UNLV Center for Democratic Culture
Edited by Dmitri N. Shalin

The Social Health of Nevada

Leading Indicators and Quality of Life in the Silver State

Addiction and Substance Misuse in Nevada

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Introduction

Substance abuse remains a critical issue in Nevada and across the nation, with devastating health and societal consequences. Between October 2023 and September 2024, 1,491 Nevadans died from substance overdoses, marking a 7.8% increase from the previous year (Ahmad, Cisewski, Rossen, & Sutton, 2025). This number is more than three times higher than the 412 traffic fatalities in the state during 2024 (Nevada Office of Traffic Safety, 2025).

Additionally in 2024, suspected drug overdoses led to an average of 950 monthly visits to hospital emergency departments throughout Nevada (Ahmad, Cisewski, Rossen, & Sutton, 2025).

The increasing prevalence of synthetic opioids, particularly fentanyl, in the illicit drug market has played a significant role in the spike in overdose deaths, placing a serious strain on the state's healthcare system and first responders. This is especially concerning given that during the same period, the National Vital Statistics System reported a 25.2% decrease in drug overdose deaths nationwide, while Nevada, alongside Utah and Alaska, was one of only three states to experience an increase in overdose deaths (Ahmad, Cisewski, Rossen, & Sutton, 2025).

Highlights

- In 2024, Nevada, Utah, and Alaska were the only three states to experience an increase in overdose deaths.
- Between 2012 to 2023, Nevada saw a 35% decrease in cigarette use among its residents, with a decline in monthly use across all age groups for both tobacco and cigarettes.
- Data from the 2022-2023 National Survey on Drug Use shows that Nevada surpassed nearly all other states in past-year misuse of pain relievers, with the state's rate of 4.24% compared to the national average of 3.09%.
- In Nevada, 21.32% of residents aged 12 and older were identified with a substance use disorder in the past year, a rate higher than the national average of 17.19%

How to Cite this Report

Andrea Blin. 2025. "Addiction and Substance Abuse in Nevada." In *The Social Health of Nevada: Leading Indicators and Quality of Life in the Silver State*, edited by Dmitri N. Shalin. Las Vegas, NV: UNLV Center for Democratic Culture, http://cdclv.unlv.edu.

While much attention is focused on the risks from opioids, the three most commonly used substances in Nevada are alcohol, marijuana, and tobacco. The widespread availability and legal status of these substances, combined with a lower perceived risk, tend to boost their high usage rates. Significant progress has been made in reducing alcohol and tobacco use across various age groups in Nevada and nationwide. However, marijuana use has surged since the state legalized recreational use in 2017, with the long-term public health, safety, and behavioral impacts still being debated (SAMSHA 2023a). This is one of the areas where further research and policy development are needed.

Opioids, particularly synthetic opioids like fentanyl, and methamphetamine are the most commonly used illicit substances (SAMSHA, 2023a). As regulations on prescribing opioids, such as OxyContin, became stricter over the past decade, illicit use shifted first to heroin and then to fentanyl. Meanwhile, methamphetamine has remained the most widely used amphetamine, and its increasing potency as well as mixing it with fentanyl has heightened the associated risks (Drug Enforcement Administration, 2020).

The criminalization of substance abuse has proven ineffective, often creating a revolving door in the criminal justice system (Wood, Werb, Marshall, Montaner, & Kerr, 2009). Where punitive measures fail, evidence-based practices and harm reduction strategies have yielded promising results on the East Coast and elsewhere (Ahmad, Cisewski, Rossen, & Sutton, 2025). Expanding these approaches in Nevada can reduce the negative consequences of substance use, enhance quality of life, and help break the cycle of addiction and overdose deaths.

Substance Use Trends in Nevada

The National Survey on Drug Use and Health (NSDUH) is one of the main sources for statistical information on illicit drug use, alcohol use, substance use disorders and related health issues for the civilian, noninstitutionalized population of the United States. Sponsored by the Substance Abuse and Mental Health Services Administration (SAMSHA), a division of the United States Department of Health and Human Services, this survey has been conducted annually in fifty states since 1971. NSDUH relies on a probability sample and targets households and individuals in noninstitutionalized group quarters, with about 70,000 face-to-face and web-based interviews conducted annually. The results are released every September and are reported for the previous 12-month period (e.g., 2022-2023). The sample is divided into several age groups, including those 12 years and older, 12 to 17 years old (adolescents), 18 to 25 years old (young adults), and those 26 years and older (adults). Another valuable source of substance use information comes from the Centers for Disease Control and Prevention, which utilize the Behavioral Risk Factor Surveillance System (BRFSS). The following discussion is based on the data from these surveys and organizations.

Whether the high usage is due to their legal status or low perceived risk, the three most common substances popular among Nevada residents aged 12 and older are alcohol, marijuana, and tobacco. However, a more pressing issue is illicit drug use, particularly opioids—such as prescription pain relievers and synthetic opioids like fentanyl, as well

as methamphetamine. Addressing the use of these substances is essential for improving addiction treatment and care.

Alcohol Use

Alcohol remains the most widely used substance both in Nevada and across the United States. According to the 2022-2023 NSDUH survey, more than half of adults in Nevada reported drinking alcohol in the past month. This widespread use has led to many health effects. In the period from 2020 to 2021, alcohol was responsible for 587 acute deaths, including 186 deaths in Nevada from alcohol related poisonings, 123 from motor vehicle crashes and 134 by suicide. Alcohol also contributed to 1,435 chronic causes that led to death, including 742 deaths where alcohol was the sole cause with 420 of those from alcoholic liver disease. Unlike illicit drug use, where overdose deaths occur mainly among a younger population, alcohol related deaths are highest in older Nevada residents, with 71% among those over the age of 50 years (CDC, 2022a).

While alcohol remains an issue of concern, the percentage of individuals aged 12 and older who consumed alcohol in the past month decreased from 54.65% in 2012-2013 to 47.42% in 2022-2023. This decline in alcohol use is observed across all age groups, as shown in Table 1 for Nevada and Table 2 for the United States, reflecting a broader national trend in recent years of reduced alcohol consumption.

When comparing past month use in Nevada to other areas in the United States, the 2022-2023 NSDUH found that the District of Columbia had the highest usage at 62.47%, followed by Vermont at 59.07%, and Utah with the lowest at 27.71% among those aged 12 and older. From 2012 to 2015, Nevada's alcohol use rate generally exceeded the national average. Since then, Nevada's rate has decreased relative to the national rates. In 2022-2023, alcohol use in Nevada was slightly lower than the national average across all age groups, except for those aged 12 to 17, where the Silver State rate was 8.37% compared to the national rate of 6.88%, and for those aged 18 to 25, where the rates were 52.78% in Nevada and 49.91% nationally.

An encouraging trend over the past several years has been a reduction in underage drinking in Nevada and throughout the United States. Past month alcohol use in Nevada by those 12 to 17 years old dropped from 12.76% in 2012-2013 to 8.37% in 2022-2023. If this trend continues, it could have long-term societal benefits as early use of alcohol is correlated with problem drinking later in life (NIAAA, 2006). Underage drinking, however, remains associated with numerous negative consequences such as traffic crashes, violent crimes, property crime, unintentional injury, and high-risk sexual behavior (NIH, 2025). It is estimated that in 2022, 37 deaths in Nevada were attributable to underage drinking (SAMSHA, 2022a). Despite this progress, Nevada continues to have slightly higher rates of underage drinking when compared to the nation. In 2022-2023, 8.37% of the population ages 12-17 engaged in drinking while 6.88% did nationally. This disparity in drinking rates among teens and young adults between Nevada and the United States could be attributed to greater alcohol accessibility, a culture where drinking is prevalent, and laws that permit underage consumption on private, non-alcohol-serving premises with parental consent (Fairman, 2019).

Table 1. Past Month Alcohol Use in Nevada Among People 12 or Older by Age Group: Percentages 2012-2023

	12+	12-17	18-25	26+
2012/13	54.65	12.76	58.95	59.15
2013/14	54.64	13.59	58.31	59.05
2014/15	52.81	13.67	56.81	56.85
2015/16	50.92	12.28	53.25	55.08
2016/17	45.25	9.63	49.94	52.45
2017/18	49.23	8.06	52.10	53.52
2018/19	52.17	9.29	53.71	56.73
2021/22	47.62	8.01	50.90	51.71
2022/23	47.42	8.37	52.78	51.11

Note. Adapted from SAMSHA, NSDUH Survey data 2012-2013 through 2022-2023.
Note: Due to covid pandemic restrictions data collection not conducted in 2020 and not reported for 2019-2020.

Table 2. Past month Alcohol Use in United States Among People 12 or Older by Age Group: Percentages 2012-2023

	12+	12-17	18-25	26+
2012/13	52.13	12.23	59.91	55.73
2013/14	52.42	11.55	59.60	56.18
2014/15	52.18	10.58	58.96	56.04
2015/16	51.21	9.40	57.75	55.10
2016/17	51.21	9.54	56.74	55.22
2017/18	51.37	9.43	55.73	55.57
2021/22	48.05	7.03	50.57	52.46
2022/23	48.13	6.88	49.91	52.65

Note. Adapted from SAMSHA, NSDUH Survey data 2012-13 through 2022-2023.
Note: Due to covid pandemic restrictions data collection not conducted in 2020 and not reported for 2019-2020.

A key indicator of problem drinking are rates of binge drinking, defined as drinking five or more drinks (for males) or four or more drinks (for females) within a couple of hours, at least once over the past month. In Nevada, rates of binge drinking have remained relatively steady over the past several years with over one in five residents reporting this level of alcohol consumption. Binge drinking has been found to exacerbate the negative health effects of alcohol consumption, including liver and other chronic diseases as well as increasing the risks of several types of cancer (Katella, 2020). In adolescents, higher levels of alcohol consumption can impair brain development with long term effects on various cognitive functions (NIAAA, 2024).

Rates of binge drinking in Nevada (Table 3) closely track those for the United States (Table 4). In both Nevada and the nation, rates of binge drinking are highest in the 18 to 25 age group, followed by those 26 and older. Although overall rates of binge drinking

have only slightly decreased in both Nevada and the nation, rates among teens and young adults have dropped significantly. This trend mirrors the decline in alcohol consumption among younger age groups and suggests a potential decrease in alcohol use disorder diagnoses in the future.

Table 3. Binge Alcohol Use in Nevada Among People 12 or Older by Age Group: Percentages 2012-2023

	12+	12-17	18-25	26+
2012/13	25.00	6.60	42.44	22.56
2013/14	24.08	6.32	37.17	25.54
2014/15	N/A	N/A	N/A	N/A
2015/16	24.64	6.56	33.83	25.37
2016/17	23.62	5.41	31.43	24.58
2017/18	22.98	4.26	31.22	23.93
2018/19	24.84	4.46	32.45	26.09
2021/22	23.90	4.20	26.54	25.18
2022/23	22.67	3.74	27.94	24.09

Note. Adapted from SAMSHA, NSDUH Survey data 2012-13 through 2022-2023.
Note: Binge alcohol use is defined as drinking five or more drinks (for males) or four or more drinks (for females) at the same occasion (at the same time or within a couple hours of each other at least once in the past 30 days.
Note: Due to covid pandemic restrictions data collection not conducted in 2020 and not reported for 2019-2020.

Table 4. Binge Alcohol Use in United States Among People 12 or Older by Age Group: Percentages 2012-2023

	12+	12-17	18-25	26+
2012/13	22.92	6.73	38.70	22.56
2013/14	22.94	6.16	37.82	22.44
2014/15	N/A	N/A	N/A	N/A
2015/16	24.58	5.33	38.69	24.52
2016/17	24.37	5.06	37.62	24.49
2017/18	24.49	4.97	35.89	24.95
2018/19	24.21	4.78	34.58	24.82
2021/22	21.67	3.63	29.73	22.54
2022/23	21.68	3.58	29.10	22.63

Note. Adapted from SAMSHA, NSDUH Survey data 2012-13 through 2022-2023.
Note: Binge alcohol use is defined as drinking five or more drinks (for males) or four or more drinks (for females) at the same occasion (at the same time or within a couple hours of each other at least once in the past 30 days.
Note: Due to covid pandemic restrictions data collection not conducted in 2020 and not reported for 2019-2020.

Marijuana Use

Over the past decade, marijuana use greatly increased in Nevada, becoming second only to alcohol as the most frequently used substance. More Nevada residents reported using marijuana than smoking cigarettes. This increase in use reflects the legalization of recreational marijuana in the state which went into effect on January 1, 2017, with the first legal sales starting on July 1, 2017. Over the ten-year period from 2012 to 2023, monthly marijuana use more than doubled from 7.98% of Nevada residents to 20.88%

of those 12 and over (Table 5). This increase mirrors the experience of the United States as a whole (Table 6), especially in the states with legalized marijuana. Colorado, which began selling legal recreational marijuana in 2014, also doubled the number of monthly users over the same ten-year period, from approximately 13% to over 20.93% of those 12 and older. States where the sale of recreational marijuana is legal report significantly higher monthly usage among individuals aged 12 and older compared to states like Alabama (8.69%) and Texas (9.03%), where recreational marijuana sales have not been legalized

Looking more closely at specific age groups, teenage use of marijuana decreased only slightly over the past decade from 8.33% in 2012-2013 to 7.14% in 2022-2023. NSDUH noted a significant (*p* value 0.075 with .10 level significance) decrease in use of those 12-17 years old in the last year from 9.34% in 2021-2022 to 7.14% in 2022-2023.

Adult use, however, increased dramatically both in Nevada and nationally. Over the past decade monthly use in the 18 to 25 age group in Nevada increased by 61.7% from 2012-2013 to 2022-2023, while the increase in those 26 and older was 239% from 2012-2013 to 2022-2023. This is of particular concern as findings indicate an increase difficulty in concentrating, remembering, and decision making with adults that self-report marijuana use (Kurtzman, Dowling, & Beebe, 2022).

Table 5. Past Month Marijuana Use in Nevada Among People 12 or Older by Age Group: Percentages 2012-2023

	12+	12-17	18-25	26+
2012/13	7.98	8.33	18.56	6.25
2013/14	7.76	7.97	18.01	6.13
2014/15	7.81	7.39	17.05	6.43
2015/16	8.25	8.65	18.25	6.71
2016/17	11.81	8.82	25.86	10.11
2017/18	15.05	9.17	32.09	13.31
2018/19	16.10	9.67	31.49	14.69
2021/22	20.32	9.34	32.16	19.96
2022/23	20.88	7.14	30.03	21.19

Note. Adapted from SAMSHA, NSDUH Survey data 2012-2013 through 2022-2023.
Note: Due to covid pandemic restrictions data collection not conducted in 2020 and not reported for 2019-2020.

Table 6. Past Month Marijuana Use in the United States Among People 12 or Older by Age Group: Percentages 2012-2023

	12+	12-17	18-25	26+
2012/13	7.4	7.15	18.91	5.4
2013/14	7.96	7.22	19.32	6.11
2014/15	8.34	7.20	19.70	6.55
2015/16	8.60	6.75	20.30	6.88
2016/17	9.23	6.46	21.45	7.56

2017/18	9.83	6.56	22.12	8.25
2018/19	10.80	7.02	22.54	9.39
2021/22	14.11	6.25	25.27	13.30
2022/23	15.20	6.22	25.54	14.65

Note. Adapted from SAMSHA, NSDUH Survey data 2012-2013 through 2022-2023.
Note: Due to covid pandemic restrictions data collection not conducted in 2020 and not reported for 2019-2020.

Tobacco and Nicotine Product Use

Tobacco and other nicotine products are the third most commonly used substances among Nevada residents. According to the 2022-2023 NSDUH survey, approximately 1 in 5 Nevada residents reported using tobacco products in the past month, with cigarette smoking comprising the majority (87%) of tobacco use. The remaining 13% includes chewing tobacco, cigars and pipe tobacco. Given tobacco use continues to be the leading cause of preventable deaths in the U.S., this level of tobacco consumption results in a significant cost to the Nevada healthcare system (USDHHS, 2014).

Rates of cigarette smoking and use of other tobacco products in Nevada are nearly identical to national averages in 2022-2023. Among other states, West Virginia had the highest usage at 30.37% and Utah had the lowest at 10.00% of the population of those 12 years and older. A positive trend is the decline in tobacco use in Nevada and throughout the country (See Tables 7 and 8). This reduction may be attributed to the increased use of electronic cigarettes and ongoing anti-smoking education efforts (UNODC, 2017). In 2022, Nevada spent $3.5 million on tobacco prevention initiatives (Campaign for Tobacco Free Kids, 2023). Notably, Nevada saw a 35% decrease in cigarette use among the population from 2012-2013 to 2022-2023, with a decline in monthly use across all age groups for both tobacco and cigarettes. This trend is very promising as, like alcohol use, early use of tobacco is a strong indicator of long-term use as an adult (UNODC, 2017).

As noted, some cigarette use has been replaced by use of e-cigarettes or other vaping products. In Nevada, 9.23% of adults used vaping products in the past month (SAMHSA, 2023a). Of particular concern is the increased use of vaping products by youth. In 2021, an estimated 13.7% of Nevada high school students reported using e-cigarettes or other vaping products in the past month, which aligns with national rates for this age group (Nevada YRBS, 2023). While e-cigarettes are often marketed as less harmful than cigarettes and as a means to quit smoking, they present serious health concerns. Most e-cigarettes contain nicotine, which is a highly addictive substance and can harm adolescent brain development. Furthermore, e-cigarette aerosol contains harmful substances, including cancer-causing chemicals and tiny particles that can be inhaled deeply into the lungs (CDC, 2016).

Table 7. Past Month Cigarette Use in Nevada Among People 12 or Older by Age Group: Percentages 2012-2023

	12+	12-17	18-25	26+
2012/13	24.15	6.05	33	24.97
2013/14	23.04	5.34	30.4	24.02
2014/15	21.25	4.4	27.51	22.29
2015/16	19.76	3.43	23.03	21.17
2016/17	19.54	2.78	22.33	21.06
2017/18	20.02	2.79	21.95	21.71
2018/19	16.96	2.03	16.41	18.72
2021/22	16.69	1.43	11.68	19.14
2022/23	15.64	2.04	10.24	18.02

Note. Adapted from SAMSHA, NSDUH Survey data 2012-2013 through 2022-2023
Note: Due to covid pandemic restrictions data collection not conducted in 2020 and not reported for 2019-2020.

Table 8. Past Month Cigarette Use in the United States Among People 12 or Older by Age Group: Percentages 2012-2023

	12+	12-17	18-25	26+
2012/13	21.69	6.08	31.23	21.97
2013/14	21.05	5.24	29.49	21.53
2014/15	20.12	4.53	27.54	20.74
2015/16	19.23	3.80	25.12	20.09
2016/17	18.47	3.29	22.90	19.54
2017/18	17.52	2.93	20.73	18.71
2018/19	16.91	2.50	18.34	18.35
2021/22	15.28	1.45	11.27	17.51
2022/23	14.10	1.28	10.67	16.12

Note. Adapted from SAMSHA, NSDUH Survey data 2012/2013 through 2022-2023
Note: Due to covid pandemic restrictions data collection not conducted in 2020 and not reported for 2019-2020.

Illicit Drug Use

The broad category of illicit drug consumption surveyed in the NSDUH includes the use of cocaine, crack, heroin, hallucinogens, inhalants, and methamphetamine, as well as the misuse of prescription psychotherapeutic drugs. This last category includes pain relievers, tranquilizers, stimulants and sedatives. Beginning in 2022, the NSDUH added specific questions on the use of fentanyl, but it is not included in the category of opioids in the data set. As marijuana is legal in Nevada, it is not included in this category.

Rates in use of these substances in Nevada among all age groups is relatively low. The 2022-2023 NSDUH found that approximately 3.83% of Nevada residents 12 years and older had illicit drug use in the past month. This was, however, higher than the national average of 3.32%. The NSDUH survey has changed its definition and number of substances included in the category of illicit drug use so tracking historical trends is not possible.

According to the NSDUH survey, individuals aged 18 to 25 have the highest percentage of illicit substance use, both in Nevada and nationally. A combination of factors likely explains why young adults report higher levels of illicit drug use. The most significant factor is that this life stage is often associated with increased experimentation and risk-taking behavior. Additionally, young adults may experience greater exposure to illicit drugs, as their peers may be using substances, thus increasing availability. As individuals age, this exposure tends to decrease (Schulenberg et al., 2017).

According to NSDUH 2022-2023:

- In Nevada, past month use of an illicit drug other than marijuana was 3.83% of the total population 12 years and older, 1.61% of those 12 to 17 years old, 4.33% of those 18 to 25 years old and 4.00 percent of those 26 years and older.

- Past month use of an illicit drug other than marijuana appears to be roughly consistent between Nevada and the national average across most age categories, with the exception of individuals aged 26 and older. In Nevada, this age group had a usage rate of 4.00%, compared to the national average of 3.48%. Among the other age categories in the United States, past month use of an illicit substance included 3.32% of those 12 years and older, 1.63 percent of those 12-17 years old and 4.22% of those 18-25 years old.

In comparing the use of individual substances, the NSDUH surveys *past year* usage. According to the 2022-2023 survey, the percentage of Nevada residents of those 12 years and older who reported using various drug types is as follows:

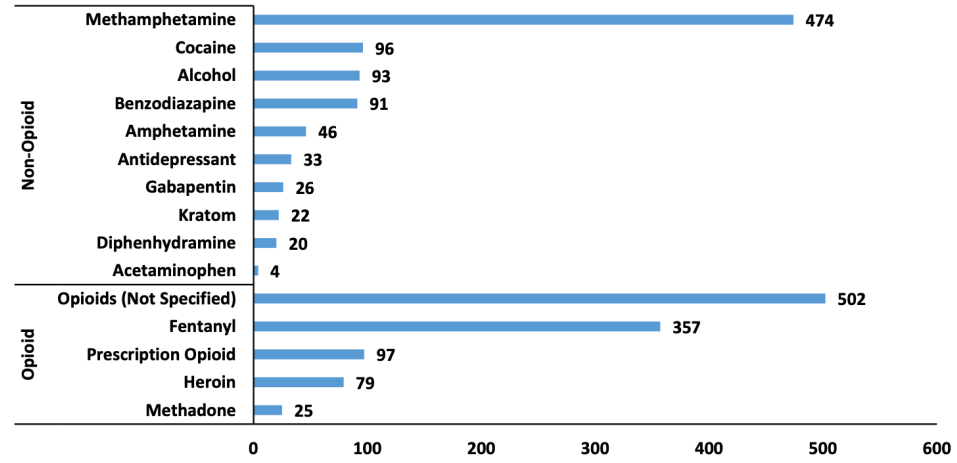
Opioids	3.87% over the past year
Hallucinogens	3.67% over the past year
Methamphetamine	1.63% over the past year
Cocaine	1.76% over the past year
Prescription Pain Reliver Misuse	3.63% over the past year
Heroin	0.35% for those 18 and over (use among those younger is not reported because use in the 12 to 17 age group is extremely rare

The top three substances used in Nevada are opioids, hallucinogens and methamphetamine. Data on deaths exclusively attributed to hallucinogens in Nevada is limited as the occurrence is rare. Opioids and methamphetamine, however, have contributed to the majority of the 1,349 total overdose deaths in Nevada in 2023 (Ahmad, Cisewski, Rossen, & Sutton, 2025). As shown in the table below, opioids and stimulants, either alone or in combination accounted for 80% of overdose deaths in 2023. This trend was also notable in previous years, such as 2022 (Figure 1).

Percentages of Overdose Deaths Involving Opioids or Stimulants in Nevada 2023:

Methamphetamine only	26.5%
Fentanyl and Methamphetamine	24.9%
Fentanyl only	18.0%
Prescription Opioids	5.6%
Fentanyl and Cocaine	5.0%

Figure 1. *Overdose Deaths by Substance in 2022*



Source: SUDORS.

Opioids

Opioids, a class of natural, semi-synthetic, and synthetic compounds, have significantly impacted public health. Natural opioids, such as morphine, codeine, opium, and thebaine, are derived from the seed pods of the opium poppy plant. Semi-synthetic opioids, including heroin and pain relievers like oxycodone, hydrocodone, and oxymorphone, are chemically processed from natural opioids in laboratories. Synthetic opioids, such as fentanyl, are entirely manufactured in laboratories with no natural ingredients (NIDA, 2024). Over time, opioids have evolved to meet medical needs for effective pain relief and to respond to illicit demand, resulting in cheaper and more potent varieties.

Opioids work by affecting receptors in the brain, which inhibits pain signal transmission and increases dopamine release, leading to a sense of euphoria (NIDA, 2024). However, prolonged or excessive use of opioids can be dangerous. High doses or potent forms of opioids can cause severe respiratory depression, which can be fatal (Dowell, Haegerich, & Chou, 2016). Additionally, long-term opioid use can lead to a condition known as hyperalgesia, where sensitivity to pain increases (Lee, Sanford, Hansen, Patel, & Manchikanti, 2011).

Semi-Synthetic opioids

The opioid crisis in the United States, including Nevada, began in the 1990s with the

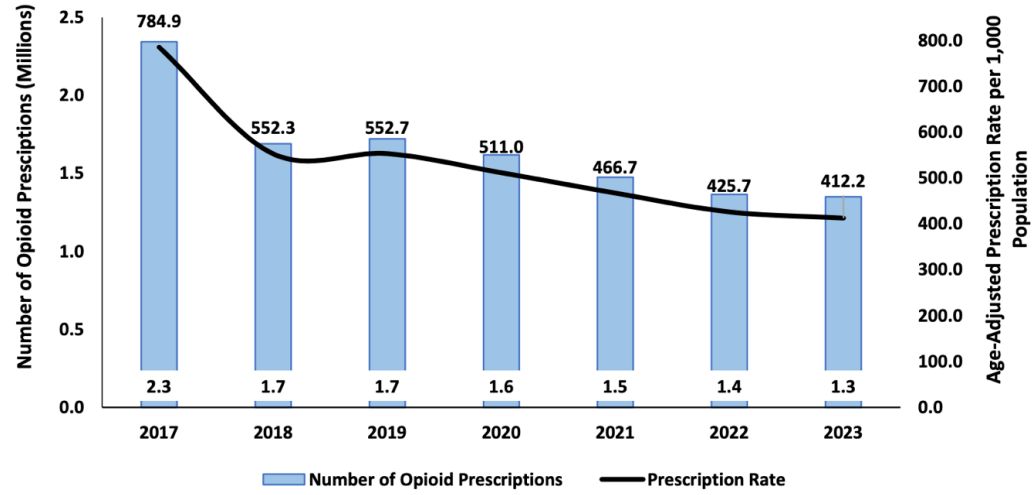
over prescription of semi-synthetic opioids, such as oxycodone and hydrocodone. Physicians started prescribing these pain relievers more frequently, which led to an increase in opioid misuse. By 2012, prescription opioids had become the leading cause of opioid overdose deaths. However, with growing awareness of the dangers of prescription opioids and policies aimed at reducing overprescribing, national misuse began to decline in the mid-2010s. Despite this, Nevada continues to have a higher-than-average rate of prescription opioid misuse.

Data from the 2022-2023 National Survey on Drug Use and Health (NSDUH) shows that Nevada surpassed nearly all other states in past-year misuse of pain relievers. The state's rate of 4.24% is higher than the national average of 3.09%. This issue is particularly pronounced among young adults: 4.02% of Nevadans aged 18 to 25 reported past-year misuse, compared to 3.15% nationwide, and 4.52% of those aged 26 and older reported misuse, compared to 3.22% nationally (SAMHSA, 2023a). It is important to note that the NSDUH survey does not include fentanyl in its opioid misuse data, so the impact of fentanyl on misuse rates is not reflected in these numbers.

Encouragingly, misuse rates among Nevada teens and young adults have decreased from 2016 to 2023. Past-year pain reliever misuse among 12 to 17-year-olds dropped from 4.04% in 2016 to 1.99% in 2023, and misuse among 18 to 25-year-olds decreased from 7.86 percent to 4.02% (NSDUH, 2023). This decline mirrors national trends and may be attributed to changes in prescribing practices and preventive measures, such as Assembly Bill 474, the Controlled Substance Abuse Prevention Act of 2017, which sought to reduce inappropriate opioid prescribing (Nevada State Legislature, 2017).

Prescription drug diversion remains a major issue. Despite increased awareness of opioid misuse risks, many individuals continue to obtain prescription opioids from sources other than doctors. In 2023, it was reported that among those 12 and older who misused prescription pain relivers, 47.1% reported obtaining opioids through a physician's prescription, while 39.0% got them from friends or family (SAMHSA, 2023d). National efforts to curb opioid prescriptions have led to a significant decrease, from 590 per 1000 people in 2017 (CDC, 2019) to 375 per 1000 in 2023 (CDC, 2024). Nevada has followed a similar trend, with opioid prescriptions dropping from 784.9 per 1000 people in 2017 to 412.2 per 1000 in 2023 as shown in Figure 2 (State of Nevada, Department of Health and Human Services – Office of Analytics, 2025).

Figure 2. *Total Opioid Prescriptions in Nevada From 2017-2023.*



Source: Prescription Drug Monitoring Program.
Reprinted from State of Nevada, Department of Health and Human Services – Office of Analytics, 2025

As prescription opioids became less accessible, many users shifted to heroin and later to fentanyl. A study by Jones (2013) found that 83% of heroin users surveyed between 2008 and 2010 used prescription opioids before turning to heroin, compared to 64% in earlier years (2002-2004).

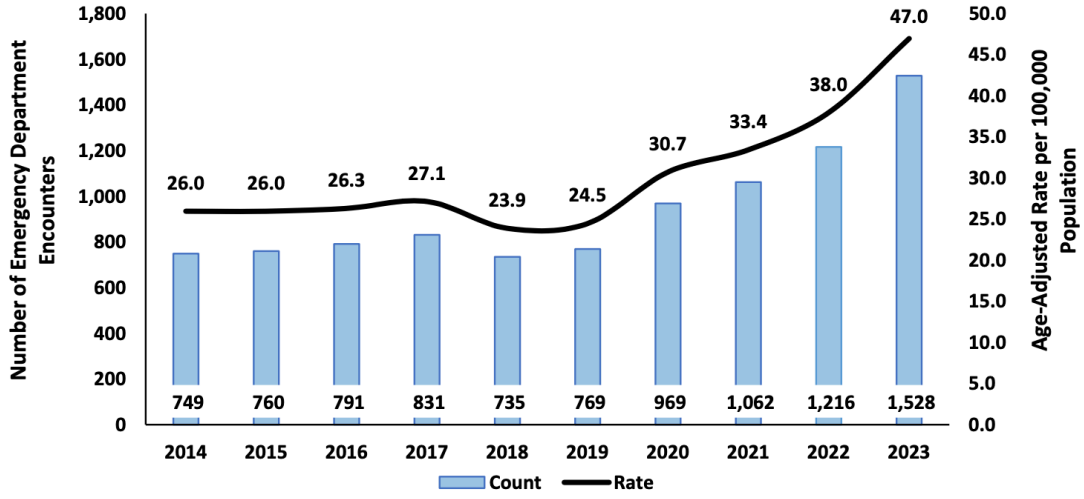
The 2022-2023 NSDUH survey indicated the past-year heroin use rate was 0.35% for individuals aged 18 and older in Nevada, which aligns with national rates of 0.33% (SAMSHA, 2023a). Heroin has diminished as a contributor to overdose deaths in Nevada, accounting for 19.6% of deaths in 2020 and 6.1% in 2023 (CDC, 2025b).

Synthetic opioids

Fentanyl, a synthetic opioid, entered the United States illegal drug supply around 2013. Initially, it was used as an adulterant or replacement for heroin but has since become the dominant opioid in illicit markets (CDC, 2025a). By 2023, fentanyl was involved in approximately 70% of opioid overdose deaths nationwide (CDC, 2024a). Fentanyl is 50 to 100 times more potent than heroin, making it especially dangerous, particularly when mixed with other drugs like heroin, methamphetamine, and cocaine, which increases the likelihood of fatal interactions (CDC, 2024e).

Fentanyl has contributed to an increase in opioid overdose emergency department encounters since 2018 (Figure 3), reaching the highest rate in 2023 at 47.0 per 100,000 population (State of Nevada, Department of Health and Human Services – Office of Analytics, 2025).

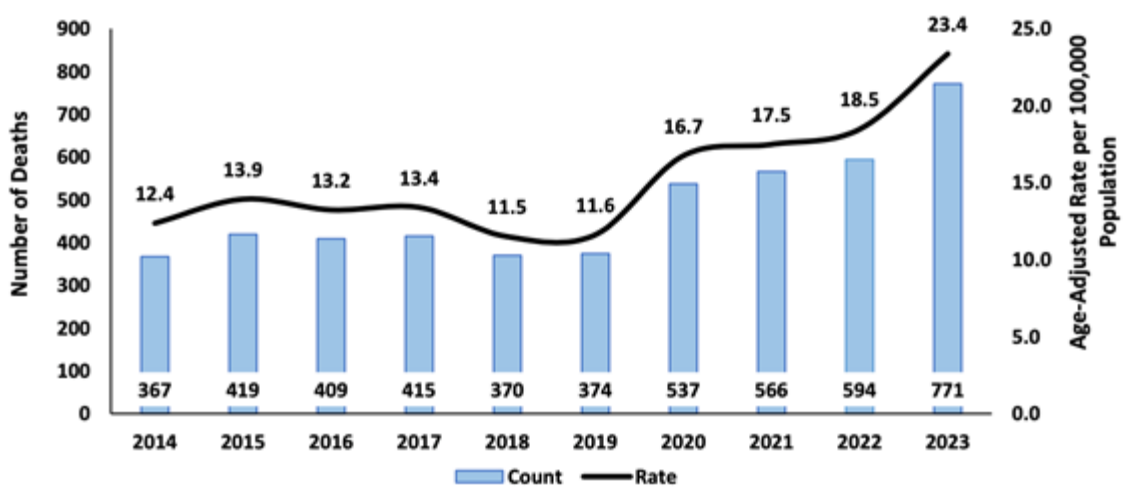
Figure 3. *Emergency department encounters from opioid overdoses from 2014-2023.*



Source: Hospital Emergency Department Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
Reprinted from State of Nevada, Department of Health and Human Services – Office of Analytics, 2025

While prescription opioids were once the primary cause of opioid overdoses, the rise of fentanyl has shifted the crisis. From 2014 to 2023, the age-adjusted rate of opioid overdose deaths in Nevada increased from 12.4 to 23.4 per 100,000 people (Figure 3). This rise is largely attributed to the increasing availability of fentanyl. In 2012, synthetic opioids like fentanyl accounted for only 6% of opioid-related deaths and by 2023, they were responsible for approximately 56.1% of opioid deaths in Nevada (CDC, 2025b).

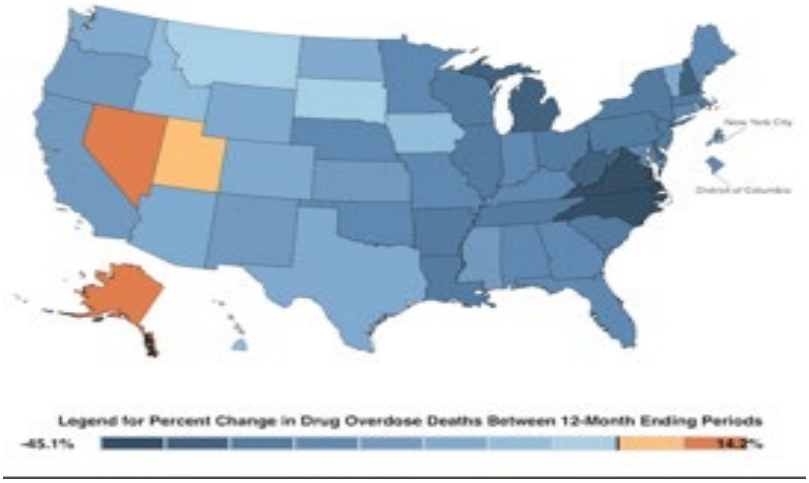
Figure 4. *Opioid Overdose Deaths in Nevada from 2014-2023.*



Source: Nevada Electronic Death Registry System.
Reprinted from State of Nevada, Department of Health and Human Services – Office of Analytics, 2025

Recent trends show a 25.2% decline in overdose deaths nationally from 2023 to 2024. States with the largest decrease in overdose deaths between this period were North Carolina (47.48% decrease) and Virginia (41.06% decrease). However, Nevada has not yet experienced this downward trend, with overdose deaths in the state rising by 7.81% between 2023 and 2024 (Figure 5). Nevada was one of only three states—along with Alaska (16.41% increase) and Utah (6.71% increase)—to see an uptick in overdose deaths between 2023 and 2024. This is, however, a slower rate of growth than experienced between 2022 and 2023, when overdose deaths increased by 18% in Nevada. Experts suggest that fentanyl, which initially entered the United States through traditional drug markets in the Northeast, gradually spread westward, contributing to the increase in overdose deaths in these states. Other western states that saw significant increases between 2022 and 2023 included Alaska (42% increase), Oregon (18% increase), and Washington (14% increase). Optimistically, the 2023 to 20224 trends suggest that Nevada is merely one to two years behind the national trend in reducing overdose deaths (Ahmad, Cisewski, Rossen, & Sutton, 2025).

Figure 5. *Percent Change in Age-Adjusted Rate of Drug Overdose Deaths, by State: October 2023 to October 2024.*



Source: Reprinted from Ahmad, Cisewski, Rossen, & Sutton, 2025

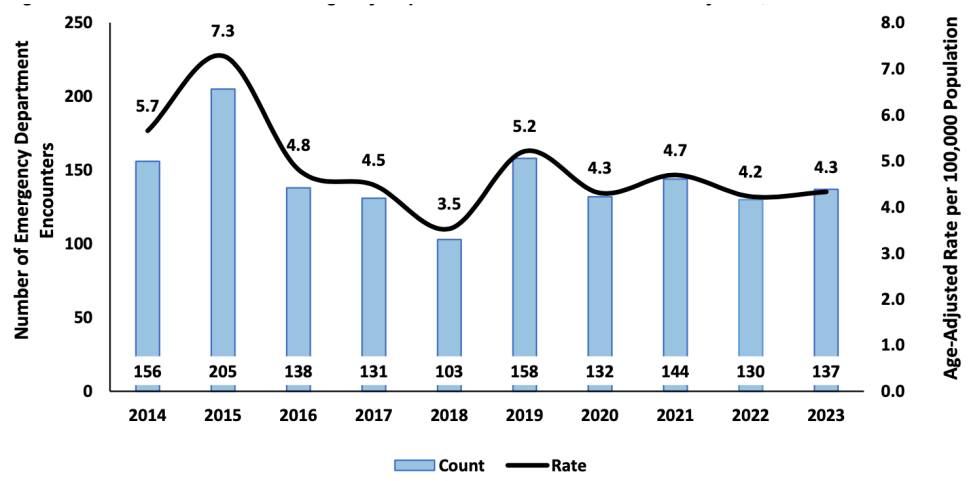
Methamphetamine

Methamphetamine is a highly addictive central nervous system stimulant that greatly impacts the body, particularly by increasing the activity of brain chemicals like dopamine and norepinephrine (Barr et al., 2006). When methamphetamine is used, the body's systems speed up, causing a rise in blood pressure and heart rate. Although the immediate effects of methamphetamine wear off in about 12 hours, continued use puts long-term strain on the cardiovascular system, leading to chronic conditions such as hardening of the arteries, organ damage, and heart failure. Methamphetamine use is associated with a range of serious health harms, including psychosis, cardiovascular and renal dysfunction, infectious disease transmission, and overdose (Vasan, Murray, & Olango, 2024).

According to the 2022-2023 National Survey on Drug Use and Health (NSDUH), 1.63% of individuals aged 12 and older in Nevada reported using methamphetamine in the past year. This includes 0.10% of those aged 12-17, 0.26% of those aged 18-25, and 1.98% of those aged 26 and older. In comparison, the national averages for methamphetamine use were 0.94% for those 12 and older, 0.11% for those aged 12-17, 0.39% for those aged 18-25, and 1.12% for those aged 26 and older. Nevada has higher rates than the national average for individuals 12 and older and 26 and older, but lower rates for those aged 12-25. In comparison to other states, Nevada ranks fourth highest for methamphetamine use among those 12 and older, following Kentucky (1.71%), New Mexico (1.78%), and West Virginia (2.48%). The area with the lowest percentage of individuals 12 and older using methamphetamine is the District of Columbia, at 0.32%.

As shown in Figure 6, emergency department encounters for stimulants have remined steady from 2014 to 2023 with rates decreasing slightly from 5.7 per 100,000 in 2014 to4.3 per 100,000 in 2023 (State of Nevada, Department of Health and Human Services – Office of Analytics, 2025). In Figure 6 and 7, stimulants include legal substances like caffeine and prescription medications such as dexamphetamines, Adderall, and methylphenidate (Ritalin), as well as illicit substances like methamphetamines, speed, and cocaine.

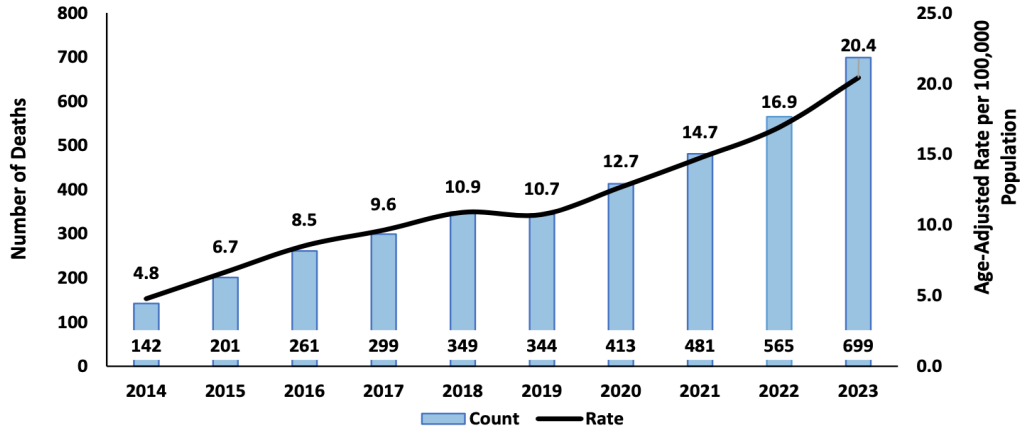
Figure 6. *Emergency Department Encounters from Stimulant Overdoses in Nevada from 2014-2023.*



Source: Hospital Emergency Department Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
Reprinted from State of Nevada, Department of Health and Human Services – Office of Analytics, 2025

The increasing prevalence of methamphetamine use in Nevada is alarming, considering its contribution to overdose deaths. In 2024, methamphetamine alone or combined with fentanyl was involved in about half of overdose deaths in Nevada (CDC 2025b). Overdose deaths from stimulants have steadily increased since 2014 (Figure 6), with a staggering 327% rise from 2014 to 2023 (State of Nevada, Department of Health and Human Services – Office of Analytics, 2025). Unlike opioids, there is no antidote for methamphetamine overdoses, which makes treatment more difficult.

Figure 7. *Stimulant Overdose Deaths from 2014-2023.*



Source: Nevada Electronic Death Registry System.

Reprinted from State of Nevada, Department of Health and Human Services – Office of Analytics, 2025

The increasing availability of methamphetamine, which has become cheaper and more accessible as attention shifts toward opioids, has contributed to its rise. Methamphetamine production has also shifted from small-scale U.S. labs to high-tech industrial labs in Mexico, with a key trafficking route running through Arizona up to Las Vegas (Drug Enforcement Administration, 2020). This increase in meth use is accompanied by a concerning rise in methamphetamine-induced psychosis, which can range from mild paranoia to severe hallucinations. Those with pre-existing mental health conditions, such as schizophrenia, are particularly vulnerable, as meth use can exacerbate symptoms. Methamphetamine use often coincides with untreated or under-treated mental illness, with some individuals using meth to self-medicate (Wearne & Cornish, 2018). This growing issue highlights the need for comprehensive treatment and prevention strategies to address both the physical and mental health consequences of methamphetamine use.

When Use Become Addiction

There are many components that contribute to the likelihood of a person developing an addiction including genetics, adverse childhood experiences, trauma and the type of substance used. Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences (NIDA, 2020). Addiction is often understood through the brain disease model, which has gained widespread acceptance in the scientific community as perspectives have shifted away from viewing substance abuse as a sign of moral weakness. Substance use triggers the release of dopamine in the brain that causes the brain to regulate by reducing dopamine levels inducing the user to seek more of the substance in order to achieve the same effects. Continual erosion of dopamine receptors leads to greater impulsivity and more use, leading to addiction (Volkow, 2016).

The data below provides estimates of the numbers of people in Nevada determined to have one or more substance use disorders as reported in the 2022-2023 NSDUH report. The definition of a substance use disorder used in this survey is, “meeting criteria for

illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5)". A series of questions in the survey are asked to assess alcohol or illicit drug dependence or abuse within the past year. A substance abuse disorder is identified when recurrent alcohol or drug use causes clinically significant impairment, including health problems, disability and failure to meet major responsibilities at work, school or home. The NSDUH shifted from using the DSM-IV to DSM-5 in 2020. Due to changes in diagnostic criteria with the revised manual, comparisons to prior years are not possible.

Substance use disorders in the survey include those related to alcohol, illicit drugs, opioid use, and the misuse of pain relievers. The survey also includes individuals identified with multiple substance use disorders, such as both alcohol and illicit drug use disorders. In Nevada, 21.32% of residents aged 12 and older were identified with a substance use disorder in the past year, a rate higher than the national average of 17.19%, ranking Nevada fifth among all states. Consistent with the alcohol and other substance use statistics previously cited, the highest levels of substance use disorder are reported in the 18- to 25-year-old age group, both in Nevada (31.07%) and nationally (28.40%). Of particular concern is the significantly higher rate of substance use disorder among Nevada youth aged 12 to 17, with 10.05% affected, compared to the national rate of 8.56%.

To gain a clearer perspective, it is helpful to move beyond the broad category of substance use disorder and focus on the more specific areas of alcohol and drug use disorders (defined by use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, any use of prescription pain relievers, tranquilizers, stimulants, or sedatives in the past year).

Alcohol Use Disorder

- In Nevada, 12.17% of individuals aged 12 and older were considered to have an alcohol use disorder in the past year. This includes 4.12% of those aged 12 to 17, 18.34% of those aged 18 to 25, and 12.25% of those aged 26 and older.

- In the United States, 10.33% of the population 12 years and older were considered to have an alcohol use disorder in the past year. This includes 2.85% of those 12 to 17 years old, 16.54% of those 18 to 25 years old and 10.35% of those 26 years and older.

- Focusing on underage drinking, the NSDUH identified 6.49% of Nevada residents aged 12 to 20 as having an alcohol use disorder, which is higher than the national average of 5.72%. Problematic drinking during youth has been shown to interfere with brain development and increase the risk of alcohol-related issues later in life. For example, adults aged 26 and older who began drinking before the age of 15 are 3.6 times more likely to develop an alcohol use disorder than those who started drinking after age 20 (National Institutes of Health, 2025).

Drug Use Disorder

- In Nevada, 12.17% of the population aged 12 years and older were identified as having a drug use disorder in the past year. The rates were higher among specific age groups, with 8.26% of those aged 12 to 17, 23.06% of those aged 18 to 25, and 11.14% of those aged 26 and older reporting a drug use disorder.

- The Silver State has a higher rate of drug use disorder compared to the national average. In the United States, 9.62% of those aged 12 years and older were considered to have a drug use disorder in the past year. This includes 6.96% of those aged 12 to 17, 18.30% of those aged 18 to 25, and 8.58% of those aged 26 and older.

Polysubstance use, which involves the use of multiple drugs, is a common occurrence. This can include using two or more substances simultaneously or within a short time frame, either intentionally or unintentionally. Intentional polysubstance use occurs when individuals purposefully take one drug to either amplify or counteract the effects of another, or to experience the combined effects of both substances. In contrast, unintentional polysubstance use happens when people unknowingly consume drugs that have been mixed with other substances, such as fentanyl, without their knowledge (CDC, 2024c).

In 2022, Nevada saw 483 of the 836 overdose deaths (58%) involve multiple substances, with 255 of these deaths resulting from a combination of opioids and stimulants (Nevada Department of Health and Human Services, 2025). In 2023, it was shown that 40% of all overdose deaths involved both a stimulant and an opioid (CDC, 2025b). Additionally, more than 90% of individuals with an opioid use disorder were found to be using at least two other substances during the same year, and over 25% had two or more other substance use disorders alongside opioid use disorder (Hassan & Le Foll, 2019).

Research shows that over 90% of individuals with an opioid use disorder report more than two additional substances within the same year, with more than 25% also experiencing co-occurring substance use disorders (Hassan & Le Foll, 2019). To effectively address polysubstance use, prevention efforts should focus on shared factors across substances, such as cravings or using substances to cope with stress. Treatment programs should consider the broader patterns of polysubstance use, rather than isolating each drug's unique aspects. Experts suggest that treatment should target addiction itself, rather than treating each substance individually. By focusing on addiction as a vulnerability rather than the specific drugs involved, treatment outcomes can be improved as the foundational principles of treatment remain consistent across substances (Compton, Valentino, & DuPont, 2021).

Substance Use Treatment in Nevada

A 2020 SAMHSA study found that approximately one-third of individuals receiving treatment for opioid use also had a co-occurring mental health disorder (SAMHSA, 2020). Often with substance use, mental health disorders are also present. In Nevada, there is a recognized need for more treatment providers who are trained to address both

substance use and mental health disorders. This includes providing mental health care both during and after substance abuse treatment. The Nevada Substance Use Prevention, Treatment, and Recovery Services division of the Department of Health and Human Services certifies providers who meet the criteria for treating co-occurring disorders and is actively working to increase the number of certified providers across the state.

Depending on the type and severity of the substance use disorder, a variety of treatment options are available in Nevada. A list of Nevada treatment facilities by location is provided in the Appendix. The Partnership to End Addiction (2025) summarizes the various treatment types of programs and services.

Types of treatment programs

Outpatient
Clients typically attend no more than nine hours of treatment a week (slightly less for teens) at a specialty facility while continuing to live at home.

Intensive Outpatient Program
Clients attend 10-20 hours of treatment a week (slightly less for teens) at a specialty facility while continuing to live at home. Many programs make services available in the evenings and on weekends so individuals can continue to work or stay in school. This is a better option for individuals with accompanying medical or psychological issues who need multiple services, or have not been successful in outpatient treatment.

Partial Hospitalization Program (PHP)
Clients attend four to eight hours of treatment a day (20 or more a week) while continuing to live at home. Most families use these types of addiction treatment programs when their child needs an intensive and structured experience. Day treatment can be appropriate for individuals with co-occurring mental illness.

Residential (rehab)
These programs provide treatment in a residential setting and can last from one month to a year. Typically, residents go through different phases as they progress through the program.

Inpatient
Treatment provided in specialty units of hospitals or medical clinics offering both detox and rehabilitation services. Typically used for people with serious medical conditions or mental disorders.

Types of treatment services

Individual counseling
One-on-one counseling to explore individual needs.

Group counseling
Usually consists of six to ten people with one or two counselors facilitating a discussion of their struggles, experiences and problems.

Vocational services
Services to help determine an individual's vocational aptitudes and interests, along with job skills development, resume assistance and other work readiness skills.

Medication Addiction Treatment (MAT)
In combination with the counseling and behavioral therapies described above, medications such as buprenorphine and naltrexone may be used to help with the lessen the effects of withdrawal from physical additions.

Utilization of Treatment

According to the 2022-2023 NSDUH data, approximately 141,000 Nevadans aged 12 and older, or about 5.22% of the population, received treatment for a substance use disorder in the past year. This rate is slightly higher than the national average of 4.58%. However, the NSDUH also estimates that an additional 492,000 individuals in Nevada with an identified substance use disorder did not receive treatment, resulting in a treatment utilization rate of only about 28%. While the NSDUH provides a broad estimate of Nevada's unmet treatment needs, its findings align with those of other studies. A 2020 statewide study identified approximately 400,000 untreated cases of substance use disorder, with a treatment gap for opioid use disorder estimated at around 70% (Nevada Infrastructure Report, 2000).

Barriers to treatment include limited availability, cost of treatment, negative stigma associated with treatment and the feeling that treatment is not necessary. One mitigating factor for the cost barrier is expanded access to health care insurance and treatment programs that accept all insurance types. When the federal Affordable Care Act (ACA) became fully implemented in 2014, insurance plans were required to cover treatment for substance use disorders as essential benefits and could no longer consider substance use disorder a preexisting condition for which coverage can be denied. In addition, the ACA greatly expanded the numbers of lower income people covered under the Medicaid program in states such as Nevada that chose to participate. One result is that nationally, 4 in 10 nonelderly adults with opioid addiction in the United States are now covered by Medicaid (Kaiser Family Foundation, 2018).

With Medicaid expansion in Nevada beginning in 2014, net enrollment from 2013 to 2024 increased by 138%, trailing only Virginia for the highest rate growth in the country. In August 2024, 811,962 Nevada residents were enrolled in Medicaid, about one-quarter of the total population (Kaiser Family Foundation, 2024). In the decade from 2013 to 202,3 the share of uninsured people in Nevada was halved from 20.7 to 10.8% (SHADAC, 2024). The trend toward expanded health insurance coverage and more treatment faculties accepting this insurance may allow for greater access to treatment.

There appear to be significant disparities in treatment access for minority populations in Nevada. The 2022 Nevada Opioid Needs Assessment, based on Medicaid data estimates, reveals that while Hispanic individuals account for 28.7% of the state's population, they represent only 15% of those receiving treatment. Similarly, Black Nevadans, who make up 12.1% of the population, comprise just 9% of the treatment population (State of Nevada Department of Health and Human Services, 2022).

Another group that underutilizes treatment is pregnant women. In 2019, only 15% of pregnant women with an opioid use disorder covered by Medicaid received treatment (State of Nevada Division of Health Care Financing and Policy, 2020). The 2022 Nevada Opioid Needs Assessment report suggested that treatment gap is likely due a number of factors, including:

> *a lack of providers willing to provide MAT to pregnant women due to perceived and actual risks, stigma, and fear of losing custody of the child or other children in the household. During the June 2022 meeting of the ACRN, a provider of comprehensive specialty services for pregnant women reported that their services are underutilized, likely because of stigma in the community, both on the part of referral sources and individuals needing treatment* (State of Nevada Department of Health and Human Services, 2022).

Residents of rural Nevada also encounter significant barriers to treatment access. As highlighted in the appendix, the majority of treatment services are concentrated in a few urban areas, leaving rural residents with limited access. The long distances required to reach these services often prevent many rural residents from obtaining the necessary treatment (State of Nevada Department of Health and Human Services, 2022).

Types of Facilities

Data on treatment facilities in Nevada can be assessed through the National Survey of Substance Abuse Treatment Services (N-SSATS), which is an annual survey of substance abuse treatment facilities conducted by SAMSHA (2023b). In 2023, this study included 116, or 81.7% of eligible substance abuse treatment facilities in Nevada. Key findings in the report include:

- The survey indicated a total of 12,318 clients in treatment at these facilities on March 31, 2023. Data from previous years have indicated no trend in the number of clients in treatment with numbers ranging from 13,327 in 2008 to 5,310 in 2012.

- Of these facilities, 54 were operated by private non-profit organizations, 34 by private for-profit entities, 1 by state government, 2 by federal government, and 5 by tribal government. The number of clients served by each type of facility was 7,091, 5,291, 8, 443, and 37, respectively.

- Of the 109 facilities, 96 offered some form of outpatient treatment, 26 offered residential treatment, and 15 provided hospital inpatient treatment. Some

facilities offered all or a combination of treatment services.

- In terms of payment, 84.5% of the facilities accepted Medicaid.

- Medication-assisted treatment (MAT) involves the use of methadone, which is only available at approved facilities; buprenorphine, which can be prescribed by trained medical practitioners with a waiver; and naltrexone, which can be prescribed by all physicians or medical personnel. All these services are being offered in Nevada.

Treatment Admissions Characteristics

The Treatment Episode Data Set (TEDS), maintained by SAMHSA, compiles reports from treatment facilities that receive public funding. As only treatment facilities that receive public funding are required to report their admissions. This data is not a complete depiction of substance treatment admissions but serves as an indicator of the demographics of individuals seeking treatment and the conditions they are being treated for. The data includes the total number of admissions into treatment and does not represent individuals who may have been admitted more than once in the year (SAMSHA, 2023c).

In Nevada, admissions for treatment rose significantly after passage of the Affordable Care Act, which expanded private insurance and Medicare coverage for treatment. Treatment admissions peaked in 2017 with 19,347 admissions and in 2019 with 12,042 admissions. The Covid 19 pandemic resulted in a significant drop in admissions with 8,833 in 2020 and 7,793 in 2021. Admissions have not recovered from pre-pandemic levels, with 10, 645 in 2022 and 9,957 in 2023 (Cantor, 2022).

In 2023, Nevada saw 9,957 admissions, a slight decrease from 10,645 in 2022, and a significant drop from the peak of 19,347 admissions in 2017 and 12,042 in 2019. Nevada mirrors national trends, with treatment admissions increasing after the passage of the Affordable Care Act, which expanded private insurance and Medicare coverage for treatment, and decreasing during and after the covid pandemic (Cantor, 2022).

In Nevada, the top four substances for treatment admission in 2023 included alcohol and alcohol with a secondary drug (23.3% of all admissions), amphetamines (22.2%), marijuana (7.2%) and the category of other opioids (6.8%). This last category includes synthetic opioids, such as fentanyl. These were also the top four substances in Nevada in the 2019 TEDS survey with the exception of the other opioids category which increased from 1.6% in 2019 to 6.8% in 2023, reflecting the increase in use of synthetic opioids (SAMSHA, 2023b).

According to TEDS (SAMSHA, 2023b), the following are the characteristics of treatment admissions in Nevada in 2023:

Age at Admission in 2023

- The highest share (34.4%) of those admitted into treatment were between the ages of 31 to 40 years old, followed by those in their 20's and 40's, both making up approximately 20% of all admissions. Underage admissions among those 12 to 20 years old accounted for 7.0% of admissions. Admissions for treatment decline greatly for those over 50 years old.

- The primary substances for which Nevada residents were admitted for treatment varies greatly by age group. Furthermore, many admissions are for treatment of two or more substances. The following is a general view of the most common primary substances at admission by age in order of prevalence:

  12-20 years old: marijuana, tranquilizers, hallucinogens

  21-30 years old: opioids, including heroin, amphetamines, and other stimulants

  31-40 years old: opioids including heroin, alcohol, cocaine,

  41- 50 years old: sedatives, alcohol, opioids including heroin.

Gender at Admission in 2023

- Males made up of 65.8% of the total treatment admissions compared to females at 34.0%.

- In no category of substances did females exceed males for admission for treatment. In 2023, the male to female ratio was highest for inhalants (100% males to 0% females). hallucinogens (80.0% males to 20.0% females) and smoked cocaine, (73.9% males to 25.2% females).

- These findings are consistent with the World Drug Report (2017), which indicated that at least twice as many men than women suffer from drug use disorders. This report also found that once women have initiated substance use, they tend to increase their rate of consumption (particularly alcohol, cannabis, opioids and cocaine) more rapidly than men. As a result, women may progress more rapidly than men to drug use disorders.

Further Implications for Drug Addiction and Policy

In recent years, there has been a growing consensus that the solution to stemming the rising rates of drug use and addiction lies in prevention and treatment efforts, rather than a law enforcement approach (McGovern & Carroll, 2003). The "War on Drugs" of the past several decades has done little to reduce the supply or use of illicit drugs in the nation (Farber, 2021). While progress has been made toward promoting evidence-based

practices in the treatment and understanding of substance abuse, more work is needed to advance this approach.

Drug control policy in the United States has historically been centered on "supply reduction" in attempts to limit the availability of illicit substances. According to the Office of National Drug Control Policy (2024), 57% of the 2016 federal drug control budget was allocated to supply reduction, including domestic law enforcement, interdiction, and international drug control efforts. Of that total, domestic law enforcement alone accounted for the largest share, 60%. In recent years, there has been a shift toward allocating more funding toward "demand reduction" efforts, which include prevention, harm reduction, and treatment and recovery programs. By 2024, the majority of the federal drug control budget (56%) was spent on these demand reduction programs, with the largest portion (88%) directed toward treatment programs.

With the introduction of fentanyl, drug interdiction efforts, particularly at the United States-Mexico border, have become increasingly difficult. Fentanyl's potency in small amounts makes it relatively easy to conceal in pockets, luggage, and vehicles. Increasing fentanyl seizures is likely to only lead to greater production and alternate routes by Mexican drug cartels (United States Congressional Research Service, 2022). Moreover, efforts to stop foreign migrant border crossings will have little impact on the drug supply, as between 2018 and 2023, about 80% of convicted fentanyl traffickers were U.S. citizens (Bier, 2024).

The law enforcement approach to drug use is evident in criminal justice system statistics:

- In 2023, drug offenses (including trafficking and possession) accounted for 29.9% of primary offenses in the federal system, tied with immigration (30%) for the highest proportion of federal cases (United States Sentencing Commission, 2022).
- In Nevada, during 2022, 19.5% of all arrests and convictions were drug-related, an increase from 15.0% in 2015. Felony drug convictions in 2022 represented 42.4% of total felony convictions (Nevada Department of Health and Human Services, 2024b).
- Among drugs involved in these offenses, methamphetamine accounted for 51.4% of primary offenses, followed by marijuana (11.4%), heroin (8.6%), powder cocaine (6.7%), and crack cocaine (1.9%) (Nevada Department of Health and Human Services, 2024b).

Given that drug crimes account for a large share of primary offenses both nationally and in Nevada, prisons and jails disproportionately house individuals with substance use disorders. Research has consistently shown that drug and alcohol treatment is more effective and cost-efficient than incarceration. According to the National Institute on Drug Abuse (2024), an estimated 60% of the United States. Prison population has a substance use disorder, often for an opioid use disorder, yet fewer than 10% of state

prisons offer medications to treat opioid use disorder. Untreated inmates are more likely to relapse and re-enter the criminal justice system upon release (Zarkin et al., 2012).

The method of incarcerating individuals for substance use issues has proven ineffective, as evidenced by high rates of recidivism. According to the Bureau of Justice Statistics, 76.9% of drug offenders are arrested for a new crime within five years of their release (Durose, Cooper, & Snyder, 2014).

Given the low rates of individuals accessing treatment for substance abuse and the focus on the criminalization of drug use, law enforcement agencies may have more contact with individuals suffering from substance use disorders than medical professionals or public health workers. Therefore, diversion programs may be more effective. One such example is the Law Enforcement Assisted Diversion (LEAD) program, which is a pre-booking diversion program redirecting low-level drug offenses to community-based services instead of incarceration (LEAD National Support Bureau, 2018). The Las Vegas Metropolitan Police Department implemented a LEAD program in 2018. Another effective approach has been specialty courts, which allow individuals to access treatment instead of serving jail time. Nevada currently operates 42 specialty court programs, including Drug Court, Mental Health Court, Veterans Treatment Court, and DUI Court. Nationally, specialty courts have proven effective in reducing recidivism, and for every dollar invested in Drug Court, taxpayers can save up to 3.36 dollars in avoided criminal justice costs (Marlowe, 2010).

Nevada has taken significant steps to address the opioid epidemic. As of January 1, 2018, Assembly Bill No. 474 went into effect, establishing regulations for the reporting of drug overdoses by physicians, physician assistants, and nurses to the State's Chief Medical Officer. The bill requires the inclusion of additional information in the Prescription Drug Monitoring Program (PDMP) and sets guidelines for prescribing controlled substances in schedules II, III, and IV. It also grants certain occupational licensing boards access to the PDMP to investigate fraudulent, illegal, or inappropriate prescribing, dispensing, or use of these substances. Furthermore, the bill allows paramedics to access the PDMP to determine if a patient's symptoms are related to a controlled substance. Lastly, the bill mandates that individuals registering to dispense controlled substances complete two hours of training, with specific focus on opioid prescribing and addiction (Nevada State Legislature, 2017).

Nevada has also expanded Medication-Assisted Treatment (MAT), which uses medications like buprenorphine and naltrexone to reduce cravings and withdrawal symptoms. Assembly Bill 156 (2023) allows pharmacists to prescribe buprenorphine and naltrexone, a significant development in increasing access to these medications, especially in rural areas where treatment options are limited.

In addition to these legislative actions, the Good Samaritan Act of 2015 was expanded with Assembly Bill 159 in 2017, which provided additional protections allowing individuals to possess and administer naloxone without legal repercussions. Further progress came in March 2021, when Senate Bill 390 established the Fund for a Resilient Nevada (FRN) within the Nevada Department of Health and Human Services (DHHS).

This bill, codified in Nevada Revised Statutes (NRS) 433.712 through 433.744, requires the development of a Statewide Needs Assessment and Plan to guide the use of opioid recovery funds, ensuring evidence-based and data-driven approaches are employed. The 2022 Needs Assessment and Statewide Plan serves as a first version that will be reviewed and revised as needed. According to the 2022 report, 43.86% of recovered opioid funds were allocated to projects directly addressing opioid use disorder and related issues (State of Nevada Department of Health and Human Services, 2022).

The Nevada Department of Health and Human Service's 2024 Annual Report for FRN (2025) outlined the following funding priorities and made the focus on youth (before birth or in utero through transitional age) and criminal justice involved persons:

Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

Nevada has prioritized strengthening community partnerships to enhance program capacity. This includes the establishment of the Opioid Training and Technical Assistance Center in Reno, providing resources and training for local organizations to effectively tackle opioid misuse and overdose.

Goal 2: Prevent the Misuse of Opioids

Prevention remains a cornerstone of Nevada's approach. The state is actively engaged in educational campaigns aimed at reducing opioid misuse, especially among vulnerable populations such as youth and high-risk groups. These initiatives seek to raise awareness and promote healthier behaviors to prevent the onset of opioid use disorder.

Goal 3: Reduce Harm Related to Opioid Use

Nevada's harm reduction efforts have expanded significantly. A key initiative includes the statewide syringe distribution program, the first of its kind to use state and federal funds for legal syringe distribution. Additionally, a vending machine project was launched, which places machines stocked with naloxone, wound care supplies, hygiene items, and syringes in multiple locations. This initiative will expand with plans to install 19 more machines by September 2025. Fentanyl test strips and syringe collection bins are also available, further supporting harm reduction efforts.

Goal 4: Provide Behavioral Health Treatment

Expanding access to behavioral health services remains a critical focus. Nevada has introduced mobile recovery units that bring treatment directly to underserved communities. Programs like the EMPOWERED Program offer specialized support for pregnant and postpartum women with opioid use disorder. Nevada also continues to enhance alternative sentencing programs to provide treatment options for criminal justice-involved individuals rather than incarceration.

Goal 5: Implement Recovery Communities Across Nevada

The state has strengthened its efforts to support youth affected by opioid use. The continuous intensive recruitment program targets youth in the foster care system, focusing on those most at risk of substance exposure.

Goal 6: Provide Opioid Prevention and Treatment Consistently Across the Criminal Justice and Public Safety Systems

Nevada has introduced policies to ensure consistent access to opioid prevention and treatment within the criminal justice system. These efforts include improving treatment access during incarceration and enhancing services for incarcerated individuals during the critical period leading up to their reentry into society.

Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

The state is investing in expanding its data infrastructure to improve the collection and dissemination of opioid-related data. The Nevada Division of Emergency Management (DEM) is working to enhance its ability to report on overdose trends and better allocate resources in the areas where they are most needed.

These efforts collectively demonstrate Nevada's comprehensive and evolving strategy to tackle opioid misuse, prevent overdose deaths, and provide support for those affected by opioid use disorder through treatment, harm reduction, and prevention.

Examining the circumstances surrounding overdose deaths is crucial for preventing future fatalities. According to data collected by the Centers for Disease Control and Prevention (2025b) in 2023, 65.9% of overdose deaths involved at least one potential opportunity for intervention. In these cases, 42.6% had a bystander present, but 70% of those bystanders did not intervene. Among them, 43.5% were in a different room, and 15.3% were unaware that the decedent was using substances. Further analysis revealed that 77.4% of decedents had a history of drug use, and 13.4% had experienced a previous overdose. Additionally, 28.7% had a mental health diagnosis, and 24.7% had received treatment for mental health or substance use disorders, pointing to potential access points for further intervention and care. Understanding these circumstances can help guide the development of future strategies to address high-risk factors and prevent deaths.

Another critical area of focus in reducing overdose deaths is addressing emerging drugs. As polysubstance use is a common occurrence, many drugs of interest have been detected in these deaths. One such substance is xylazine, which was responsible for 12 deaths in Nevada in 2023 (CDC, 2025b). As xylazine is a sedative not an opioid, overdoses cannot be reversed by Narcan. While one kilogram of fentanyl can cost $10,000 to $90,000, a kilogram of xylazine can be purchased online from $6 to $20 (DEA, 2022). Other substances detected in overdose deaths in Nevada in 2023 include kratom, which was involved in 31 deaths and illegal benzodiazepines, which was involved in 25 deaths (CDC, 2025b). While drugs like carfentanil have yet to be detected

in Nevada and other West Coast states, it has proven deadly on the East Coast and can be 100 times more potent than fentanyl, having the potential to reverse the progress made in the United States (CDC, 2024a).

It is clear that expanding treatment and harm reduction strategies is crucial in reducing addiction and mitigating the societal harm caused by drug use. However, a significant barrier to implementing these measures is the stigma and discrimination against individuals with substance use disorders. This stigma often weakens community support for public funding for programs that assist those struggling with substance use. The 2020 *Clark County Community Perceptions of Drug Use and Harm Reduction Survey*, which surveyed 669 Clark County residents, included questions about public perceptions of drug misuse and justice system involvement. Some key findings from the survey include (Nevada Institute for Children's Research and Policy & Cannon Survey Center, 2020):

- 79% agreed or strongly agreed that youth who use drugs are likely to commit crimes.
- 54.9% agreed or strongly agreed that non-violent criminals should have access to drug rehabilitation programs.
- Only 35.2% agreed or strongly agreed that spending taxpayer money to prevent the misuse of drugs is money well spent.
- 50.5% agreed or strongly agreed that Southern Nevada should offer a program that allows individuals to attend drug treatment therapy instead of jail for nonviolent minor crimes.
- Only47.7% agreed or strongly agreed that treatment should be available to all individuals who misuse drugs.

These findings highlight the need for greater public education on the community-wide benefits of expanding treatment and harm reduction services. Building support for evidence-based strategies is critical to securing the public funding necessary for expanding these vital services.

Conclusion

Alcohol, marijuana, and tobacco are the three most commonly used substances in Nevada. The experience in Nevada has generally mirrored national trends, with the exception of underage drinking which is slightly higher than the national average. Among the positive findings is the decline in cigarette smoking in the state during the period studied, with the decline in smoking among adolescents and young adults particularly encouraging. Since legalization in 2017, marijuana use has increased substantially in Nevada, a trend which is consistent with the experience in other states that have legalized recreational marijuana.

Nevada has not escaped the nationwide epidemic of opioid abuse. As opioid use has shifted from prescription opioids to heroin and then to more potent synthetic opioids such as fentanyl the risks associated with drug use have greatly increased. This has resulted in the tragedy of rising overdose deaths in the nation and in Nevada. One

troubling recent development is the fact that while overdose deaths appear to be declining nationally, the number in Nevada continues to increase. The recent rise in fentanyl has perhaps overshadowed the continual problem of methamphetamine in health effects and overdose deaths. There is the real promise in combating substance abuse by shifting from the previous supply reduction and incarceration model to a system that seeks to reduce demand for illicit drugs and treats those with substance use disorders. The prevalence of polysubstance use and co-occurring disorders reflects the importance of a comprehensive approach to treating substance abuse.

The growing emphasis on harm reduction strategies, such as increased access to naloxone and drug testing strips, shows promise. Still, substantial work remains in ensuring these strategies are integrated into evidence-based practices. Currently, fewer than 1 in 10 Nevadans with substance use disorder are receiving the treatment they need. Effective change will require a concerted, collaborative effort from all sectors of the community, involving local, state, and federal agencies working together. Moving forward, the focus must be on expanding access to care, reducing stigma, and ensuring that those with substance use disorders receive evidence-based treatments that will be a more effective and efficient use of state resources and most importantly to reduce overdose deaths.

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Appendix

Substance Use Treatment Facilities in Nevada

Carson City

Battle Born Counseling Services, Inc.
1802 North Carson Street, Unit 103
Carson City, NV 89701
775-350-4809

Carson City Community Counseling Center
788 Fairview Drive
Carson City, NV 89701
775-882-3945

Carson Tahoe Behavioral Health Services
775 Fleischmann Way, 2nd Floor
Carson City, NV 89703
775-445-7756

John Glen and Associates
1802 North Carson Street, Suite 155
Carson City, NV 89701
775-882-4340

Paragon Counseling Services
844 West Nye Lane, Suite 201
Carson City, NV 89703
775-885-7717

The Life Change Center
1201 North Stewart Street
Carson City, NV 89701

Vitality Integrated Programs
119 Long Street
Carson City, NV
775-461-0754

Dayton

Rural Nevada Counseling
801 Overland Loop, Suite 201
Dayton, NV 89403
775-246-6214

Vitality Integrated Programs
120 Pike Street
Dayton, NV 89403
775-241-9440

Elko

Vitality Center
Residential Treatment
3740 East Idaho Street
Elko, NV 89801
775-738-8004

Vitality Integrated Programs
215 Bluffs Avenue, Suites 100 & 200
Elko, NV 89801
775-777-8477

Ely

Newe Medical Clinic Ely Health Station
400B Newe View Drive
Ely, NV 89301
755-289-2134

Fernley

Rural Nevada Counseling
415 Highway 95-A, Building I
Fernley, NV 89408
775-575-6191

Fallon

New Frontier Treatment Center
Churchill Council of Alcohol/Other Drugs
1490 Grimes Street
Fallon, NV 89406
775-423-1412

Fallon Tribal Health Clinic
1001 Rio Vista Drive
Fallon, NV 89406
755-423-9076x1032

Gardnerville

Tahoe Youth and Family Services
1512 Highway 395, Suite 3
Gardnerville, NV 89410
775-782-4202

Henderson

ABC Therapy
7 Water Street, Suite A
Henderson, NV 89015
702-568-5971

Desert Treatment Clinic
2598 Windmill Parkway #100
Henderson, NV 89074
702-248-0000

Mission Treatment Centers Inc.
704 West Sunset Road, Suite 9-B
Henderson, NV 89011
702-558-9600

Lifespan Behavioral Health
2401 West Horizon Ridge Pkwy., 110
Henderson, NV 89052
725-500-5785

Seven Hills Hospital
3021 West Horizon Ridge Parkway
Henderson, NV 89052
702-947-2650

North Las Vegas

Center for Behavioral Health Las Vegas
2290 McDaniel Street, Suite 1-C
North Las Vegas, NV 89030
702-399-1600

Center for Behavioral Health Las Vegas
3470 West Cheyenne Avenue, Suite 400
North Las Vegas, NV 89032
702-636-0085

Las Vegas VA Outpatient Clinic
6900 North Pecos Road
North Las Vegas, NV 89086
702-791-9000, Intake: 702-791-9062

Salvation Army
Adult Rehabilitation Center
211 Judson Avenue
North Las Vegas, NV 89030
702-399-2769, Intake: 702-399-2769 x 10

Owyhee

Owyhee Community Health
P.O. Box 130 Owyhee, NV 89832
755-757-2415

Pahrump

Living Free Health
2050 NV Highway 160, Suite 160
Pahrump, NV 89060
775-505-1625

New Beginnings Counseling Center
2280 Calvada Boulevard, Suites 104 & 105
Pahrump, NV 89048
702-829-6354

WestCare Nevada
1161 South Loop Road

Pahrump, NV 89048
775-764-1904

Las Vegas

ABC Therapy
730 North Eastern Avenue, Suite 130
Las Vegas, NV 89101
702-598-2020

Acadia Healthcare
2887 South Maryland Parkway
Las Vegas, NV 89109
844-292-6556

A Better Today Recovery Services LLC
6655 West Sahara Avenue, Suite D-208
Las Vegas, NV 89146
702-823-5228

Behavioral Health Group
Desert Inn Treatment Center
3050 East Desert Inn Road #116
Las Vegas, NV 89121
702-796-0660

Bridge Counseling Associates
1640 Alta Drive, Suite 4
Las Vegas, NV 89106
702-474-6450

Care Clinic
1050 East Flamingo Road, Suite 107
Las Vegas, NV 89119
844-782-6963

Center for Behavioral Health
3050 East Desert Inn Road,
Suite 116
Las Vegas, NV 89121
702-796-0660

Central Recovery Las Vegas
3321 North Buffalo Drive,
Suite 100
Las Vegas, NV 89129
702-515-8525, Intake: 888-538-3729

Charleston Residential Services
2121 West Charleston Boulevard
Las Vegas, NV 89102
702-382-7746

Choices Group Inc.
1785 East Sahara Avenue, Suite 160
Las Vegas, NV 89104
702-252-8342

Co Occurring Program
Southern Nevada Adult Mental Health
1785 East Sahara Avenue, Suite 145
Las Vegas, NV 89104
I702-486-6000 Intake: 702-369-8700

Community Counseling Center
714 East Sahara Avenue, Suite 103
Las Vegas, NV 89104
702-369-8700, Intake: 702-369-8700

Desert Hope
2465 East Twain Avenue
Las Vegas, NV 89121
702-874-3798

Desert Parkway Behavioral Healthcare
Hospital
3247 South Maryland Parkway
Las Vegas, NV 89109
702-776-3500

Empowerment Center
1024 W Owens Avenue Suite B
Las Vegas, NV 89106
702-636-8729

Encounters Counseling and Recovery
2820 W Charleston Boulevard, B21
Las Vegas, NV 89102
702-608-2151

Freedom Behavioral Health
3852 Palos Verdes Street
Las Vegas, NV 89119

702-785-1300

Icarus Behavioral Health NV
75 Mount Spokane Court
Las Vegas, NV 89113
602-367-9807

Lionheart Recovery Center
3027 East Sunset Road, Units 107 & 108
Las Vegas, NV 89120
702-937-5969

Marnell House
4738 Marnell Drive
Las Vegas, NV 89121
818-447-9381

Mind Body Solutions
2725 South Jones Boulevard, Suite 104
Las Vegas, NV 89146
702-384-2238

Multicultural Wellness West
2920 South Jones Boulevard
Las, Vegas, NV 89146
702-476-6395

Nestled Outpatient
7040 Laredo Street, Suite J & K
Las Vegas, NV 89117
702-444-3933

Nestled Recovery Center
2860 South Bronco Street
Las Vegas, NV 89146
702-299-6409

New Beginnings Counseling Centers
3675 Pecos-McCloud Interconnect
Las Vegas, NV 89121
702-538-7412, Intake: 702-834-8319

Partida Corona Medical Center
2950 East Flamingo Road, Suite E.
Las Vegas, NV 89121
702-565-6004

Sierra Transformation Center
10161 West Park Run Drive
Las Vegas, NV 89145
702-329-7125

Southern Nevada Mental Health
6161 West Charleston Boulevard
Las Vegas, NV 89146
702-486-6000

Thrive/Sunarch Academy
5900 West Rochelle Avenue
Las Vegas, NV 89103
702-522-7922

TiNHiH There is No Hero in Heroin
3441 West Sahara Avenue, Suite C-1
Las Vegas, NV 89102
702-445-7318

US VETS Las Vegas
525 East Bonanza Road
Las Vegas, NV 89101
702-947-4442, Intake: 702-947-4446

Vegas Stronger
737 North Main Street
Las Vegas, NV 89101
702-202-6647

Vegas Treatment Center
2121 East Flamingo Road, Suite 218
Las Vegas, NV 89121
702-463-7719

Virtue Recovery
9230 Corbett Street
Las Vegas, NV 89149
866-779-9924

Vitality Unlimited
Restoration Counseling Services
6885 West Charleston Boulevard
Las Vegas, NV 89117
702-629-7799

Vogue Recovery Center
4011 McLeod Drive
Las Vegas, NV 89121
702-473-1970

We Are Hope
4348 West Cheyenne Avenue
Las Vegas, NV 89132
725-237-1300

We Care Foundation
2216 South 6th Street
Las Vegas, NV 89104
702-369-0613

WestCare Nevada Inc.
Community Involvement Center
323 North Maryland Parkway
Las Vegas, NV 89101
702-385-2090

WestCare Nevada Inc.
Community Triage Center
323 North Maryland Parkway
Las Vegas, NV 89101
702-385-3330x61701
Intake: 702-383-4044

WestCare Nevada Inc.
Harris Springs Ranch
1200 Harris Springs Road
Las Vegas, NV 89124
702-872-5382, Intake: 702-385-3330

WestCare Nevada Inc.
Women and Children Campus
5659 Duncan Drive
Las Vegas, NV 89130
702-385-3330

Reno

Advanced DUI and Counseling
1000 Bible Way, Suite 66
Reno, NV 89502
775-233-5316

Bristlecone Family Resources
704 Mill Street
Reno, NV 89502
775-954-1400 x 411 Intake: 775-954-1400x104

Center for Behavioral Health Nevada
160 Hubbard Way, Suite A
Reno, NV 89502
775-829-4472

Empowerment Center
7200 South Virginia Street
Reno, NV 89511
755-853-5441

Family Counseling Service of Northern NV Inc.
85 Keystone Avenue, Suite 103
Reno, NV 89503
775-329-0623

Four Square Clinicals
100 North Arlington Avenue, 340-A
Reno, NV 89501
775-328-3082

Northern Nevada Hopes
580 West 5th Street
Reno, NV 89503
775-4673

Quest Counseling and Consulting
6110 Plumas Street
Reno, NV 89519
775-786-6880x6899, Intake: 775-786-6880

Ridge House Inc.
900 West 1st Street, Suite 200
Reno, NV 89503
775-322-8941

Ridge House Inc. Vine
57 Vine Street

Reno, NV 89503
775-322-8941
Sierra Health and Wellness Center
New Start Recovery Solutions
8255 Opal Ranch Way
Reno, NV 89506
757-305-7171

STEP2
Lighthouse of the Sierra
3700 Safe Harbor Way
Reno, NV 89512
775-787-9411

STEP2
Transitional Residential
3700 Safe Harbor Way
Reno, NV 89512
775-787-2459, Intake: 775-787-9411

Step One
1015 North Sierra Street
Reno, NV 89503
775-329-9830

The Life Change Center
130 Vine Street
Reno, NV 89503
775-234-2904

Vitality Center
Footprints Counseling
1135 Terminal Way, Suite 112
Reno, NV 89502
775-322-3668

Sparks

Life Change Center
1755 Sullivan Lane
Sparks, NV 89431
775-355-7734

Tonopah

WestCare Nevada Community
Involvement Center
1 Frankie Street
Tonopah, NV 89049
755-346-1680

Winnemucca

Family Support Center
1200 East Winnemucca Boulevard,
Suite 5
Winnemucca, NV 89445
775-623-1888

Vitality Unlimited
Silver Sage Counseling Services
530 Melarkey Street, Suite 202
Winnemucca, NV 89445
775-623-3626

Yerington

Rural Nevada Counseling
720 South Main Street, Suite c
Yerington, NV 89447
775-463-6597, Intake: 866-831-2774

Self Help Groups in Nevada

Alcoholics Anonymous (775) 355-1151, (702) 598-1888
Gamblers Anonymous (775) 356-8070, (702) 364-2625
Narcotics Anonymous (775) 322-4811, (702) 369-3362
Alanon and Alateen Groups (775) 348-7103, (702) 615-9494