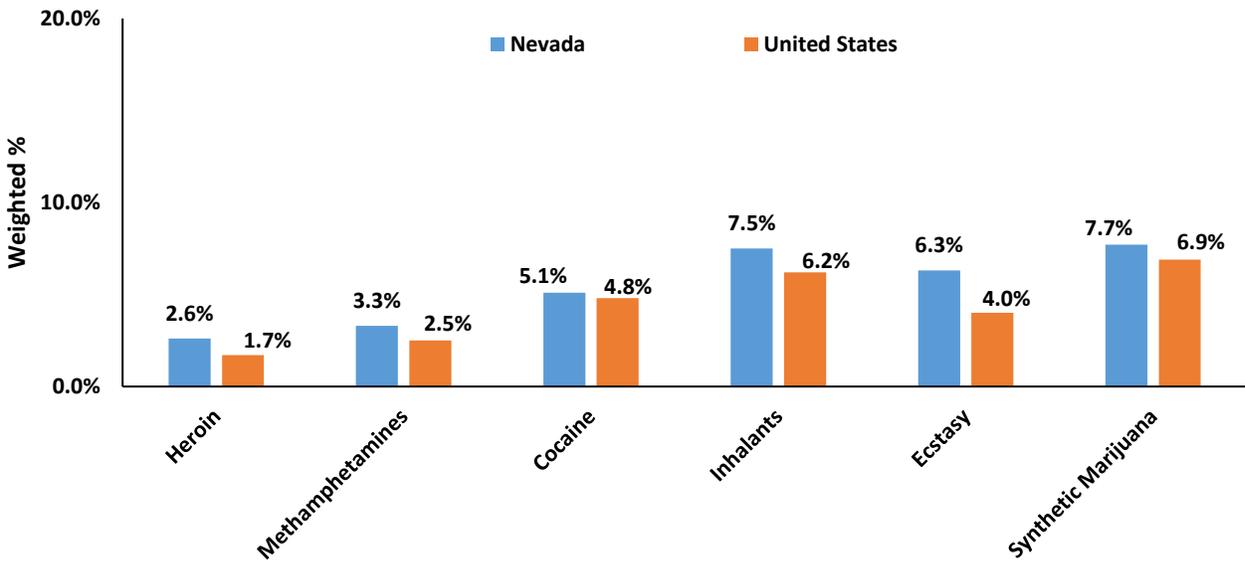
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 30% to display differences among groups.

Drug use among high school students is slightly higher in Nevada than the nation. Of Nevada high school students, 7.5% have used inhalants, while the national percentage is lower, at 6.2%. Nevada high schoolers report use of synthetic marijuana at 7.7%, and methamphetamines at 3.3% in 2017.

Figure 78. Lifetime Drug Use Summary, Nevada Middle School Students, 2015 and 2017.
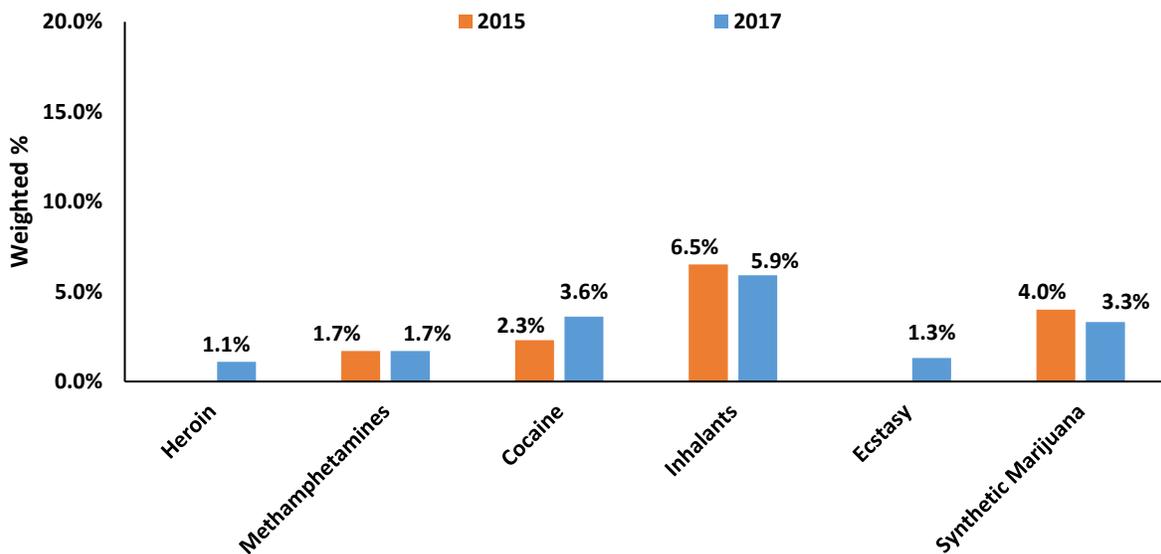
Legend: ■ 2015 ■ 2017

Y-axis: Weighted %

Drug	2015	2017
Heroin		1.1%
Methamphetamines	1.7%	1.7%
Cocaine	2.3%	3.6%
Inhalants	6.5%	5.9%
Ecstasy		1.3%
Synthetic Marijuana	4.0%	3.3%

Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 20% to display differences among groups.
Indicators for "heroin" and "ecstasy" not measured in 2015.

Among Nevada middle school students, 5.9% reported using inhalants in 2017, and 1.7% reported using methamphetamines. Drug use for cocaine, has increased from 2015 at 2.3% to 3.6% in 2017.

Nevada Report Card

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

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

Figure 79. Number of Habitual Truants, Nevada, Class Cohorts 2010–2017.
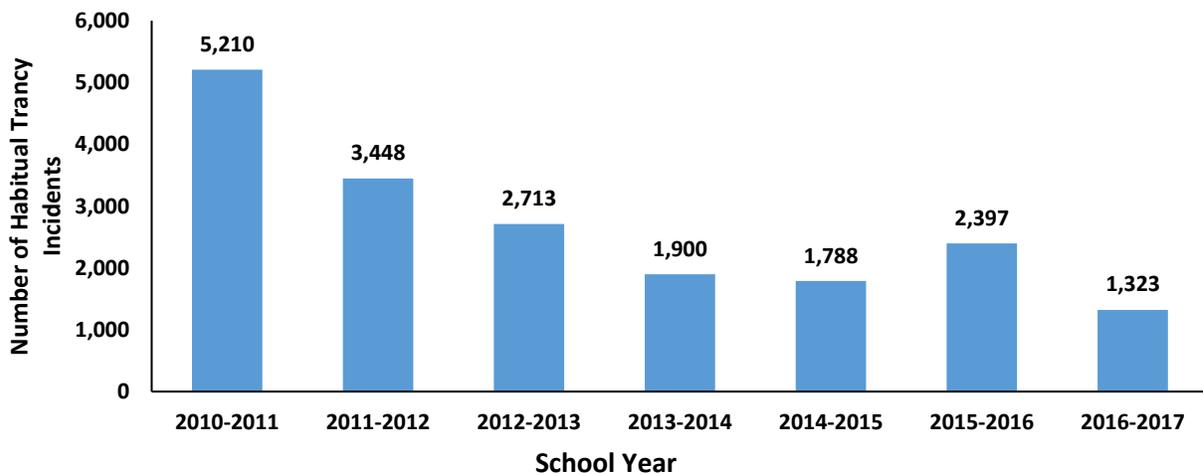
Source: Nevada Department of Education, Report Card.

Nevada's numbers of habitual truant students have been decreasing since the peak of 5,210 truant students during the 2010-2011 school year. Nevada recorded the lowest number of 1,323 truant students during the 2016-2017 school year.

Figure 80. High School Graduation Percentage, Nevada, Class Cohorts 2010–2017.
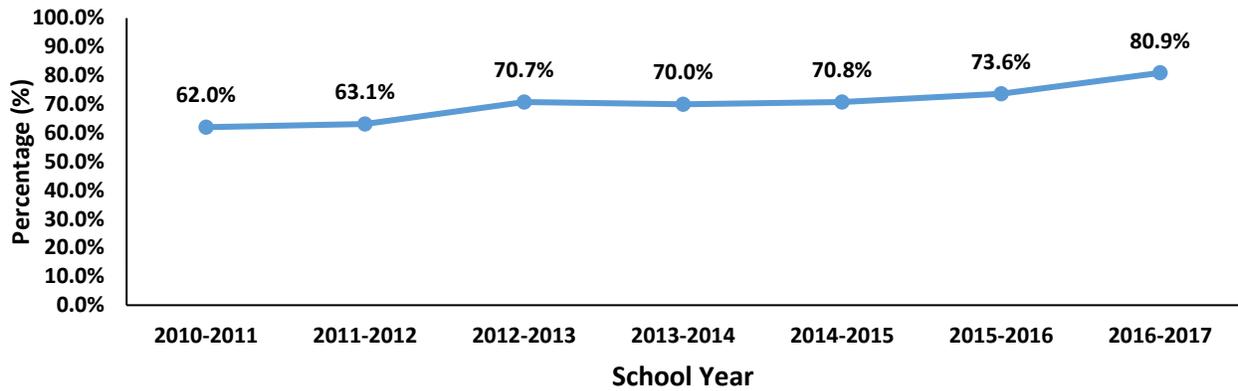
Source: Nevada Department of Education, Report Card.

Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade (number of students who graduate in four years with a regular high school diploma divided by the number of students from the adjusted cohort for the graduation class). Nevada high schools posted the highest graduation rate at 80.9% for the class of 2017, an increase of seven percentage points.

Special Population: Newborns

The data in this section is reflective of self-reported information provided by the mother on the birth record. On average, there are 35,740 live births per year to Nevada residents between 2010 and 2017. From 2015 to 2017, 545 birth certificates indicated alcohol use, 698 birth certificates indicated marijuana use, 356 indicated meth/amphetamine use, 111 indicated opiate use, and 54 indicated heroin use during pregnancy.

Figure 81. Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Nevada 2010-2017*.
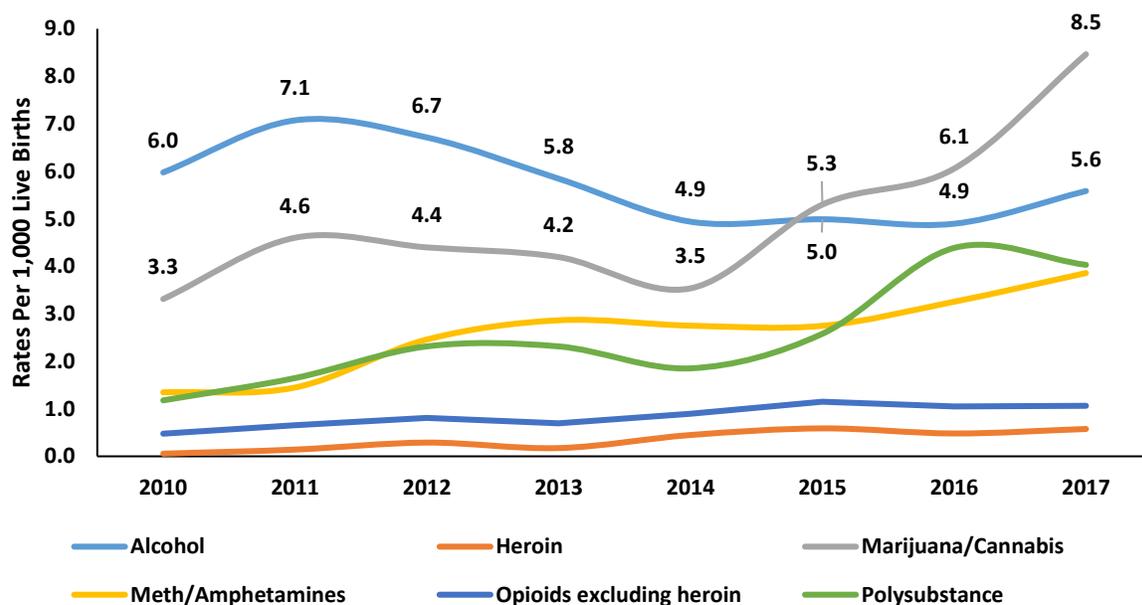
Source: Nevada Electronic Birth Registry System.

Of the self-reported substance use during pregnancy among Nevada mothers who gave birth between 2010 and 2017, the highest rate was with marijuana use in 2017, at 8.5 per 1,000 live births.

Since 2015, the marijuana use rate has surpassed the alcohol use rate, which was 5.6 per 1,000 births in 2017. In 2017, a rate of 4.0 per 1,000 live births was reported for meth/amphetamines, which higher than 2010 at 1.3 per 1,000 live births. For polysubstance use, 3.9 per 1,000 live births reported in 2017. There has been an increase in self-reported polysubstance use since 2015, up from 1.1 per 1,000 live births.

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

Figure 82. Prenatal Tobacco Use Birth Rates (self-reported), Nevada 2010-2017.

Mothers who self-reported tobacco use, has decreased from 66.8 to 48.2 per 1,000 live births from 2010 to 2017. The frontier region has the highest self-reported tobacco use in 2017 at 132.5 per 1,000 live births.

Figure 83. Neonatal Abstinence Syndrome, Nevada 2010-2017.

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother's womb. Withdraw or abstinence symptoms develop shortly after birth. Inpatient admissions for NAS has doubled since 2011, from 145 newborns admitted to 293 newborns admitted in 2017.

Special Population: Lesbian, Gay, Bisexual, and Transgender

Figure 84. Sexual Orientation, Nevada High School Population, 2015 and 2017.
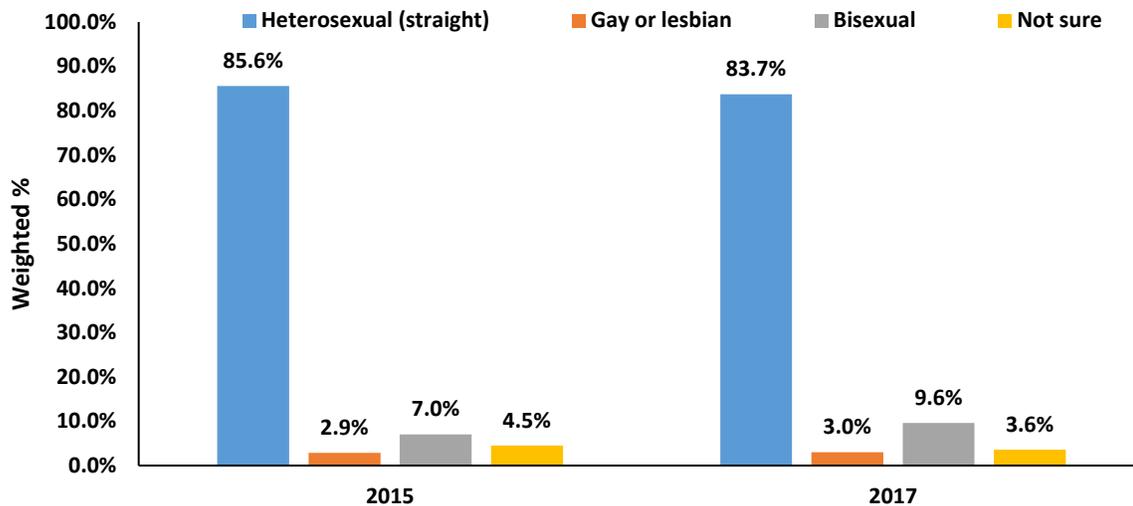
Source: Nevada Youth Risk Behavior Survey (YRBS).

Figure 85. Prevalence Estimates of Health Risk Behaviors, by LGB – Nevada Youths, 2015.
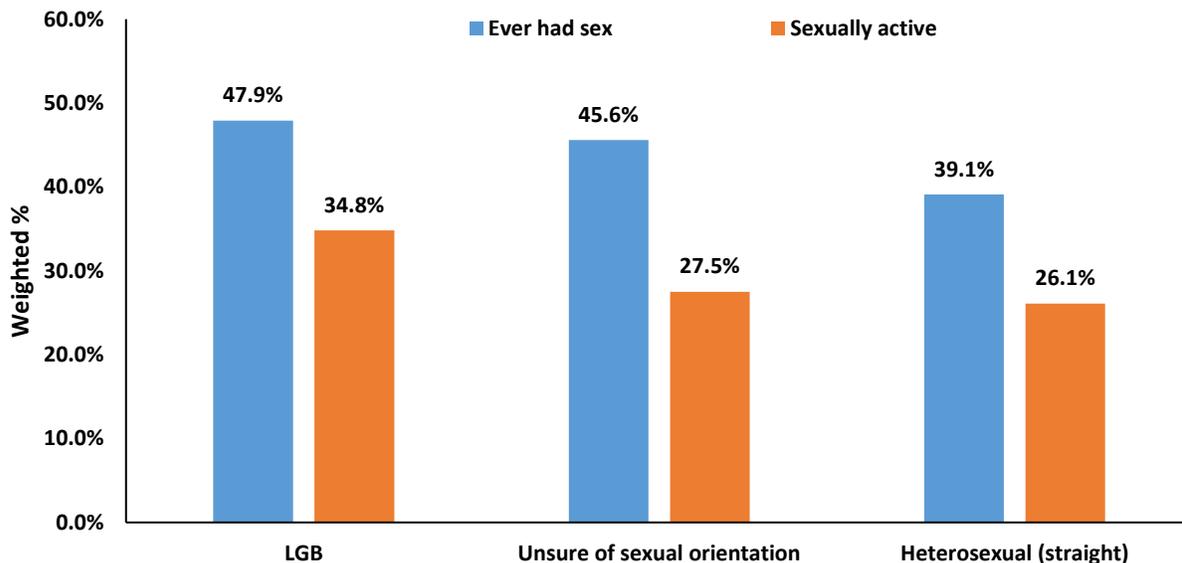
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 60% to display differences among groups.

Of the Nevada high school students who participated in the Youth Risk Behavior Survey (YRBS) in 2017, 83.4% identified as heterosexual (straight), 3% gay or lesbian, 9.9% bisexual and 3.6% not sure about their

sexual orientation. In 2015, 34.8% of Lesbian/Gay/Bisexual (LGB) high school students were sexually active and 47.9% had previously engaged in sex.

Figure 86. Prevalence Estimates of Health Risk Behaviors, by LGB – Nevada Adults, 2016.
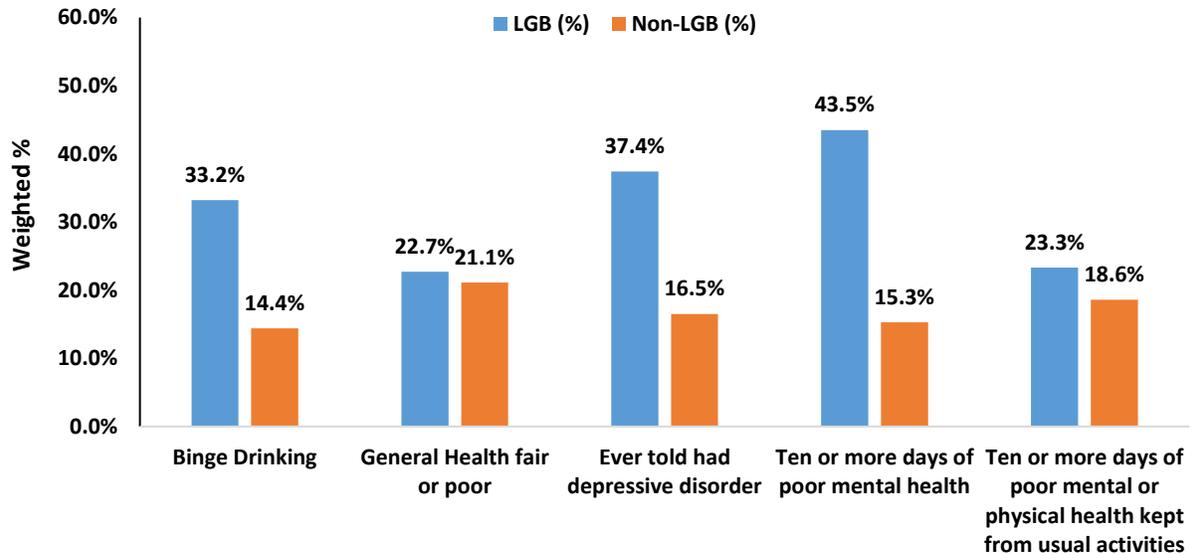
Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 60% to display differences among groups.

Figure 87. Prevalence Estimates of Health Risk Behaviors, by LGB – Nevada Adults, 2017.
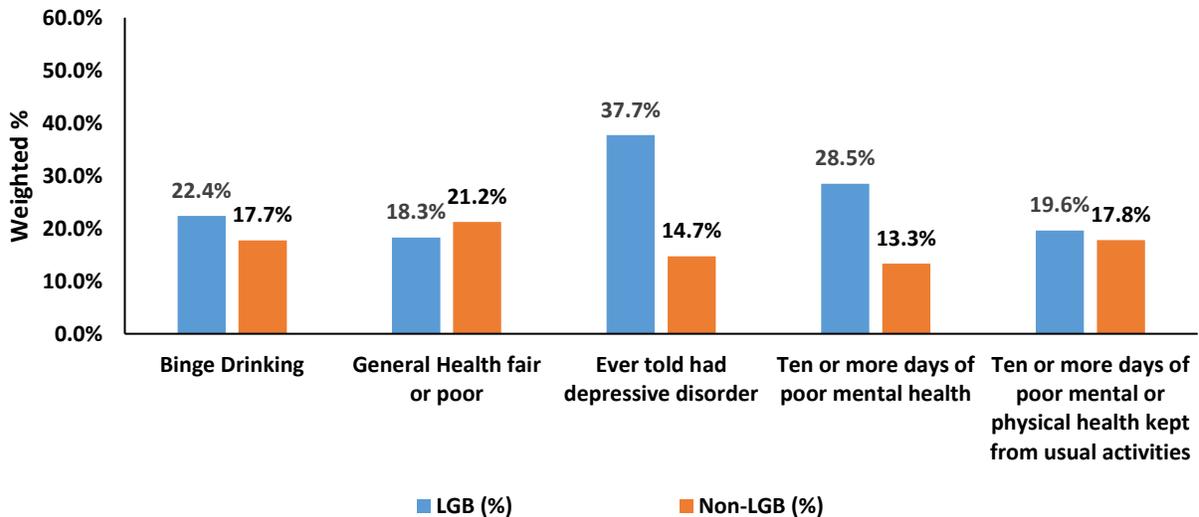
Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 60% to display differences among groups.

Among the LGB population, 22.4% participated in binge drinking in 2017, compared to 17.74% of the non-LGB population. When the LGB population was asked how their general health was, 18.3% said their general health was fair or poor in 2017 as compared to non-LGB at 21.1%. When asked if they were ever told that they had depressive disorder, 37.4% responded yes, compared to non-LGB at 14.7%.

Table 88. Prevalence Estimates of Health Risk Behaviors, by Transgender – Nevada Adults, 2016.
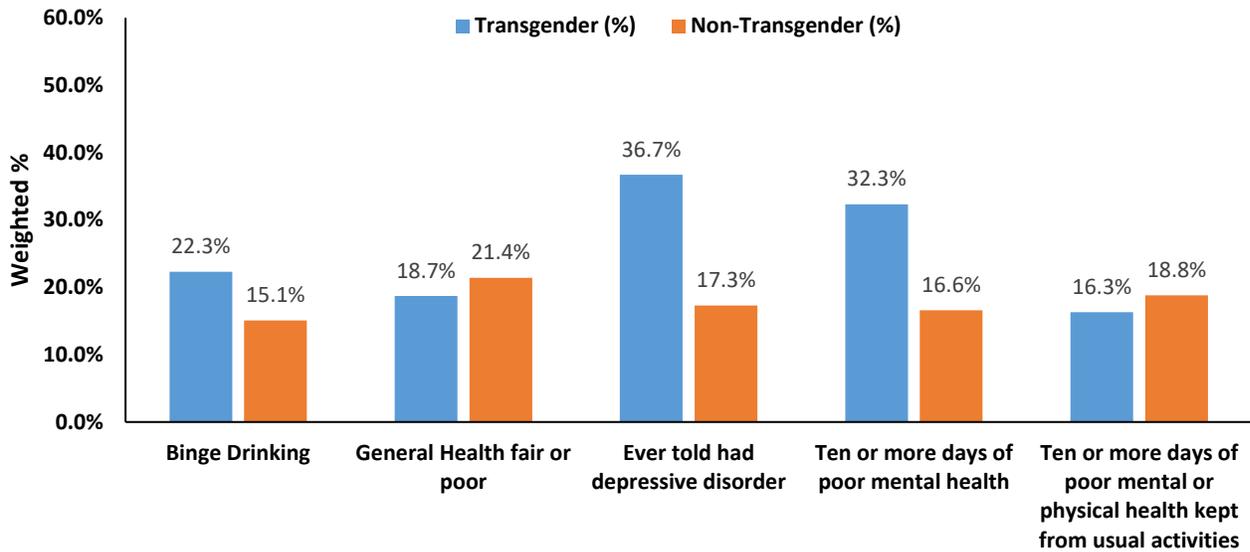
Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 60% to display differences among groups.
Transgender counts small. Numbers may not be reliable.

In the transgender population, 18.6% participated in binge drinking in 2016, and 22.2% said their general health is fair or poor. When asked if they have been told before that they have depressive disorder, 36.7% responded yes, and 44% had ten or more days of poor mental health. However, counts for transgender population are very small. Therefore, data may not be reliable.

Appendix

Hospital billing data (emergency department 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 verses death where the ICD codes are 4-digit. In hospital billing data, the ICD codes are provided in the diagnosis fields, while death 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.

The following ICD-CM codes were used for mental health-related hospital encounters and admissions:

> Anxiety: 300.0 (9); F41 (10)
> Bi-Polar: 296.40-296.89 (9); F32.89, F31 (10)
> Depression: 296.20-296.36 (9); F32.0-F32.5, F33.0-F33.4, F32.9 (10)
> Post-Traumatic Stress Disorder: 309.81 (9); F43.10, F43.12 (10)
> Schizophrenia: 300.0 (9); F20, Z65.8 (10)
> Suicidal Ideation: V62.84 (9); R45.851 (10)
> Suicide Attempts: E95.0-E95.9 (9); X71-X83, T36-T50, T71 (10)

The following ICD-10-CM codes where used for substance-related hospital encounters and admissions:

> 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 where used for suicide-related deaths:

> Suicide: X60-X84

The following ICD-10 codes where used for mental health-related deaths:

> Mental and Behavioral Disorders: F00-F09, and F20-F99.

The following ICD-10 codes where used for alcohol and drug-related deaths:

> Alcohol: F10, K70, Y90, Y91, X45, X65, Y15, T51, K73, K74, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1.

> Drug: F11-F19, X40-X44, X60-S64, X85, Y10-Y14, Y40-Y59, G72.0', 'K85.3, R78.1, R78.2, R78.3, R78.4, R78.5, R78.6, E24.2, O35.5, P04.4, P96.1, P96.2, K71.1, N14.1, N14.0, N14.2, D52.1, T96, Z72.2, and T36-T50.

Table 1. Population Distribution, Nevada, 2010-2017.

Sex	2009	2010	2011	2012	2013	2014	2015	2016	2017
Female	1,323,779	1,338,008	1,347,169	1,362,145	1,388,602	1,410,857	1,440,920	1,470,250	1,487,473
Male	1,353,616	1,367,837	1,374,625	1,388,072	1,412,364	1,432,444	1,456,765	1,483,127	1,497,711
Race									
White	1,507,373	1,508,507	1,510,392	1,514,399	1,523,159	1,528,666	1,530,902	1,539,684	1,542,655
Black	216,432	220,374	222,186	225,778	232,837	238,788	247,229	254,921	259,276
Native American	31,132	31,417	31,707	31,941	32,250	32,424	34,075	34,353	34,569
Asian/Pacific Islander	222,373	227,115	228,367	232,862	242,606	250,934	265,838	276,711	282,054
Hispanic	700,084	718,432	729,142	745,238	770,113	792,488	819,641	847,708	866,630
Age									
0-14	556,165	559,061	559,282	560,716	566,613	571,531	585,566	590,622	592,071
15-17	108,244	107,659	106,834	106,704	107,716	109,022	114,751	118,355	119,542
18-19	73,133	73,645	73,859	74,387	74,442	73,127	74,276	76,261	78,261
20-24	177,801	182,266	183,525	187,646	193,776	197,670	198,155	200,312	198,406
25-34	378,852	377,553	374,494	372,983	376,947	381,591	396,649	407,260	415,461
35-44	387,022	387,788	387,069	389,725	395,766	399,542	398,838	403,408	405,491
45-54	369,075	372,166	373,149	375,197	379,995	385,828	387,647	394,646	395,961
55-64	303,733	310,919	318,128	323,370	331,756	338,075	344,172	351,960	356,964
65-74	200,225	207,114	212,292	223,092	233,677	241,857	248,456	254,595	260,144
75-84	92,805	95,725	99,748	101,759	104,280	108,183	111,916	117,805	123,735
85+	30,341	31,950	33,416	34,638	35,998	36,876	37,258	38,153	39,148
Total	**2,677,395**	**2,705,845**	**2,721,794**	**2,750,217**	**2,800,966**	**2,843,301**	**2,897,684**	**2,953,377**	**2,985,184**

Source: Nevada State Demographer, Vintage 2017.

Table 2. Middle School and High School Indicators, 2017.

Indicator	Middle School Percent (%)	Middle School Confidence Interval (95%)	High School Percent (%)	High School Confidence Interval (95%)
Felt sad or hopeless	29.3%	(27.3 - 31.3)	34.6%	(32.7 - 36.4)
Considered committing suicide	21.3%	(19.6 - 23.1)	16.6%	(15.1 - 18.0)
Planned suicide	15.3%	(13.8 - 16.8)	14.4%	(13.0 - 15.8)
Attempted suicide	8.2%	(7.2 - 9.2)	8.5%	(7.2 - 9.8)
Cut or burn themselves**	18.4%	(16.7 - 20.1)		
Currently smoke cigarettes	2.2%	(1.7 - 2.6)	6.4%	(5.5 - 7.4)
Currently smoke cigars	2.3%	(1.6 - 9.0)	6.9%	(5.7 - 8.0)
Currently use smokeless tobacco	1.8%	(1.3 - 2.3)	4.0%	(3.1 - 4.9)
Currently use tobacco	4.6%	(3.5 - 5.6)	12.0%	(10.5 - 13.4)
Ever used E-vapor products	18.6%	(16.5 - 20.6)	42.6%	(39.8 - 45.5)
Currently use E-vapor products	6.7%	(5.7 - 7.8)	15.0%	(13.2 - 16.8)
Tried E-vapor products before age 11	5.1%	(4.3 - 5.8)	11.1%	(9.8 - 12.4)
Drank alcohol before age 11 (MS) / age 13 (HS)	13.0%	(11.6 - 14.5)	18.2%	(16.4 - 20.0)
Someone else provided alcohol			42.6%	(39.1 - 46.1)
Recent binge drinking			11.1%	(9.8 - 12.4)
Currently drank alcohol	9.2%	(7.9 - 10.4)	26.5%	(24.0 - 28.9)
Ever drank alcohol	27.4%	(25.0 - 29.8)	60.6%	(57.8 - 63.4)
Ever used marijuana	9.8%	(8.4 - 11.2)	37.0%	(33.7 - 40.2)
Currently use marijuana	5.2%	(4.1 - 6.2)	19.5%	(17.2 - 21.8)
Used marijuana before age 11	2.5%	(2.0 - 3.1)	8.8%	(7.5 - 10.1)
Ever used prescription drugs (in HS)*			14.8%	(13.2 - 16.4)
Ever used steroids (in HS)*			3.2%	(2.2 - 4.2)
Ever used prescription drugs (in MS)*			6.8%	(5.6 - 8.0)
Ever used heroin	1.1%	(0.7 - 1.4)	2.6%	(1.8 - 3.3)
Ever used methamphetamines	1.7%	(1.2 - 2.2)	3.3%	(2.6 - 4.1)
Ever used cocaine	3.6%	(2.9 - 4.3)	5.1%	(4.1 - 6.0)
Ever used inhalants	5.9%	(5.1 - 6.8)	7.5%	(6.5 - 8.5)
Ever used ecstasy	1.3%	(0.9 - 1.7)	6.3%	(5.2 - 7.5)
Ever used synthetic marijuana	3.3%	(2.5 - 4.0)	7.7%	(6.4 - 8.9)
Ever had sex*			36.8%	(33.6 - 40.0)
Had sex before age 13*			4.1%	(3.2 - 4.9)
Had sex with 4 or more persons*			9.5%	(8.0 - 11.0)
Currently have Sex*			25.8%	(23.2 - 28.5)

Source: Behavioral Risk Factor Surveillance System (BRFSS).
*Indicator not measured.
~Data currently not available.

Table 3. Prevalence Estimates of Health Risk Behaviors, Nevada Adults, 2011-2017.

Indicator	Percent & Confidence Interval (95%)						
	2011	2012	2013	2014	2015	2016	2017
Currently use marijuana/hashish	5.7% (4.6 - 6.9)	5.4% (4.2 - 6.5)	4.8% (3.2 - 6.4)	6.1% (4.7 - 7.5)	7.3% (5.5 - 9.0)	8.4% (7.1 - 9.7)	~
Use other illegal drugs	1.0% (0.4 - 1.6)	1.2% (0.7 - 1.8)	0.8% (0.4 - 1.2)	1.2% (0.5 - 1.8)	1.1% (0.5 - 1.8)	1.5% (0.9 - 2.1)	~
Currently use pain killer to get high	0.9% (0.3 - 1.6)	1.0% (0.5 - 1.4)	0.3% (0.1 - 0.5)	0.6% (0.2 - 1.0)	0.3% (0.1 - 0.5)	1.1% (0.4 - 1.9)	~
Seriously considering suicide	3.2% (2.2 - 4.1)	2.0% (1.5 - 2.6)	2.2% (1.2 - 3.1)	*	2.1% (1.4 - 2.7)	3.6% (2.6 - 4.5)	~
No days of poor mental or physical health that prevented them from doing usual activities	60.2% (57.0 - 63.4)	58.1% (55.2 - 60.9)	59.3% (55.7 - 62.8)	58.1% (54.6 - 61.6)	59.0% (55.2 - 62.9)	55.7% (52.6 - 58.7)	52.4% (48.1 - 56.6)
1-9 days of poor mental or physical health that prevented them from doing usual activities	20.4% (17.9 - 22.9)	23.8% (21.2 - 26.3)	23.2% (20.2 - 26.2)	25.6% (22.4 - 28.8)	22.6% (19.5 - 25.7)	25.3% (22.6 - 28.1)	29.9% (26.0 - 33.8)
10 or more days of poor mental or physical health that prevented them from doing usual activities	19.4% (16.8 - 22.0)	18.2% (16.0 - 20.3)	17.5% (14.8 - 20.3)	16.3% (13.9 - 18.7)	18.4% (15.3 - 21.5)	19.0% (16.7 - 21.3)	17.7% (14.5 - 21.0)

Source: Behavioral Risk Factor Surveillance System (BRFSS).
*Indicator not currently not available.

Table 4. Counts and Crude Rates per 100,000 of Selected Behavioral Health-Related Emergency Room Encounters by Gender, Nevada Residents, 2009-2017.

2009	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	10,129	765.2 (750.3-780.1)	5,437	401.7 (391.0-412.3)	15,567	581.4 (572.3-590.6)
Depression	9,424	711.9 (697.5-726.3)	6,467	477.8 (466.1-489.4)	15,891	593.5 (584.3-602.8)
Bipolar Disorder	3,489	263.6 (254.8-272.3)	2,517	185.9 (178.7-193.2)	6,006	224.3 (218.6-230.0)
PTSD	282	21.3 (18.8-23.8)	306	22.6 (20.1-25.1)	588	22.0 (20.2-23.7)
Schizophrenia	1,283	96.9 (91.6-102.2)	2,112	156.0 (149.4-162.7)	3,395	126.8 (122.5-131.1)
Suicidal Ideation	3,186	240.7 (232.3-249.0)	4,235	312.9 (303.4-322.3)	7,421	277.2 (270.9-283.5)

2010	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	11,536	862.2 (846.4-877.9)	5,824	425.8 (414.8-436.7)	17,360	641.6 (632.0-651.1)
Depression	10,181	760.9 (746.1-775.7)	6,919	505.8 (493.9-517.8)	17,100	632.0 (622.5-641.4)
Bipolar Disorder	4,687	350.3 (340.3-360.3)	3,113	227.6 (219.6-235.6)	7,800	288.3 (281.9-294.7)
PTSD	577	43.1 (39.6-46.6)	455	33.3 (30.2-36.3)	1,032	38.1 (35.8-40.5)
Schizophrenia	1,532	114.5 (108.8-120.2)	2,842	207.8 (200.1-215.4)	4,374	161.7 (156.9-166.4)
Suicidal Ideation	3,423	255.8 (247.3-264.4)	4,333	316.8 (307.3-326.2)	7,756	286.6 (280.3-293.0)

2011	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	14,115	1,047.8 (1,030.5-1,065.0)	6,852	498.5 (486.7-510.3)	20,968	770.4 (759.9-780.8)
Depression	12,121	899.7 (883.7-915.8)	7,765	564.9 (552.3-577.4)	19,886	730.6 (720.5-740.8)
Bipolar Disorder	5,135	381.2 (370.7-391.6)	3,463	251.9 (243.5-260.3)	8,598	315.9 (309.2-322.6)
PTSD	753	55.9 (51.9-59.9)	671	48.8 (45.1-52.5)	1,424	52.3 (49.6-55.0)
Schizophrenia	1,803	133.8 (127.7-140.0)	2,796	203.4 (195.9-210.9)	4,599	169.0 (164.1-173.9)
Suicidal Ideation	3,823	283.8 (274.8-292.8)	4,736	344.5 (334.7-354.3)	8,559	314.5 (307.8-321.1)

2012	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	18,155	1,332.8 (1,313.4-1,352.2)	8,723	644.4 (630.9-657.9)	26,878	977.3 (965.6-989.0)
Depression	13,759	1,010.1 (993.2-1,027.0)	8,231	608.1 (594.9-621.2)	21,990	799.6 (789.0-810.1)
Bipolar Disorder	5,566	408.6 (397.9-419.4)	3,738	276.1 (267.3-285.0)	9,305	338.3 (331.5-345.2)
PTSD	1,032	75.8 (71.1-80.4)	723	53.4 (49.5-57.3)	1,755	63.8 (60.8-66.8)
Schizophrenia	2,031	149.1 (142.6-155.6)	3,105	229.4 (221.3-237.5)	5,137	186.8 (181.7-191.9)
Suicidal Ideation	4,066	298.5 (289.3-307.7)	4,938	364.8 (354.6-375.0)	9,004	327.4 (320.6-334.2)

2013	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	20,225	1,456.5 (1,436.4-1,476.6)	10,456	740.3 (726.1-754.5)	30,682	1,095.4 (1,083.2-1,107.7)
Depression	14,339	1,032.6 (1,015.7-1,049.5)	8,594	608.5 (595.6-621.3)	22,934	818.8 (808.2-829.4)
Bipolar Disorder	5,973	430.1 (419.2-441.1)	4,142	293.3 (284.3-302.2)	10,115	361.1 (354.1-368.2)
PTSD	1,344	96.8 (91.6-102.0)	1,005	71.2 (66.8-75.6)	2,349	83.9 (80.5-87.3)
Schizophrenia	2,203	158.6 (152.0-165.3)	3,763	266.4 (257.9-274.9)	5,966	213.0 (207.6-218.4)
Suicidal Ideation	3,867	278.5 (269.7-287.3)	4,978	352.5 (342.7-362.2)	8,845	315.8 (309.2-322.4)

2014	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	25,765	1,826.2 (1,803.9-1,848.5)	12,752	890.2 (874.8-905.7)	38,517	1,354.7 (1,341.1-1,368.2)
Depression	16,860	1,195.0 (1,177.0-1,213.1)	9,815	685.2 (671.6-698.7)	26,676	938.2 (926.9-949.5)
Bipolar Disorder	7,065	500.8 (489.1-512.4)	4,994	348.6 (339.0-358.3)	12,059	424.1 (416.5-431.7)
PTSD	1,649	116.9 (111.2-122.5)	1,274	88.9 (84.1-93.8)	2,923	102.8 (99.1-106.5)
Schizophrenia	2,648	187.7 (180.5-194.8)	4,384	306.1 (297.0-315.1)	7,032	247.3 (241.5-253.1)
Suicidal Ideation	3,910	277.1 (268.4-285.8)	4,893	341.6 (332.0-351.2)	8,803	309.6 (303.1-316.1)

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.
Categories are not mutually exclusive.

2015	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	28,027	1,945.1 (1,922.3-1,967.8)	13,897	954.0 (938.1-969.8)	41,924	1,446.8 (1,433.0-1,460.7)
Depression	17,828	1,237.3 (1,219.1-1,255.4)	11,155	765.7 (751.5-779.9)	28,983	1,000.2 (988.7-1,011.7)
Bipolar Disorder	7,298	506.5 (494.9-518.1)	5,375	369.0 (359.1-378.8)	12,673	437.3 (429.7-445.0)
PTSD	1,775	123.2 (117.5-128.9)	1,371	94.1 (89.1-99.1)	3,146	108.6 (104.8-112.4)
Schizophrenia	2,634	182.8 (175.8-189.8)	4,741	325.4 (316.2-334.7)	7,375	254.5 (248.7-260.3)
Suicidal Ideation	4,084	283.4 (274.7-292.1)	6,125	420.5 (409.9-431.0)	10,209	352.3 (345.5-359.2)

2016	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	32,599	2,217.2 (2,193.2-2,241.3)	16,725	1,127.7 (1,110.6-1,144.8)	49,342	1,670.7 (1,656.0-1,685.4)
Depression	19,827	1,348.5 (1,329.8-1,367.3)	11,999	809.0 (794.6-823.5)	31,845	1,078.3 (1,066.4-1,090.1)
Bipolar Disorder	8,325	566.2 (554.1-578.4)	6,114	412.2 (401.9-422.6)	14,446	489.1 (481.2-497.1)
PTSD	2,223	151.2 (144.9-157.5)	1,664	112.2 (106.8-117.6)	3,892	131.8 (127.6-135.9)
Schizophrenia	2,792	189.9 (182.9-196.9)	4,573	308.3 (299.4-317.3)	7,367	249.4 (243.7-255.1)
Suicidal Ideation	4,550	309.5 (300.5-318.5)	6,598	444.9 (434.1-455.6)	11,155	377.7 (370.7-384.7)

2017	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	35,039	2,355.6 (2,330.9-2,380.3)	18,437	1,231.0 (1,213.2-1,248.8)	53,480	1,791.5 (1,776.3-1,806.7)
Depression	19,120	1,285.4 (1,267.2-1,303.6)	12,010	801.9 (787.5-816.2)	31,133	1,042.9 (1,031.3-1,054.5)
Bipolar Disorder	9,624	647.0 (634.1-659.9)	7,790	520.1 (508.6-531.7)	17,418	583.5 (574.8-592.1)
PTSD	2,889	194.2 (187.1-201.3)	2,308	154.1 (147.8-160.4)	5,197	174.1 (169.4-178.8)
Schizophrenia	3,240	217.8 (210.3-225.3)	5,989	399.9 (389.7-410.0)	9,230	309.2 (302.9-315.5)
Suicidal Ideation	5,527	371.6 (361.8-381.4)	8,825	589.2 (576.9-601.5)	14,357	480.9 (473.1-488.8)

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.
Categories are not mutually exclusive.

Table 5. Counts and Crude Rates per 100,000 of Selected Behavioral Health-Related Inpatient Admissions by Gender, Nevada Residents, 2009-2017.

2009	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	7,748	585.3 (572.3-598.3)	3,704	273.6 (264.8-282.4)	11,453	427.8 (419.9-435.6)
Depression	12,018	907.9 (891.6-924.1)	6,745	498.3 (486.4-510.2)	18,764	700.8 (690.8-710.9)
Bipolar Disorder	4,313	325.8 (316.1-335.5)	2,766	204.3 (196.7-212.0)	7,079	264.4 (258.2-270.6)
PTSD	891	67.3 (62.9-71.7)	734	54.2 (50.3-58.1)	1,625	60.7 (57.7-63.6)
Schizophrenia	1,124	84.9 (79.9-89.9)	1,402	103.6 (98.2-109.0)	2,526	94.3 (90.7-98.0)
Suicidal Ideation	860	65.0 (60.6-69.3)	858	63.4 (59.1-67.6)	1,718	64.2 (61.1-67.2)

2010	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	8,201	612.9 (599.7-626.2)	4,052	296.2 (287.1-305.4)	12,253	452.8 (444.8-460.9)
Depression	12,385	925.6 (909.3-941.9)	7,175	524.6 (512.4-536.7)	19,560	722.9 (712.7-733.0)
Bipolar Disorder	4,733	353.7 (343.7-363.8)	2,963	216.6 (208.8-224.4)	7,696	284.4 (278.1-290.8)
PTSD	1,090	81.5 (76.6-86.3)	771	56.4 (52.4-60.3)	1,861	68.8 (65.7-71.9)
Schizophrenia	1,163	86.9 (81.9-91.9)	1,492	109.1 (103.5-114.6)	2,655	98.1 (94.4-101.9)
Suicidal Ideation	1,358	101.5 (96.1-106.9)	1,278	93.4 (88.3-98.6)	2,636	97.4 (93.7-101.1)

2011	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	9,035	670.7 (656.8-684.5)	4,472	325.3 (315.8-334.9)	13,507	496.3 (487.9-504.6)
Depression	13,153	976.3 (959.7-993.0)	7,517	546.8 (534.5-559.2)	20,671	759.5 (749.1-769.8)
Bipolar Disorder	4,627	343.5 (333.6-353.4)	2,972	216.2 (208.4-224.0)	7,599	279.2 (272.9-285.5)
PTSD	1,055	78.3 (73.6-83.0)	865	62.9 (58.7-67.1)	1,920	70.5 (67.4-73.7)
Schizophrenia	1,203	89.3 (84.3-94.3)	1,559	113.4 (107.8-119.0)	2,762	101.5 (97.7-105.3)
Suicidal Ideation	1,924	142.8 (136.4-149.2)	1,772	128.9 (122.9-134.9)	3,696	135.8 (131.4-140.2)

2012	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	11,824	868.0 (852.4-883.7)	5,560	410.8 (400.0-421.5)	17,389	632.3 (622.9-641.7)
Depression	14,672	1077.1 (1059.7-1094.6)	8,153	602.3 (589.2-615.4)	22,826	830.0 (819.2-840.7)
Bipolar Disorder	4,395	322.7 (313.1-332.2)	2,828	208.9 (201.2-216.6)	7,223	262.6 (256.6-268.7)
PTSD	1,207	88.6 (83.6-93.6)	968	71.5 (67.0-76.0)	2,176	79.1 (75.8-82.4)
Schizophrenia	1,289	94.6 (89.5-99.8)	1,614	119.2 (113.4-125.1)	2,903	105.6 (101.7-109.4)
Suicidal Ideation	2,945	216.2 (208.4-224.0)	2,577	190.4 (183.0-197.7)	5,522	200.8 (195.5-206.1)

2013	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	13,666	984.2 (967.7-1000.7)	6,744	477.5 (466.1-488.9)	20,411	728.7 (718.7-738.7)
Depression	15,744	1133.8 (1116.1-1151.5)	8,626	610.7 (597.9-623.6)	24,372	870.1 (859.2-881.1)
Bipolar Disorder	4,249	306.0 (296.8-315.2)	2,938	208.0 (200.5-215.5)	7,190	256.7 (250.8-262.6)
PTSD	1,393	100.3 (95.0-105.6)	1,169	82.8 (78.0-87.5)	2,563	91.5 (88.0-95.0)
Schizophrenia	1,370	98.7 (93.4-103.9)	1,885	133.5 (127.4-139.5)	3,255	116.2 (112.2-120.2)
Suicidal Ideation	3,260	234.8 (226.7-242.8)	3,080	218.1 (210.4-225.8)	6,340	226.4 (220.8-231.9)

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.
Categories are not mutually exclusive.

2014	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	15,376	1,089.8 (1,072.6-1,107.1)	7,844	547.6 (535.5-559.7)	23,221	816.7 (806.2-827.2)
Depression	17,806	1,262.1 (1,243.5-1,280.6)	10,018	699.4 (685.7-713.1)	27,825	978.6 (967.1-990.1)
Bipolar Disorder	4,681	331.8 (322.3-341.3)	3,403	237.6 (229.6-245.5)	8,084	284.3 (278.1-290.5)
PTSD	1,566	111.0 (105.5-116.5)	1,330	92.8 (87.9-97.8)	2,896	101.9 (98.1-105.6)
Schizophrenia	1,556	110.3 (104.8-115.8)	2,248	156.9 (150.4-163.4)	3,804	133.8 (129.5-138.0)
Suicidal Ideation	3,785	268.3 (259.7-276.8)	3,685	257.3 (248.9-265.6)	7,470	262.7 (256.8-268.7)

2015	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	17,565	1,219.0 (1,201.0-1,237.0)	8,909	611.6 (598.9-624.3)	26,474	913.6 (902.6-924.6)
Depression	19,929	1,383.1 (1,363.9-1,402.3)	12,112	831.4 (816.6-846.2)	32,042	1,105.8 (1,093.7-1,117.9)
Bipolar Disorder	6,518	452.3 (441.4-463.3)	5,447	373.9 (364.0-383.8)	11,965	412.9 (405.5-420.3)
PTSD	2,232	154.9 (148.5-161.3)	1,852	127.1 (121.3-132.9)	4,084	140.9 (136.6-145.3)
Schizophrenia	2,397	166.4 (159.7-173.0)	4,022	276.1 (267.6-284.6)	6,419	221.5 (216.1-226.9)
Suicidal Ideation	5,512	382.5 (372.4-392.6)	6,265	430.1 (419.4-440.7)	11,777	406.4 (399.1-413.8)

2016	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	19,113	1,300.0 (1,281.6-1,318.4)	10,078	679.5 (666.2-692.8)	29,196	988.6 (977.2-999.9)
Depression	19,716	1,341.0 (1,322.3-1,359.7)	12,389	835.3 (820.6-850.0)	32,106	1,087.1 (1,075.2-1,099.0)
Bipolar Disorder	6,483	440.9 (430.2-451.7)	5,486	369.9 (360.1-379.7)	11,969	405.3 (398.0-412.5)
PTSD	2,485	169.0 (162.4-175.7)	1,997	134.6 (128.7-140.6)	4,483	151.8 (147.3-156.2)
Schizophrenia	2,089	142.1 (136.0-148.2)	3,652	246.2 (238.3-254.2)	5,741	194.4 (189.4-199.4)
Suicidal Ideation	3,137	213.4 (205.9-220.8)	3,431	231.3 (223.6-239.1)	6,568	222.4 (217.0-227.8)

2017	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	20,601	1,385.0 (1,366.1-1,403.9)	11,069	739.1 (725.3-752.8)	31,671	1,060.9 (1,049.3-1,072.6)
Depression	20,653	1,388.5 (1,369.5-1,407.4)	13,460	898.7 (883.5-913.9)	34,115	1,142.8 (1,130.7-1,154.9)
Bipolar Disorder	6,839	459.8 (448.9-470.7)	6,033	402.8 (392.6-413.0)	12,875	431.3 (423.8-438.7)
PTSD	2,660	178.8 (172.0-185.6)	2,267	151.4 (145.1-157.6)	4,928	165.1 (160.5-169.7)
Schizophrenia	2,033	136.7 (130.7-142.6)	3,416	228.1 (220.4-235.7)	5,449	182.5 (177.7-187.4)
Suicidal Ideation	5,619	377.8 (367.9-387.6)	7,257	484.5 (473.4-495.7)	12,876	431.3 (423.9-438.8)

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.
Categories are not mutually exclusive.

Table 6. Demographics of State-Funded Mental Health Clinics Utilization*, 2011-2017.

Sex	2011	2012	2013	2014	2015	2016	2017
Female	12,554	11,713	11,628	11,030	9,021	7,765	6,916
Male	10,855	10,145	10,122	9,667	8,552	7,421	6,778
Unknown	148	60	162	90	45	15	8
Race/Ethnicity							
White	14,622	13,670	12,978	12,050	9,615	7,528	6,711
Black	2,701	2,548	2,618	2,311	2,023	1,676	1,518
Hispanic	2,495	2,511	2,531	2,213	2,038	1,699	1,544
Asian	484	498	465	414	375	344	324
American Indian/Alaskan	249	242	242	254	209	175	190
Native Hawaiian/Pacific Islander	107	100	93	91	82	59	64
More than 1 race reported	329	313	323	357	283	210	190
Other/Unknown	2,570	2,036	2,662	3,097	2,993	3,510	3,161
Age							
0-14	493	472	452	544	526	531	611
15-17	245	217	243	341	356	362	381
18-19	445	382	375	302	295	297	289
20-24	2,072	1,871	1,709	1,557	1,443	1,150	1,013
25-34	5,047	4,709	4,786	4,352	3,723	3,179	2,814
35-44	4,920	4,612	4,487	4,147	3,431	2,920	2,566
45-54	6,145	5,576	5,651	5,261	4,037	3,244	2,666
55-64	3,555	3,466	3,561	3,508	2,992	2,627	2,458
65-74	547	534	568	678	708	764	761
75-84	64	60	64	75	82	111	129
>84	10	10	8	5	14	10	7
Unknown	14	9	8	17	11	6	7
Education							
No Formal Education	171	145	120	117	84	85	62
<=12th Grade - No Diploma	4,787	4,514	4,424	4,134	3,543	2,986	2,666
High School Graduate	5,751	5,495	5,476	5,074	4,173	3,338	2,878
GED	2,059	1,889	1,914	1,694	1,347	955	795
Some College	5,892	5,619	5,422	4,924	3,765	2,926	2,424
College undergraduate degree	1,037	967	869	901	701	540	487
Some Graduate School	155	151	140	119	90	86	77
Graduate Degree	408	403	392	356	296	234	225
Special Education	124	117	111	122	98	81	64
Other/Unknown	3,173	2,618	3,044	3,346	3,521	3,970	4,024
Total	23,557	21,918	21,912	20,787	17,618	15,201	13,702

Source: Avatar.

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

Table 7a. Alcohol and Drug-Related Emergency Department Encounters by Year, 2009.

2009	Alcohol			Drug Use		
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	6,316	30%	477.1 (465.4-488.9)	6,808	46%	514.3 (502.1-526.5)
Male	14,548	70%	1,074.8 (1,057.3-1,092.2)	7,886	54%	582.6 (569.7-595.4)
Unknown	2	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	13,664	65%	906.5 (891.3-921.7)	9,737	66%	646.0 (633.1-658.8)
Black	2,109	10%	974.4 (932.9-1,016.0)	2,155	15%	995.7 (953.7-1,037.7)
Native American	525	3%	1,686.3 (1,542.1-1,830.6)	133	1%	427.2 (354.6-499.8)
Asian/Pacific	442	2%	198.8 (180.2-217.3)	293	2%	131.8 (116.7-146.8)
Hispanic	2,565	12%	366.4 (352.2-380.6)	1,470	10%	210.0 (199.2-220.7)
Other/Unknown	1,561	7%	-	906	6%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	91	0%	16.4 (13.0-19.7)	664	5%	119.4 (110.3-128.5)
15-17	480	2%	443.4 (403.8-483.1)	647	4%	597.7 (551.7-643.8)
18-19	386	2%	527.8 (475.2-580.5)	623	4%	851.9 (785.0-918.8)
20-24	1,558	7%	876.3 (832.7-919.8)	1,800	12%	1,012.4 (965.6-1,059.1)
25-34	3,463	17%	914.1 (883.6-944.5)	3,408	23%	899.6 (869.4-929.8)
35-44	4,742	23%	1,225.3 (1,190.4-1,260.1)	3,015	21%	779.0 (751.2-806.8)
45-54	6,172	30%	1,672.3 (1,630.6-1,714.0)	2,942	20%	797.1 (768.3-825.9)
55-64	2,769	13%	911.7 (877.7-945.6)	1,149	8%	378.3 (356.4-400.2)
65-74	889	4%	444.0 (414.8-473.2)	272	2%	135.8 (119.7-152.0)
75-84	219	1%	236.0 (204.7-267.2)	124	1%	133.6 (110.1-157.1)
85+	94	0%	309.8 (247.2-372.4)	50	0%	164.8 (119.1-210.5)
Total	**20,866**		**779.3 (768.8-789.9)**	**14,694**		**548.8 (539.9-557.7)**

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.

Table 7b. Alcohol and Drug-Related Emergency Department Encounters by Year, 2010.

2010	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	6,310	28%	471.6 (460.0-483.2)	7,594	47%	567.6 (554.8-580.3)
Male	15,948	72%	1,165.9 (1,147.8-1,184.0)	8,493	53%	620.9 (607.7-634.1)
Unknown	1	0%	-	1	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	15,309	69%	1,014.8 (998.8-1,030.9)	10,713	67%	710.2 (696.7-723.6)
Black	2,040	9%	925.7 (885.5-965.9)	2,354	15%	1,068.2 (1,025.0-1,111.3)
Native American	597	3%	1,900.3 (1,747.8-2,052.7)	131	1%	417.0 (345.6-488.4)
Asian/Pacific	323	1%	142.2 (126.7-157.7)	248	2%	109.2 (95.6-122.8)
Hispanic	2,876	13%	400.3 (385.7-414.9)	1,954	12%	272.0 (259.9-284.0)
Other/Unknown	1,114	5%	-	688	4%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	89	0%	15.9 (12.6-19.2)	675	4%	120.7 (111.6-129.8)
15-17	479	2%	444.9 (405.1-484.8)	728	5%	676.2 (627.1-725.3)
18-19	432	2%	586.6 (531.3-641.9)	650	4%	882.6 (814.8-950.5)
20-24	1,526	7%	837.2 (795.2-879.2)	2,020	13%	1,108.3 (1,059.9-1,156.6)
25-34	3,476	16%	920.7 (890.1-951.3)	3,939	24%	1,043.3 (1,010.7-1,075.9)
35-44	4,736	21%	1,221.3 (1,186.5-1,256.1)	3,249	20%	837.8 (809.0-866.6)
45-54	6,871	31%	1,846.2 (1,802.6-1,889.9)	3,059	19%	821.9 (792.8-851.1)
55-64	3,455	16%	1,111.2 (1,074.2-1,148.3)	1,252	8%	402.7 (380.4-425.0)
65-74	862	4%	416.2 (388.4-444.0)	357	2%	172.4 (154.5-190.2)
75-84	219	1%	228.8 (198.5-259.1)	112	1%	117.0 (95.3-138.7)
85+	109	0%	341.2 (277.1-405.2)	46	0%	144.0 (102.4-185.6)
Total	**22,259**		**822.6 (811.8-833.4)**	**16,088**		**594.6 (585.4-603.8)**

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.

Table 7c. Alcohol and Drug-Related Emergency Department Encounters by Year, 2011.

2011			Alcohol			Drug Use	
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**	
Female	7,234	31%	537.0 (524.6-549.4)	8,167	47%	606.2 (593.1-619.4)	
Male	16,292	69%	1,185.2 (1,167.0-1,203.4)	9,192	53%	668.7 (655.0-682.4)	
Unknown	1	0%	-	0	0%	-	
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**	
White	16,319	69%	1,080.4 (1,063.9-1,097.0)	11,669	67%	772.6 (758.6-786.6)	
Black	2,191	9%	986.1 (944.8-1,027.4)	2,513	14%	1,131.0 (1,086.8-1,175.3)	
Native American	599	3%	1,889.2 (1,737.9-2,040.5)	166	1%	523.5 (443.9-603.2)	
Asian/Pacific	341	1%	149.3 (133.5-165.2)	268	2%	117.4 (103.3-131.4)	
Hispanic	2,983	13%	409.1 (394.4-423.8)	2,079	12%	285.1 (272.9-297.4)	
Other/Unknown	1,094	5%	-	664	4%	-	
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**	
0-14	96	0%	17.2 (13.7-20.6)	682	4%	121.9 (112.8-131.1)	
15-17	468	2%	438.1 (398.4-477.8)	737	4%	689.9 (640.0-739.7)	
18-19	426	2%	576.8 (522.0-631.5)	741	4%	1,003.3 (931.0-1,075.5)	
20-24	1,547	7%	842.9 (800.9-884.9)	2,217	13%	1,208.0 (1,157.7-1,258.3)	
25-34	3,761	16%	1,004.3 (972.2-1,036.4)	4,285	25%	1,144.2 (1,110.0-1,178.5)	
35-44	4,647	20%	1,200.6 (1,166.0-1,235.1)	3,311	19%	855.4 (826.3-884.5)	
45-54	6,987	30%	1,872.4 (1,828.5-1,916.3)	3,192	18%	855.4 (825.7-885.1)	
55-64	4,078	17%	1,281.9 (1,242.5-1,321.2)	1,509	9%	474.3 (450.4-498.3)	
65-74	1154	5%	543.6 (512.2-575.0)	463	3%	218.1 (198.2-238.0)	
75-84	295	1%	295.7 (262.0-329.5)	162	1%	162.4 (137.4-187.4)	
85+	67	0%	200.5 (152.5-248.5)	60	0%	179.6 (134.1-225.0)	
Total	**23,527**		**864.4 (853.3-875.4)**	**17,359**		**637.8 (628.3-647.3)**	

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.

Table 7d. Alcohol and Drug-Related Emergency Department Encounters by Year, 2012.

2012	Alcohol			Drug Use		
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	7,374	32%	541.4 (529.0-553.7)	8,624	47%	633.1 (619.8-646.5)
Male	15,679	68%	1,129.6 (1,111.9-1,147.2)	9,768	53%	703.7 (689.8-717.7)
Unknown	0	0%	-	1	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	15,803	69%	1,043.5 (1,027.2-1,059.8)	12,075	66%	797.3 (783.1-811.6)
Black	2,135	9%	945.6 (905.5-985.7)	2,843	15%	1,259.2 (1,212.9-1,305.5)
Native American	654	3%	2,047.5 (1,890.6-2,204.4)	149	1%	466.5 (391.6-541.4)
Asian/Pacific	359	2%	154.2 (138.2-170.1)	298	2%	128.0 (113.4-142.5)
Hispanic	2,990	13%	401.2 (386.8-415.6)	2,301	13%	308.8 (296.1-321.4)
Other/Unknown	1,111	5%	-	726	4%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	76	0%	13.6 (10.5-16.6)	666	4%	118.8 (109.8-127.8)
15-17	428	2%	401.1 (363.1-439.1)	666	4%	624.2 (576.8-671.6)
18-19	377	2%	506.8 (455.6-558.0)	731	4%	982.7 (911.5-1,053.9)
20-24	1,715	7%	914.0 (870.7-957.2)	2,413	13%	1,285.9 (1,234.6-1,337.2)
25-34	3,992	17%	1,070.3 (1,037.1-1,103.5)	4,566	25%	1,224.2 (1,188.7-1,259.7)
35-44	4,505	20%	1,155.9 (1,122.2-1,189.7)	3,512	19%	901.1 (871.3-931.0)
45-54	6,516	28%	1,736.7 (1,694.5-1,778.9)	3,267	18%	870.7 (840.9-900.6)
55-64	3,806	17%	1,177.0 (1,139.6-1,214.4)	1,849	10%	571.8 (545.7-597.9)
65-74	1265	5%	567.0 (535.8-598.3)	509	3%	228.2 (208.3-248.0)
75-84	321	1%	315.5 (280.9-350.0)	166	1%	163.1 (138.3-187.9)
85+	48	0%	138.6 (99.4-177.8)	48	0%	138.6 (99.4-177.8)
Total	**23,052**		**838.2 (827.4-849.0)**	**18,392**		**668.7 (659.1-678.4)**

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.

Table 7e. Alcohol and Drug-Related Emergency Department Encounters by Year, 2013.

2013	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	8,076	31%	581.6 (568.9-594.3)	10,426	45%	750.8 (736.4-765.2)
Male	17,935	69%	1,269.9 (1,251.3-1,288.4)	12,823	55%	907.9 (892.2-923.6)
Unknown	1	0%	-	1	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	16,872	65%	1,107.7 (1,091.0-1,124.4)	14,712	63%	965.9 (950.3-981.5)
Black	3,030	12%	1,301.3 (1,255.0-1,347.7)	3,886	17%	1,669.0 (1,616.5-1,721.5)
Native American	951	4%	2,948.9 (2,761.5-3,136.3)	505	2%	1,565.9 (1,429.3-1,702.5)
Asian/Pacific	357	1%	147.2 (131.9-162.4)	317	1%	130.7 (116.3-145.0)
Hispanic	2,971	11%	385.8 (371.9-399.7)	2,443	11%	317.2 (304.6-329.8)
Other/Unknown	1,821	7%	-	1386	6%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	83	0%	14.6 (11.5-17.8)	637	3%	112.4 (103.7-121.2)
15-17	439	2%	407.6 (369.4-445.7)	798	3%	740.8 (689.4-792.2)
18-19	363	1%	487.6 (437.5-537.8)	868	4%	1,166.0 (1,088.4-1,243.6)
20-24	1,873	7%	966.6 (922.8-1,010.4)	2,894	12%	1,493.5 (1,439.1-1,547.9)
25-34	4,539	17%	1,204.1 (1,169.1-1,239.2)	6,286	27%	1,667.6 (1,626.4-1,708.8)
35-44	4,721	18%	1,192.9 (1,158.8-1,226.9)	4,479	19%	1,131.7 (1,098.6-1,164.9)
45-54	7,396	28%	1,946.3 (1,902.0-1,990.7)	4,114	18%	1,082.6 (1,049.6-1,115.7)
55-64	4,535	17%	1,367.0 (1,327.2-1,406.8)	2,199	9%	662.8 (635.1-690.5)
65-74	1602	6%	685.6 (652.0-719.1)	719	3%	307.7 (285.2-330.2)
75-84	379	1%	363.4 (326.9-400.0)	184	1%	176.4 (151.0-201.9)
85+	81	0%	225.0 (176.0-274.0)	72	0%	200.0 (153.8-246.2)
Total	**26,002**		**928.3 (917.0-939.6)**	**23,249**		**830.0 (819.4-840.7)**

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.

Table 7f. Alcohol and Drug-Related Emergency Department Encounters by Year, 2014.

2014		Alcohol				Drug Use	
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	9,551	32%	677.0 (663.4-690.5)	12,679	44%	898.7 (883.0-914.3)
Male	20,385	68%	1,423.1 (1,403.6-1,442.6)	16,050	56%	1,113.9 (1,096.6-1,131.1)
Unknown	0	0%	-	1	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	19,542	65%	1,278.4 (1,260.4-1,296.3)	18,369	64%	1,201.6 (1,184.3-1,219.0)
Black	3,117	10%	1,305.3 (1,259.5-1,351.2)	4,425	15%	1,853.1 (1,798.5-1,907.7)
Native American	958	3%	2,954.6 (2,767.5-3,141.7)	692	2%	2,134.2 (1,975.2-2,293.2)
Asian/Pacific	395	1%	157.4 (141.9-172.9)	425	1%	169.4 (153.3-185.5)
Hispanic	3,403	11%	429.4 (415.0-443.8)	2,906	10%	366.7 (353.4-380.0)
Other/Unknown	2,521	8%	-	1913	7%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	78	0%	13.6 (10.6-16.7)	716	2%	125.3 (116.1-134.5)
15-17	373	1%	342.1 (307.4-376.9)	817	3%	749.4 (698.0-800.8)
18-19	387	1%	529.2 (476.5-581.9)	869	3%	1,188.3 (1,109.3-1,267.4)
20-24	2,065	7%	1,044.7 (999.6-1,089.7)	3,447	12%	1,743.8 (1,685.6-1,802.0)
25-34	5,669	19%	1,485.6 (1,447.0-1,524.3)	7,789	27%	2,041.2 (1,995.9-2,086.5)
35-44	5,584	19%	1,397.6 (1,360.9-1,434.3)	5,765	20%	1,442.9 (1,405.7-1,480.1)
45-54	7,917	26%	2,051.9 (2,006.7-2,097.1)	5,133	18%	1,330.4 (1,294.0-1,366.8)
55-64	5,288	18%	1,564.2 (1,522.0-1,606.3)	2,936	10%	868.4 (837.0-899.9)
65-74	2004	7%	828.6 (792.3-864.9)	886	3%	366.3 (342.2-390.5)
75-84	473	2%	437.2 (397.8-476.6)	256	1%	236.6 (207.6-265.6)
85+	98	0%	265.8 (213.1-318.4)	116	0%	314.6 (257.3-371.8)
Total	**29,936**		**1,052.9 (1,040.9-1,064.8)**	**28,730**		**1,010.4 (998.8-1,022.1)**

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.

Table 7g. Alcohol and Drug-Related Emergency Department Encounters by Year, 2015.

2015		Alcohol			Drug Use	
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	9,369	31%	650.2 (637.0-663.4)	14,404	42%	999.6 (983.3-1,016.0)
Male	20,539	69%	1,409.9 (1,390.6-1,429.2)	19,632	58%	1,347.6 (1,328.8-1,366.5)
Unknown	1	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	19,024	64%	1,242.7 (1,225.0-1,260.3)	21,304	63%	1,391.6 (1,372.9-1,410.3)
Black	3,602	12%	1,456.9 (1,409.4-1,504.5)	5,989	18%	2,422.5 (2,361.1-2,483.8)
Native American	1101	4%	3,231.1 (3,040.3-3,422.0)	843	2%	2,474.0 (2,307.0-2,641.0)
Asian/Pacific	416	1%	156.5 (141.4-171.5)	464	1%	174.5 (158.7-190.4)
Hispanic	3,673	12%	448.1 (433.6-462.6)	3,707	11%	452.3 (437.7-466.8)
Other/Unknown	2,093	7%	-	1729	5%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	70	0%	12.0 (9.2-14.8)	696	2%	118.9 (110.0-127.7)
15-17	347	1%	302.4 (270.6-334.2)	882	3%	768.6 (717.9-819.3)
18-19	394	1%	530.5 (478.1-582.8)	1016	3%	1,367.9 (1,283.8-1,452.0)
20-24	2,134	7%	1,076.9 (1,031.2-1,122.6)	4,213	12%	2,126.1 (2,061.9-2,190.3)
25-34	5,208	17%	1,313.0 (1,277.3-1,348.7)	9,572	28%	2,413.2 (2,364.9-2,461.6)
35-44	5,505	18%	1,380.3 (1,343.8-1,416.7)	6,770	20%	1,697.4 (1,657.0-1,737.9)
45-54	7,559	25%	1,950.0 (1,906.0-1,993.9)	5,815	17%	1,500.1 (1,461.5-1,538.6)
55-64	5,906	20%	1,716.0 (1,672.2-1,759.8)	3,551	10%	1,031.8 (997.8-1,065.7)
65-74	2073	7%	834.4 (798.4-870.3)	1097	3%	441.5 (415.4-467.7)
75-84	579	2%	517.4 (475.2-559.5)	310	1%	277.0 (246.2-307.8)
85+	134	0%	359.7 (298.8-420.5)	114	0%	306.0 (249.8-362.1)
Total	**29,909**		**1,032.2 (1,020.5-1,043.9)**	**34,036**		**1,174.6 (1,162.1-1,187.1)**

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.

Table 7h. Alcohol and Drug-Related Emergency Department Encounters by Year, 2016.

2016	Alcohol			Drug Use		
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	11,123	33%	756.5 (742.5-770.6)	17,643	44%	1,200.0 (1,182.3-1,217.7)
Male	22,216	67%	1,497.9 (1,478.2-1,517.6)	22,495	56%	1,516.7 (1,496.9-1,536.5)
Unknown	3	0%	-	12	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	20,378	61%	1,323.5 (1,305.3-1,341.7)	25,613	64%	1,663.5 (1,643.2-1,683.9)
Black	5,021	15%	1,969.6 (1,915.1-2,024.1)	6,972	17%	2,735.0 (2,670.8-2,799.2)
Native American	746	2%	2,171.6 (2,015.7-2,327.4)	416	1%	1,211.0 (1,094.6-1,327.3)
Asian/Pacific	430	1%	155.4 (140.7-170.1)	618	2%	223.3 (205.7-240.9)
Hispanic	4,051	12%	477.9 (463.2-492.6)	4,537	11%	535.2 (519.6-550.8)
Other/Unknown	2,716	8%	-	1994	5%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	111	0%	18.8 (15.3-22.3)	532	1%	90.1 (82.4-97.7)
15-17	377	1%	318.5 (286.4-350.7)	941	2%	795.1 (744.3-845.9)
18-19	403	1%	528.4 (476.9-580.0)	1260	3%	1,652.2 (1,561.0-1,743.5)
20-24	2,499	7%	1,247.6 (1,198.6-1,296.5)	4,792	12%	2,392.3 (2,324.5-2,460.0)
25-34	6,395	19%	1,570.2 (1,531.8-1,608.7)	11,106	28%	2,727.0 (2,676.3-2,777.7)
35-44	6,360	19%	1,576.6 (1,537.8-1,615.3)	7,915	20%	1,962.0 (1,918.8-2,005.3)
45-54	8,076	24%	2,046.4 (2,001.8-2,091.0)	6,946	17%	1,760.1 (1,718.7-1,801.5)
55-64	6,399	19%	1,818.1 (1,773.6-1,862.7)	4,414	11%	1,254.1 (1,217.1-1,291.1)
65-74	2060	6%	809.1 (774.2-844.1)	1533	4%	602.1 (572.0-632.3)
75-84	518	2%	439.7 (401.8-477.6)	502	1%	426.1 (388.9-463.4)
85+	144	0%	377.4 (315.8-439.1)	209	1%	547.8 (473.5-622.1)
Total	**33,342**		**1,128.9 (1,116.8-1,141.1)**	**40,150**		**1,359.5 (1,346.2-1,372.8)**

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.

Table 7i. Alcohol and Drug-Related Emergency Department Encounters by Year, 2017.

2017	Alcohol			Drug Use		
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	9,316	32%	626.3 (613.6-639.0)	16,191	43%	1,088.5 (1,071.7-1,105.3)
Male	19,676	68%	1,313.7 (1,295.4-1,332.1)	21,401	57%	1,428.9 (1,409.8-1,448.1)
Unknown	0	0%	-	5	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	18,698	64%	1,212.1 (1,194.7-1,229.4)	22,859	61%	1,481.8 (1,462.6-1,501.0)
Black	3,382	12%	1,304.4 (1,260.4-1,348.4)	7,150	19%	2,757.7 (2,693.8-2,821.6)
Native American	708	2%	2,048.1 (1,897.2-2,198.9)	369	1%	1,067.4 (958.5-1,176.3)
Asian/Pacific	368	1%	130.5 (117.1-143.8)	628	2%	222.7 (205.2-240.1)
Hispanic	3,450	12%	398.1 (384.8-411.4)	4,262	11%	491.8 (477.0-506.6)
Other/Unknown	2,386	8%	-	2329	6%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	107	0%	18.1 (14.6-21.5)	577	2%	97.5 (89.5-105.4)
15-17	350	1%	292.8 (262.1-323.5)	903	2%	755.4 (706.1-804.7)
18-19	337	1%	430.6 (384.6-476.6)	1131	3%	1,445.2 (1,360.9-1,529.4)
20-24	2,035	7%	1,025.7 (981.1-1,070.2)	4,429	12%	2,232.3 (2,166.5-2,298.0)
25-34	5,136	18%	1,236.2 (1,202.4-1,270.0)	10,872	29%	2,616.9 (2,567.7-2,666.0)
35-44	5,820	20%	1,435.3 (1,398.4-1,472.2)	7,730	21%	1,906.3 (1,863.8-1,948.8)
45-54	6,937	24%	1,751.9 (1,710.7-1,793.2)	6,148	16%	1,552.7 (1,513.9-1,591.5)
55-64	5,882	20%	1,647.8 (1,605.7-1,689.9)	3,948	11%	1,106.0 (1,071.5-1,140.5)
65-74	1824	6%	701.2 (669.0-733.3)	1340	4%	515.1 (487.5-542.7)
75-84	436	2%	352.4 (319.3-385.4)	392	1%	316.8 (285.4-348.2)
85+	126	0%	321.9 (265.7-378.1)	126	0%	321.9 (265.7-378.1)
Total	**28,992**		**971.2 (960.0-982.4)**	**37,597**		**1,259.5 (1,246.7-1,272.2)**

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.

Table 8a. Alcohol and Drug-Related Inpatient Admissions by Year, 2009.

2009	Alcohol			Drug Use		
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	4,309	29%	325.5 (315.8-335.2)	5,931	47%	448.0 (436.6-436.6)
Male	10,376	71%	766.5 (751.8-781.3)	6,808	53%	502.9 (491.0-514.9)
Unknown	1	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	10,155	69%	673.7 (660.6-686.8)	8,395	66%	556.9 (545.0-568.8)
Black	1,438	10%	664.4 (630.1-698.8)	2,037	16%	941.2 (900.3-982.0)
Native American	180	1%	578.2 (493.7-662.6)	87	1%	279.5 (220.7-338.2)
Asian/Pacific	156	1%	70.2 (59.1-81.2)	177	1%	79.6 (67.9-91.3)
Hispanic	1,430	10%	204.3 (193.7-214.8)	993	8%	141.8 (133.0-150.7)
Other/Unknown	1,327	9%	-	1050	8%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	44	0%	7.9 (5.6-10.2)	208	2%	37.4 (32.3-42.5)
15-17	157	1%	145.0 (122.4-167.7)	533	4%	492.4 (450.6-534.2)
18-19	114	1%	155.9 (127.3-184.5)	387	3%	529.2 (476.5-581.9)
20-24	373	3%	209.8 (188.5-231.1)	898	7%	505.1 (472.0-538.1)
25-34	1,322	9%	348.9 (330.1-367.8)	2,111	17%	557.2 (533.4-581.0)
35-44	2,501	17%	646.2 (620.9-671.5)	2,524	20%	652.2 (626.7-677.6)
45-54	4,284	29%	1,160.7 (1,126.0-1,195.5)	3,134	25%	849.2 (819.4-878.9)
55-64	3,294	22%	1,084.5 (1,047.5-1,121.5)	1,794	14%	590.7 (563.3-618.0)
65-74	1861	13%	929.5 (887.2-971.7)	658	5%	328.6 (303.5-353.7)
75-84	616	4%	663.8 (611.3-716.2)	338	3%	364.2 (325.4-403.0)
85+	120	1%	395.5 (324.7-466.3)	154	1%	507.6 (427.4-587.7)
Total	**14,686**		**548.5 (539.6-557.4)**	**12,739**		**475.8 (467.5-484.1)**

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.

Table 8b. Alcohol and Drug-Related Inpatient Admissions by Year, 2010.

2010			Alcohol			Drug Use
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	4,477	31%	334.6 (324.8-344.4)	6,317	48%	472.1 (460.5-483.8)
Male	10,073	69%	736.4 (722.0-750.8)	6,975	52%	509.9 (498.0-498.0)
Unknown	0	0%	-	0	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	9,856	68%	653.4 (640.5-666.3)	8,412	63%	557.6 (545.7-569.6)
Black	1,477	10%	670.2 (636.0-704.4)	2,209	17%	1,002.4 (960.6-1,044.2)
Native American	197	1%	627.1 (539.5-714.6)	97	1%	308.8 (247.3-370.2)
Asian/Pacific	172	1%	75.7 (64.4-87.1)	195	1%	85.9 (73.8-97.9)
Hispanic	1,341	9%	186.7 (176.7-196.6)	1,077	8%	149.9 (141.0-158.9)
Other/Unknown	1,507	10%	-	1302	10%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	27	0%	4.8 (3.0-6.7)	177	1%	31.7 (27.0-36.3)
15-17	214	1%	198.8 (172.1-225.4)	623	5%	578.7 (533.2-624.1)
18-19	140	1%	190.1 (158.6-221.6)	441	3%	598.8 (542.9-654.7)
20-24	324	2%	177.8 (158.4-197.1)	1,085	8%	595.3 (559.9-630.7)
25-34	1,285	9%	340.3 (321.7-359.0)	2,278	17%	603.4 (578.6-628.1)
35-44	2,310	16%	595.7 (571.4-620.0)	2,349	18%	605.7 (581.2-630.2)
45-54	4,075	28%	1,094.9 (1,061.3-1,128.6)	3,047	23%	818.7 (789.6-847.8)
55-64	3,457	24%	1,111.9 (1,074.8-1,148.9)	1,967	15%	632.6 (604.7-660.6)
65-74	1910	13%	922.2 (880.8-963.6)	814	6%	393.0 (366.0-420.0)
75-84	685	5%	715.6 (662.0-769.2)	372	3%	388.6 (349.1-428.1)
85+	123	1%	385.0 (316.9-453.0)	139	1%	435.1 (362.7-507.4)
Total	**14,550**		**537.7 (529.0-546.5)**	**13,292**		**491.2 (482.9-499.6)**

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.

Table 8c. Alcohol and Drug-Related Inpatient Admissions by Year, 2011.

2011			Alcohol			Drug Use
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	4,721	32%	350.4 (340.4-360.4)	6,867	48%	509.7 (497.7-497.7)
Male	9,967	68%	725.1 (710.8-739.3)	7,446	52%	541.7 (529.4-554.0)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	10,335	70%	684.3 (671.1-697.5)	9,387	66%	621.5 (608.9-634.1)
Black	1,272	9%	572.5 (541.0-604.0)	2,056	14%	925.4 (885.4-965.4)
Native American	221	2%	697.0 (605.1-788.9)	96	1%	302.8 (242.2-363.3)
Asian/Pacific	174	1%	76.2 (64.9-87.5)	246	2%	107.7 (94.3-121.2)
Hispanic	1,310	9%	179.7 (169.9-189.4)	1,125	8%	154.3 (145.3-163.3)
Other/Unknown	1,376	9%	-	1403	10%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	38	0%	6.8 (4.6-9.0)	210	1%	37.5 (32.5-42.6)
15-17	178	1%	166.6 (142.1-191.1)	528	4%	494.2 (452.1-536.4)
18-19	141	1%	190.9 (159.4-222.4)	542	4%	733.8 (672.1-795.6)
20-24	392	3%	213.6 (192.5-234.7)	1,442	10%	785.7 (745.2-826.3)
25-34	1,208	8%	322.6 (304.4-340.8)	2,499	17%	667.3 (641.1-693.5)
35-44	2,258	15%	583.4 (559.3-607.4)	2,348	16%	606.6 (582.1-631.1)
45-54	4,026	27%	1,078.9 (1,045.6-1,112.3)	3,101	22%	831.0 (801.8-860.3)
55-64	3,510	24%	1,103.3 (1,066.8-1,139.8)	2,206	15%	693.4 (664.5-722.4)
65-74	2083	14%	981.2 (939.1-1,023.3)	909	6%	428.2 (400.3-456.0)
75-84	716	5%	717.8 (665.2-770.4)	397	3%	398.0 (358.9-437.2)
85+	138	1%	413.0 (344.1-481.9)	131	1%	392.0 (324.9-459.2)
Total	**14,688**		**539.6 (530.9-548.4)**	**14,313**		**525.9 (517.3-534.5)**

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.

Table 8d. Alcohol and Drug-Related Inpatient Admissions by Year, 2012.

2012	Alcohol			Drug Use		
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	4,617	32%	339.0 (329.2-348.7)	7,274	48%	534.0 (521.7-546.3)
Male	9,998	68%	720.3 (706.2-734.4)	7,843	52%	565.0 (552.5-552.5)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	10,128	69%	668.8 (655.8-681.8)	9,823	65%	648.6 (635.8-661.5)
Black	1,320	9%	584.6 (553.1-616.2)	2,203	15%	975.7 (935.0-1,016.5)
Native American	243	2%	760.8 (665.1-856.4)	127	1%	397.6 (328.5-466.8)
Asian/Pacific	202	1%	86.7 (74.8-98.7)	233	2%	100.1 (87.2-112.9)
Hispanic	1,270	9%	170.4 (161.0-179.8)	1,077	7%	144.5 (135.9-153.1)
Other/Unknown	1,443	10%	-	1638	11%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	37	0%	6.6 (4.5-8.7)	176	1%	31.4 (26.8-36.0)
15-17	191	1%	179.0 (153.6-204.4)	575	4%	538.9 (494.8-582.9)
18-19	118	1%	158.6 (130.0-187.3)	479	3%	643.9 (586.3-701.6)
20-24	435	3%	231.8 (210.0-253.6)	1,400	9%	746.1 (707.0-785.2)
25-34	1,317	9%	353.1 (334.0-372.2)	2,537	17%	680.2 (653.7-706.7)
35-44	2,054	14%	527.0 (504.2-549.8)	2,436	16%	625.1 (600.2-649.9)
45-54	3,914	27%	1,043.2 (1,010.5-1,075.9)	3,305	22%	880.9 (850.8-910.9)
55-64	3,593	25%	1,111.1 (1,074.8-1,147.4)	2,628	17%	812.7 (781.6-843.8)
65-74	2093	14%	938.2 (898.0-978.4)	1042	7%	467.1 (438.7-495.4)
75-84	723	5%	710.5 (658.7-762.3)	388	3%	381.3 (343.4-419.2)
85+	140	1%	404.2 (337.2-471.1)	150	1%	433.0 (363.7-502.4)
Total	**14,606**		**531.1 (522.5-539.7)**	**15,101**		**549.1 (540.3-557.8)**

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.

Table 8e. Alcohol and Drug-Related Inpatient Admissions by Year, 2013.

2013			Alcohol			Drug Use
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
Female	4,801	31%	345.7 (336.0-355.5)	7,754	47%	558.4 (546.0-546.0)
Male	10,548	69%	746.8 (732.6-761.1)	8,596	53%	608.6 (595.8-621.5)
Unknown	1	0%	-	1	0%	-
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
White	10,311	67%	676.9 (663.9-690.0)	10,294	63%	675.8 (662.8-688.9)
Black	1,449	9%	622.3 (590.3-654.4)	2,457	15%	1,055.2 (1,013.5-1,097.0)
Native American	347	2%	1,076.0 (962.8-1,189.2)	291	2%	902.3 (798.7-1,006.0)
Asian/Pacific	171	1%	70.5 (59.9-81.0)	244	1%	100.6 (88.0-113.2)
Hispanic	1,285	8%	166.9 (157.7-176.0)	1,127	7%	146.3 (137.8-154.9)
Other/Unknown	1,785	12%	-	1932	12%	-
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**
0-14	59	0%	10.4 (7.8-13.1)	237	1%	41.8 (36.5-47.2)
15-17	230	1%	213.5 (185.9-241.1)	567	3%	526.4 (483.1-569.7)
18-19	132	1%	177.3 (147.1-207.6)	407	2%	546.7 (493.6-599.9)
20-24	440	3%	227.1 (205.8-248.3)	1,445	9%	745.7 (707.3-784.2)
25-34	1,388	9%	368.2 (348.8-387.6)	2,890	18%	766.7 (738.7-794.6)
35-44	2,035	13%	514.2 (491.9-536.5)	2,648	16%	669.1 (643.6-694.6)
45-54	4,004	26%	1,053.7 (1,021.1-1,086.3)	3,443	21%	906.1 (875.8-936.3)
55-64	3,815	25%	1,149.9 (1,113.5-1,186.4)	2,864	18%	863.3 (831.7-894.9)
65-74	2331	15%	997.5 (957.0-1,038.0)	1236	8%	528.9 (499.4-558.4)
75-84	752	5%	721.1 (669.6-772.7)	447	3%	428.7 (388.9-468.4)
85+	164	1%	455.6 (385.8-525.3)	167	1%	463.9 (393.5-534.3)
Total	**15,348**		**548.0 (539.3-556.6)**	**16,345**		**583.5 (574.6-592.5)**

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.

Table 8f. Alcohol and Drug-Related Inpatient Admissions by Year, 2014.

2014	Alcohol			Drug Use		
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	5,151	32%	365.1 (355.1-375.1)	8,292	47%	587.7 (575.1-600.4)
Male	11,011	68%	768.7 (754.3-783.0)	9,200	53%	638.5 (625.4-625.4)
Unknown	0	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	11,363	70%	743.3 (729.7-757.0)	11,525	66%	753.9 (740.2-767.7)
Black	1,428	9%	598.0 (567.0-629.0)	2,673	15%	1,119.4 (1,077.0-1,161.8)
Native American	410	3%	1,264.5 (1,142.1-1,386.9)	410	2%	1,264.5 (1,142.1-1,386.9)
Asian/Pacific	229	1%	91.3 (79.4-103.1)	226	1%	90.1 (78.3-101.8)
Hispanic	1,430	9%	180.4 (171.1-189.8)	1,258	7%	158.7 (150.0-167.5)
Other/Unknown	1,302	8%	-	1400	8%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	34	0%	5.9 (3.9-7.9)	181	1%	31.7 (27.1-36.3)
15-17	197	1%	180.7 (155.5-205.9)	482	3%	442.1 (402.6-481.6)
18-19	128	1%	175.0 (144.7-205.4)	427	2%	583.9 (528.5-639.3)
20-24	425	3%	215.0 (194.6-235.4)	1,528	9%	773.0 (734.2-811.8)
25-34	1,486	9%	389.4 (369.6-409.2)	3,085	18%	808.5 (779.9-837.0)
35-44	2,274	14%	569.2 (545.8-592.5)	2,815	16%	704.6 (678.5-730.6)
45-54	4,084	25%	1,058.5 (1,026.0-1,091.0)	3,554	20%	921.1 (890.9-951.4)
55-64	4,171	26%	1,233.8 (1,196.3-1,271.2)	3,185	18%	942.1 (909.4-974.8)
65-74	2432	15%	1,005.6 (965.6-1,045.5)	1577	9%	652.0 (619.9-684.2)
75-84	768	5%	709.9 (659.7-760.1)	482	3%	445.5 (405.8-485.3)
85+	163	1%	442.0 (374.2-509.9)	176	1%	477.3 (406.8-547.8)
Total	**16,162**		**568.4 (559.7-577.2)**	**17,492**		**615.2 (606.1-624.3)**

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.

Table 8g. Alcohol and Drug-Related Inpatient Admissions by Year, 2015.

2015	Alcohol			Drug Use		
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	6,044	32%	419.5 (408.9-430.0)	10,518	45%	730.0 (716.0-716.0)
Male	13,056	68%	896.2 (880.9-911.6)	12,958	55%	889.5 (874.2-904.8)
Unknown	1	0%	-	1	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	13,298	70%	868.6 (853.9-883.4)	14,893	63%	972.8 (957.2-988.4)
Black	1,958	10%	792.0 (756.9-827.1)	3,897	17%	1,576.3 (1,526.8-1,625.8)
Native American	600	3%	1,760.8 (1,619.9-1,901.7)	705	3%	2,069.0 (1,916.3-2,221.7)
Asian/Pacific	240	1%	90.3 (78.9-101.7)	342	1%	128.6 (115.0-142.3)
Hispanic	1,654	9%	201.8 (192.1-211.5)	1,782	8%	217.4 (207.3-227.5)
Other/Unknown	1,351	7%	-	1858	8%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	40	0%	6.8 (4.7-8.9)	255	1%	43.5 (38.2-48.9)
15-17	154	1%	134.2 (113.0-155.4)	511	2%	445.3 (406.7-483.9)
18-19	105	1%	141.4 (114.3-168.4)	453	2%	609.9 (553.7-666.1)
20-24	561	3%	283.1 (259.7-306.5)	2,030	9%	1,024.5 (979.9-1,069.0)
25-34	2,090	11%	526.9 (504.3-549.5)	4,870	21%	1,227.8 (1,193.3-1,262.3)
35-44	2,765	14%	693.3 (667.4-719.1)	4,119	18%	1,032.7 (1,001.2-1,064.3)
45-54	4,808	25%	1,240.3 (1,205.2-1,275.4)	4,694	20%	1,210.9 (1,176.3-1,245.5)
55-64	4,871	26%	1,415.3 (1,375.5-1,455.0)	3,919	17%	1,138.7 (1,103.0-1,174.3)
65-74	2719	14%	1,094.4 (1,053.2-1,135.5)	1814	8%	730.1 (696.5-763.7)
75-84	823	4%	735.4 (685.1-785.6)	614	3%	548.6 (505.2-592.0)
85+	165	1%	442.9 (375.3-510.4)	198	1%	531.4 (457.4-605.5)
Total	**19,101**		**659.2 (649.8-668.5)**	**23,477**		**810.2 (799.8-820.6)**

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.

Table 8h. Alcohol and Drug-Related Inpatient Admissions by Year, 2016.

2016	Alcohol			Drug Use		
Sex	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	6,388	32%	434.5 (423.8-445.1)	12,399	45%	843.3 (828.5-858.2)
Male	13,749	68%	927.0 (911.5-942.5)	15,061	55%	1,015.5 (999.3-999.3)
Unknown	1	0%	-	0	0%	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	14,028	70%	911.1 (896.0-926.2)	17,354	63%	1,127.1 (1,110.3-1,143.9)
Black	2,103	10%	825.0 (789.7-860.2)	4,609	17%	1,808.0 (1,755.8-1,860.2)
Native American	333	2%	969.3 (865.2-1,073.5)	295	1%	858.7 (760.7-956.7)
Asian/Pacific	267	1%	96.5 (84.9-108.1)	432	2%	156.1 (141.4-170.8)
Hispanic	1,869	9%	220.5 (210.5-230.5)	2,279	8%	268.8 (257.8-279.9)
Other/Unknown	1,538	8%	-	2491	9%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	50	0%	8.5 (6.1-10.8)	259	1%	43.9 (38.5-49.2)
15-17	152	1%	128.4 (108.0-148.8)	593	2%	501.0 (460.7-541.4)
18-19	91	0%	119.3 (94.8-143.8)	499	2%	654.3 (596.9-711.7)
20-24	621	3%	310.0 (285.6-334.4)	2,312	8%	1,154.2 (1,107.2-1,201.2)
25-34	2,320	12%	569.7 (546.5-592.8)	5,690	21%	1,397.1 (1,360.8-1,433.4)
35-44	3,024	15%	749.6 (722.9-776.3)	4,746	17%	1,176.5 (1,143.0-1,209.9)
45-54	4,901	24%	1,241.9 (1,207.1-1,276.6)	5,314	19%	1,346.5 (1,310.3-1,382.7)
55-64	4,930	24%	1,400.7 (1,361.6-1,439.8)	4,643	17%	1,319.2 (1,281.2-1,357.1)
65-74	2957	15%	1,161.5 (1,119.6-1,203.3)	2300	8%	903.4 (866.5-940.3)
75-84	912	5%	774.2 (723.9-824.4)	840	3%	713.0 (664.8-761.3)
85+	180	1%	471.8 (402.9-540.7)	264	1%	692.0 (608.5-775.4)
Total	**20,138**		**681.9 (672.4-691.3)**	**27,460**		**929.8 (918.8-940.8)**

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.

Table 8i. Alcohol and Drug-Related Inpatient Admissions by Year, 2017.

2017			Alcohol			Drug Use	
Sex	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**	
Female	6,106	31%	410.5 (400.2-420.8)	13,631	44%	916.4 (901.0-901.0)	
Male	13,283	69%	886.9 (871.8-902.0)	16,998	55%	1,134.9 (1,117.9-1,152.0)	
Unknown	1	0%	-	3	0%	-	
Race	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**	
White	13,430	69%	870.6 (855.9-885.3)	19,257	63%	1,248.3 (1,230.7-1,265.9)	
Black	1,914	10%	738.2 (705.1-771.3)	5,205	17%	2,007.5 (1,953.0-2,062.1)	
Native American	318	2%	919.9 (818.8-1,021.0)	333	1%	963.3 (859.8-1,066.8)	
Asian/Pacific	259	1%	91.8 (80.6-103.0)	476	2%	168.8 (153.6-183.9)	
Hispanic	1,688	9%	194.8 (185.5-204.1)	2,398	8%	276.7 (265.6-287.8)	
Other/Unknown	1,781	9%	-	2963	10%	-	
Age	**N**	**%**	**Crude Rate (CI)**	**N**	**%**	**Crude Rate (CI)**	
0-14	50	0%	8.4 (6.1-10.8)	285	1%	48.1 (42.5-53.7)	
15-17	139	1%	116.3 (96.9-135.6)	627	2%	524.5 (483.4-565.6)	
18-19	103	1%	131.6 (106.2-157.0)	525	2%	670.8 (613.4-728.2)	
20-24	470	2%	236.9 (215.5-258.3)	2,320	8%	1,169.3 (1,121.7-1,216.9)	
25-34	2,112	11%	508.4 (486.7-530.0)	6,382	21%	1,536.1 (1,498.4-1,573.8)	
35-44	3,036	16%	748.7 (722.1-775.4)	5,337	17%	1,316.2 (1,280.9-1,351.5)	
45-54	4,541	23%	1,146.8 (1,113.5-1,180.2)	5,790	19%	1,462.3 (1,424.6-1,499.9)	
55-64	5,053	26%	1,415.5 (1,376.5-1,454.6)	5,311	17%	1,487.8 (1,447.8-1,527.8)	
65-74	2810	14%	1,080.2 (1,040.2-1,120.1)	2754	9%	1,058.6 (1,019.1-1,098.2)	
75-84	903	5%	729.8 (682.2-777.4)	1007	3%	813.8 (763.6-864.1)	
85+	173	1%	441.9 (376.1-507.8)	294	1%	751.0 (665.2-836.8)	
Total	**19,390**		**649.5 (640.4-658.7)**	**30,632**		**1,026.1 (1,014.6-1,037.6)**	

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.

Table 9. Specific Drug-Related Emergency Department Encounters, Nevada Residents, 2009-2017.

Year	Opioid		Heroin		Methamphetamines and Marijuana		Cocaine	
	N.	% of Drug Visits	N.	% of Drug Visits	N.	% of Drug Visits	N.	% of Drug Visits
2009	3,799	30%	41	0%	2,117	17%	1,794	14%
2010	4,283	32%	70	1%	2,331	18%	1,521	11%
2011	4,339	30%	63	0%	2,596	18%	1,401	10%
2012	4,672	31%	53	0%	3,076	20%	1,332	9%
2013	4,689	29%	86	1%	3,688	23%	1,456	9%
2014	5,206	30%	69	0%	4,159	24%	1,458	8%
2015	6,844	29%	167	1%	6,917	29%	1,886	8%
2016	8,897	32%	409	1%	8,109	30%	1,869	7%
2017	8,918	29%	402	1%	9,331	30%	1,926	6%

Source: Hospital Emergency Room Discharge.

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. Categories are not mutually exclusive.

Table 10. Specific Drug-Related Inpatient Admissions, Nevada Residents, 2009-2017.

Year	Opioid		Heroin		Methamphetamines and Marijuana		Cocaine	
	N.	% of Drug Visits	N.	% of Drug Visits	N.	% of Drug Visits	N.	% of Drug Visits
2009	2,696	18%	142	1%	2,478	17%	1,714	12%
2010	2,912	18%	144	1%	2,793	17%	1,563	10%
2011	3,130	18%	178	1%	3,084	18%	1,528	9%
2012	3,397	18%	166	1%	3,439	19%	1,353	7%
2013	4,003	17%	176	1%	5,113	22%	1,403	6%
2014	4,440	15%	247	1%	5,848	20%	1,240	4%
2015	5,653	17%	353	1%	8,265	24%	1,703	5%
2016	7,703	19%	387	1%	11,727	29%	2,003	5%
2017	7,310	19%	366	1%	11,831	31%	2,138	6%

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.

Categories are not mutually exclusive.

Table 11. Prevalence Estimates of Health Risk Behaviors, by Sexual Orientation, Nevada Adults, 2015-2016.

2015	LGB (%)	Non-LGB (%)	Difference
Binge Drinking	19.70%	14.20%	Not significantly different
General Health fair or poor	33.90%	17.40%	Not significantly different
Ever told had depressive disorder	37.60%	17.10%	Significantly higher
Ten or more days of poor mental health	31.80%	14.10%	Significantly higher
Ten or more days of poor mental or physical health kept you from usual activities	21.70%	16.20%	Not significantly different

2016	LGB (%)	Non-LGB (%)	Difference
Binge Drinking	33.20%	14.40%	Significantly higher
General Health fair or poor	22.70%	21.10%	Not significantly different
Ever told had depressive disorder	37.40%	16.50%	Significantly higher
Ten or more days of poor mental health	43.50%	15.30%	Significantly higher
Ten or more days of poor mental or physical health kept you from usual activities	23.30%	18.60%	Not significantly different

Source: Behavioral Risk Factor Surveillance System (BRFSS).

Table 13. Prevalence Estimates of Health Risk Behaviors, by Transgender, Nevada Adults, 2016.

2016	*Transgender (%)	Non-Transgender (%)	Difference
Binge Drinking	*22.3%	15.10%	Not Significantly different
General Health fair or poor	*18.7%	21.40%	Not significantly different
Ever told had depressive disorder	*36.7%	17.30%	Not Significantly different
Ten or more days of poor mental health	*32.3%	16.60%	Not significantly different
Ten or more days of poor mental or physical health kept you from usual activities	*16.3%	18.80%	Not significantly different

Source: Behavioral Risk Factor Surveillance System (BRFSS).
*Count are small and may not be reliable.