

The purpose of this report is to describe fatal (mortality) and nonfatal (morbidity) opioid-involved overdoses, which occurred in Georgia during 2020, including prescription opioids, and illicit opioids such as heroin, fentanyl, and fentanyl analogs. Opioid overdose data were analyzed by the Georgia Department of Public Health (DPH) Epidemiology Program, Drug Surveillance Unit, using Georgia hospital inpatient discharge data and emergency department (ED) visit data, and DPH Vital Records death data.

Key Findings

- Opioid-involved overdose deaths sharply increased in Georgia from 2012-2020, driven largely by increased use and misuse of prescription opioids (e.g., Oxycodone and Hydrocodone). Beginning in 2013, illicit opioids, such as heroin and fentanyl, drove the sharp increase in opioid-involved overdose deaths through 2020.
 - o From 2012 to 2020, the total number of opioid-involved overdose deaths occurring in Georgia increased by 140%, from 554 deaths in 2012 to 1332 deaths in 2020.
- Overdose deaths in all drug categories increased from 2019 to 2020.
- In 2020, among Georgia residents:
 - Any opioid-involved overdoses accounted for 7,954 ED visits, 2,822 hospitalizations, and 1,266 deaths.
 - Heroin-involved overdoses accounted for 2,719 ED visits, 535 hospitalizations, and 407 deaths.
 - o Fentanyl-involved overdoses accounted for 813 deaths.
 - o From 2019 to 2020, fentanyl-involved overdoses increased by 107%.
 - Persons aged 35-44 years died from an opioid-involved overdose more frequently than persons of other age categories.
 - Persons aged 35-44 years more frequently died from a heroin- or fentanyl-involved overdose and visited an ED for an opioid-involved overdose than persons of other age categories, yet older persons aged 55 and older were more frequently hospitalized because of an opioid-involved overdose.
 - Males aged 25-34 years died from an opioid-involved overdose more frequently than any other age category and were 2.2 times more likely to die from an overdose than females of the same age.
 - o Males were 6.8 times more likely to die from any opioid-involved overdose, and 2.7 times more likely to die from a heroin-involved overdose than females. However, females, particularly those aged 25-34 years, were more frequently hospitalized for an opioid-involved overdose than males.
 - Whites were 2.4 times more likely to die from an opioid-involved overdose, 2.8 times more likely to visit an ED for any opioid-involved overdose, 5.8 times more likely to visit an ED for a heroininvolved overdose, and 2.5 times more likely to be hospitalized for an opioid-involved overdose than Blacks.
 - The highest numbers of heroin- and opioid-involved overdose deaths, ED visits, and hospitalizations occurred predominantly among residents in urban areas (Atlanta Metropolitan Area, Augusta, Macon, Columbus, and Savannah). However, high rates of opioid overdose-involved ED visits and hospitalizations occurred among residents in both urban and rural areas, particularly in North, South Central, and Southeast Georgia.

Fatal Drug Overdoses (Mortality), Georgia, 2020

Data Source

Overdose-involved deaths were derived from DPH Vital Records death certificates. The following data include all deaths that occurred in Georgia among Georgia residents and deaths that occurred outside of Georgia among Georgia residents, unless otherwise specified.

Case Definitions

(Note: categories are not mutually exclusive, includes only drug overdose deaths caused by acute poisoning)

Any drug overdose death

May involve any over-the-counter, prescription, or illicit drug

Deaths with any of the following ICD-10 codes as any underlying cause of death: X40-44, X60-64, X85, Y10-14

Drug overdose death involving any opioid

Involves both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly manufactured)

- Deaths with any of the following ICD-10 codes as any underlying cause of death: X40-44, X60-64, X85, Y10-14 AND one of the following:
- Any of the following ICD-10 codes as any other listed cause of death: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6
- Any cause of death text field contains one of the following terms (or common misspelling): heroin, fentanyl (and fentanyl
 analogs), methadone, buprenorphine, butalbital, codeine, eddp, hydrocodone, hydromorphone, levorphanol, meperidine,
 norbuprenorphine, oxycodone, oxymorphone, tapentadol, tramadol

OR (for cases without an X or Y code in the underlying cause of death):

Any cause of death text field contains the word "TOXIC" AND at least one of the following terms (or common misspelling):
heroin, fentanyl (and fentanyl analogs), methadone, buprenorphine, butalbital, codeine, eddp, hydrocodone, hydromorphone,
levorphanol, meperidine, norbuprenorphine, oxycodone, oxymorphone, tapentadol, tramadol

Drug overdose death involving synthetic opioids other than methadone

Involves synthetic opioids other than methadone (e.g., tramadol and fentanyl that may be prescription or illicitly manufactured). Note: polysubstance abuse deaths may also involve methadone or other opioids

- Deaths with any of the following ICD-10 codes as any underlying cause of death: X40-44, X60-64, X85, Y10-14 AND one of the following:
- The following ICD-10 code as any other listed cause of death: T40.4
- Any cause of death text field contains the following keywords and common misspellings: fentanyl (and fentanyl analogs), tramadol

OR (for cases without an X or Y code in the underlying cause of death):

 Any cause of death text field contains the word "TOXIC" AND at least one of the following terms (or common misspelling): fentanyl (and fentanyl analogs), tramadol

Drug overdose death involving heroin

Involves heroin. Note: polysubstance abuse deaths may also involve other opioids

- Deaths with any of the following ICD-10 codes as any underlying cause of death: X40-44, X60-64, X85, Y10-14 AND one of the following:
- The following ICD-10 code as any other listed cause of death: T40.1
- Any cause of death text field contains the following keywords and common misspellings: heroin, morphine OR (for cases without an X or Y code in the underlying cause of death):
- Any cause of death text field contains the word "TOXIC" AND at least one of the following terms (or common misspelling): heroin, morphine

Drug overdose death involving fentanyl

Note: polysubstance abuse deaths may also involve other opioids

Any cause of death text field contains the word "TOXIC" AND at least one of the following terms (or common misspelling): fentanyl (and fentanyl analogs)

Other Definitions or Limitations

Deaths represent individual people who died in Georgia and deaths among Georgia residents outside of Georgia.

Overdose death county represents the county of residence, or the place of injury (where the overdose occurred) as specified; when the place of injury field or the county of residence field was blank the county of the death certifier was used.

Rate indicates the number of deaths among Georgia residents per 100,000 population using 2020 Census data as the denominator, and all rates are age- adjusted unless age category is presented.

Rates for categories with fewer than 5 deaths may not be accurate and are not presented in this report.

ICD-10 Code Description

X40-X44 (accidental poisonings by drugs), X60-X64 (intentional self-poisoning by drugs), X85 (assault by drug poisoning), Y10-Y14 (drug poisoning of undetermined intent), T40.0 (opium), T40.1 (heroin), T40.2 (natural and semisynthetic opioids), T40.3 (methadone), T40.4 (synthetic opioids, other than methadone, T40.6 (other and unspecified narcotics)

Nonfatal Overdoses (Morbidity), Georgia, 2020

Data Source

Nonfatal overdose counts were derived from Georgia hospitalization and emergency department (ED) visit discharge data, and included all ED visits or hospitalizations occurring in a non-Federal acute care hospital in Georgia, among Georgia residents, with a discharge diagnosis indicating acute drug overdose during 2018.

Case Definitions (categories are not mutually exclusive)

ED visit or hospitalization involving any drug overdose

May include any over-the-counter, prescription, or illicit drug

- Any mention of ICD-10CM codes: T36-T50
- AND
- 6th character: 1-4, and a 7th character of A or missing

ED visit or hospitalization involving any opioid overdose

Includes prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured)

- Any mention of ICD-10CM codes: T40.0X, T40.1X, T40.2X, T40.3X, T40.4X, T40.60, T40.69
 AND
- 6th character: 1-4, and a 7th character of A or missing

ED visit or hospitalization involving a heroin overdose

- Any mention of ICD-10CM code: T40.1X
- AND
- 6th character: 1-4, and a 7th character of A or missing

Other Definitions or Limitations

Please Note: The case definition has changed and cannot be compared to previous reports.

Any opioid may include prescription or illicit opioids.

ED Visits and Hospitalization categories are not mutually exclusive. Hospitalizations may also appear in the ED Visits category if they were admitted to the hospital through the ED.

ED visits and hospitalizations may represent multiple visits by individuals in Georgia.

County indicates the patient's county of residence.

Only Black and White are indicated for race because of incomplete or sparse data on other races and ethnicities.

Rate indicates the number of ED visits or hospitalizations among Georgia residents per 100,000 population using 2020 Census data as the denominator, and all rates are age-adjusted unless age category is presented.

Rates for categories with fewer than 5 ED visits or hospitalizations may not be accurate and are not presented in this report.

ICD-10 CM Code Description

Poisoning by: T36-T50 (range includes all drugs), T40.0X (opium), T40.1X (heroin), T40.2X (other opioids), T40.3X (methadone), T40.4X (synthetic narcotics), T40.60 (unspecified narcotics), T40.69 (other narcotics)

6th Character: 1 (accidental, unintentional), 2 (intentional self-harm), 3 (assault), 4 (undetermined intent)

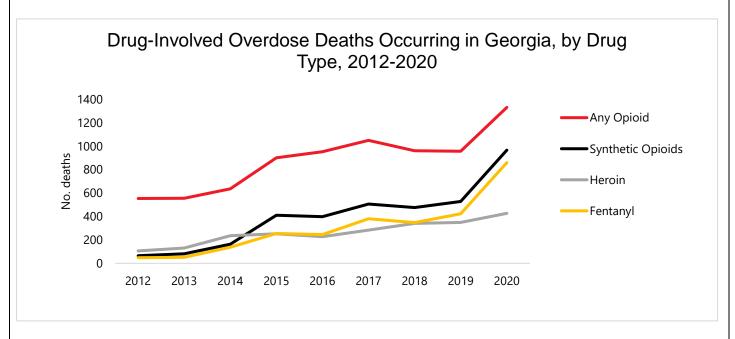
7th Character: A (initial encounter) or missing

For more information:

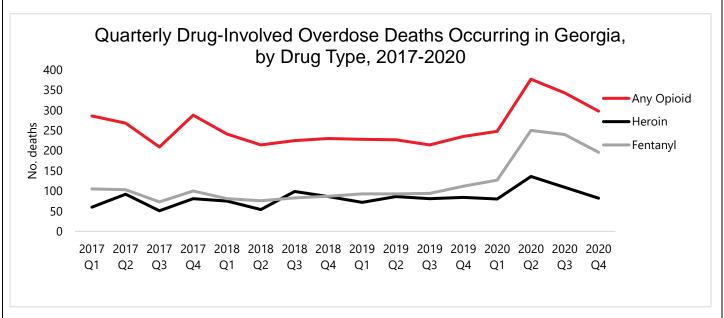
- County level data and other Georgia drug surveillance reports: https://dph.georgia.gov/drug-surveillance-unit
- Georgia Department of Public Health (DPH) Main Opioid Page:
- https://dph.georgia.gov/stopopioidaddiction
- Georgia drug overdose mortality interactive maps and statistics: https://oasis.state.ga.us/PageDirect.aspx?referer=MortalityDrugOverdoses
- Prescription Drug Monitoring Program (PDMP) information: GA PDMP Overview and FAQs https://dph.georgia.gov/pdmp

Drug-Involved Overdose Deaths (Mortality)

Note: Any opioid may include prescription or illicit opioids. Categories are not mutually exclusive. Overdoseinvolved deaths were derived from DPH Vital Records death certificates. Fentanyl is included in the synthetic opioid category. The following data include deaths that occurred in Georgia regardless of the patient's residence state.

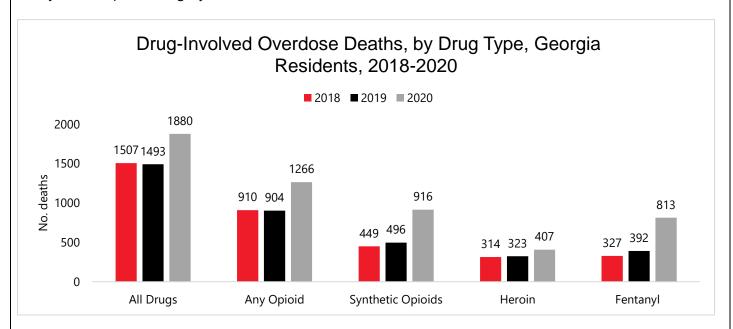


- From 2012 to 2020, the number of opioid-involved overdose deaths increased by 140%, from 554 to 1332 deaths.
- Beginning in 2013, illicit opioids, such as heroin and fentanyl, drove the sharp increase in opioid-involved overdose deaths through 2020.
- From 2019 to 2020, the number of fentanyl-involved overdose deaths increased by 103%.
- All drug overdose death categories increased from 2019 to 2020.

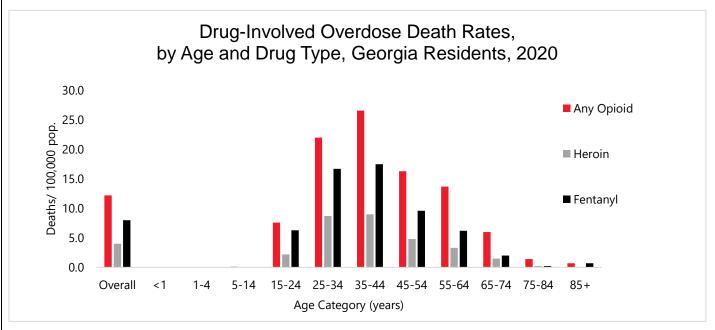


Opioid-involved overdose deaths increased during 2020 Q1 to 2020 Q2, then trended downward.

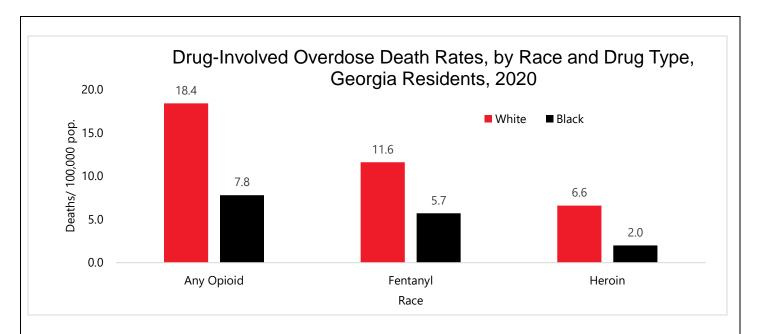
Note: The following data include all deaths that occurred in Georgia among Georgia residents and deaths that occurred outside of Georgia among Georgia residents, unless otherwise specified. Fentanyl is included in the synthetic opioid category.



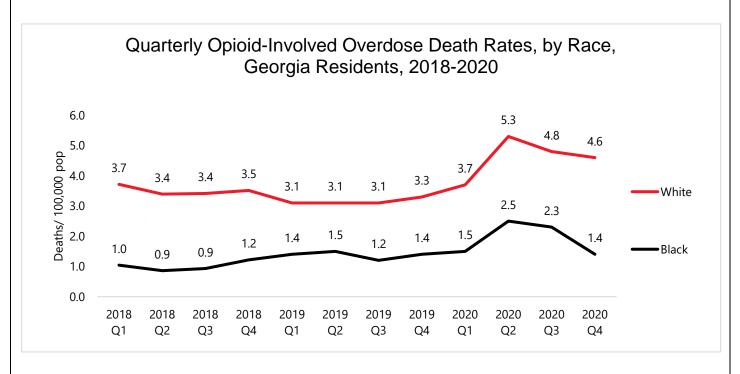
From 2019 to 2020, all drug overdose death categories increased: All drugs by 26%, any opioid by 40%, synthetic opioids by 85%, heroin by 26% and fentanyl by 107%.



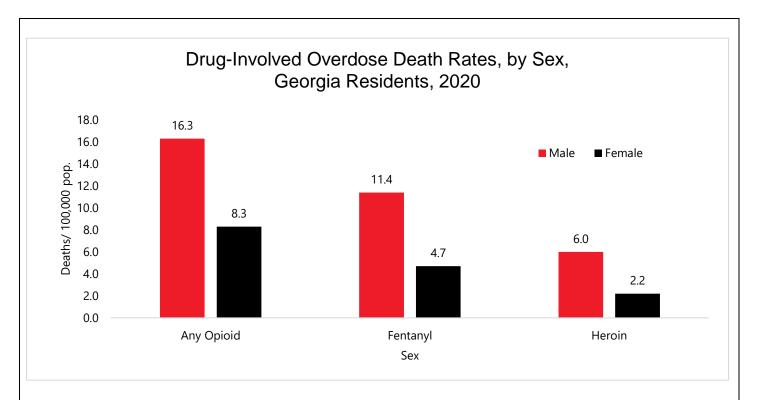
- Persons aged 35-44 years died from an opioid-involved overdose more frequently than persons of other age categories.
- Persons aged 35-44 years died from a heroin- or fentanyl-involved overdose more frequently than persons of other age categories.



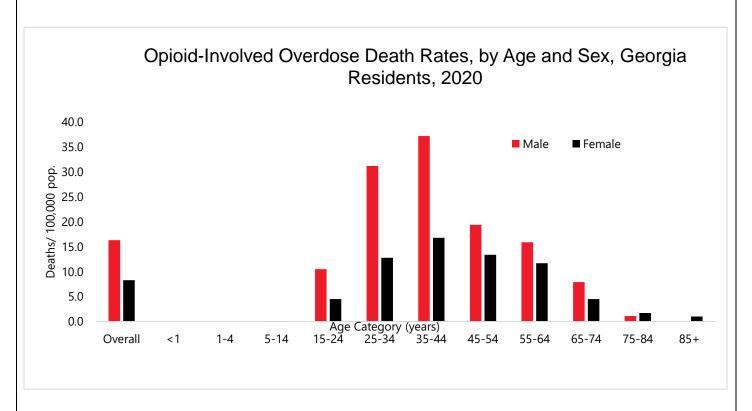
Whites were 2.4 times more likely to die from an opioid-involved overdose than Blacks.



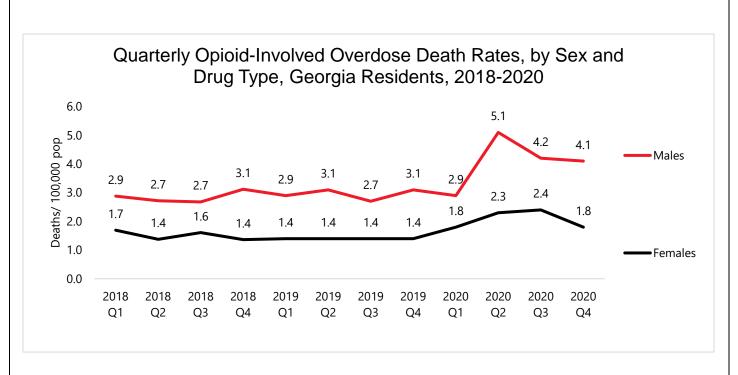
Opioid-involved overdose death rates among Whites and Blacks trended increased during 2020 Q1 to Q2 and trended downward in 2020 Q2.



• Males were 6.8 times more likely to die from any opioid-involved overdose than females, and 2.7 times more likely to die from a heroin-involved overdose than females.



Males aged 35-44 years died from an opioid-involved overdose more frequently than persons of any
other age category and were 2.2 times more likely to die from an overdose than females of the same age.

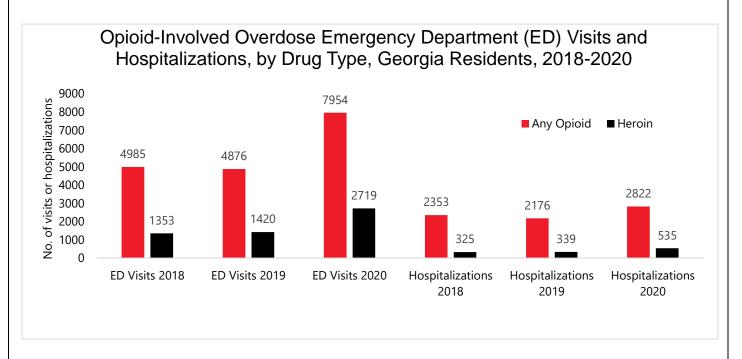


- Opioid-involved overdose death rates among males increased from 2020 Q1 to 2020 Q2 then trended downward from 2020 Q2 to 2020 Q4.
- Opioid-involved overdose deaths rates among females trended upward from 2019 Q4 to 2020 Q3 then downward from 2020 Q3 to 2020 Q4.

Opioid-Involved Overdose Emergency Department Visits and Hospitalizations (Morbidity)

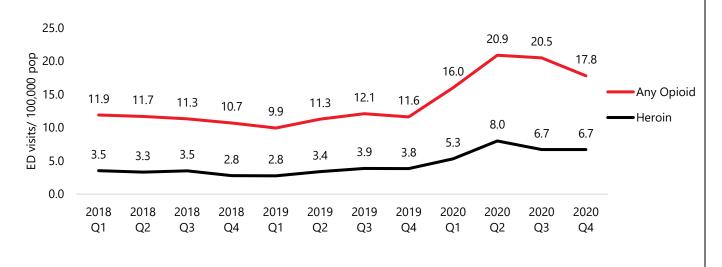
Note: This case definition has changed and cannot be compared to previously published reports. Any opioid may include prescription or illicit opioids. ED visits and hospitalization categories are not mutually exclusive. Hospitalizations may also appear in the ED visits category if they were admitted to the hospital through the

Note: The following data include all ED visits and hospitalizations that occurred in Georgia among Georgia residents.

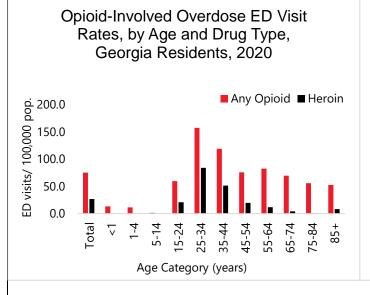


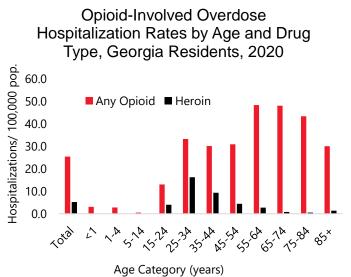
From 2019 to 2020, ED visits for opioid- and heroin-involved overdoses increased by 63% and 92% respectively. Hospitalizations for opioid- and heroin-involved overdoses decreased by 30% and 58% respectively.

Quarterly Opioid-Involved Overdose Emergency Department (ED) Visit Rates, by Drug Type, Georgia Residents, 2018-2020

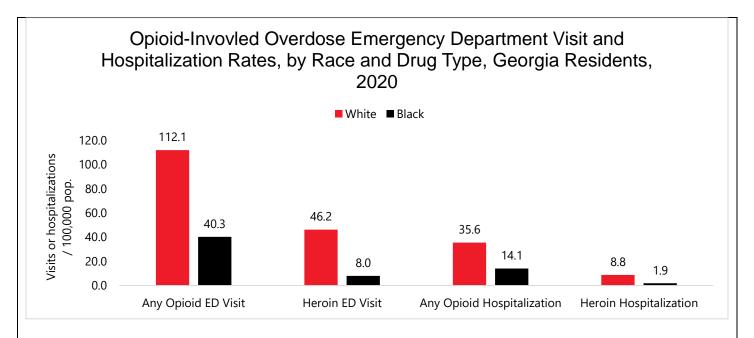


- Opioid-involved overdose ED visit rates increased from 2019 Q4 to 2020 Q2 then trended downward.
- Heroin-involved overdose ED visit rates trended slightly upward from 2019 Q4 to 2020 Q2 then trended downward.

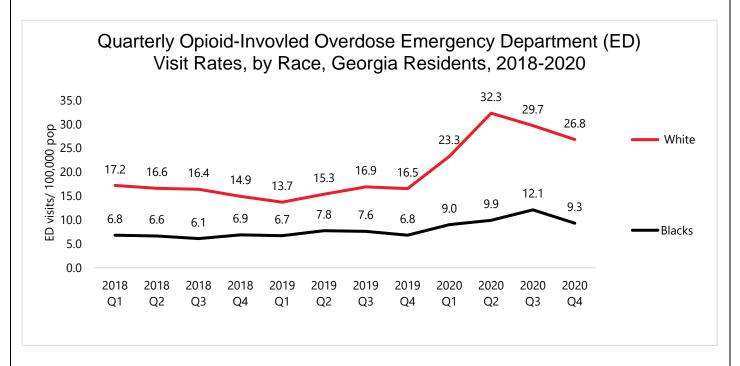




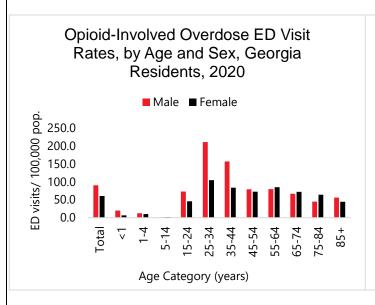
- Persons aged 25-34 years were more likely to visit an ED because of an opioid-involved overdose than persons of other age categories, yet persons aged 55 and older were more frequently hospitalized because of an opioid-involved overdose.
- Heroin-involved overdoses occurred most frequently among persons aged 25-34 years and were less common among younger and older persons.

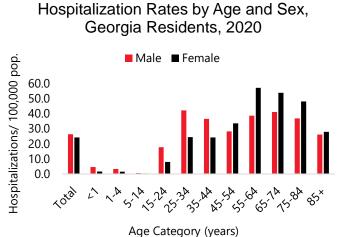


Whites were 2.8 times more likely to visit an ED for any opioid-involved overdose, 5.8 times more likely to visit an ED for a heroin-involved overdose, and 2.5 times more likely to be hospitalized for an opioidinvolved overdose than Blacks.



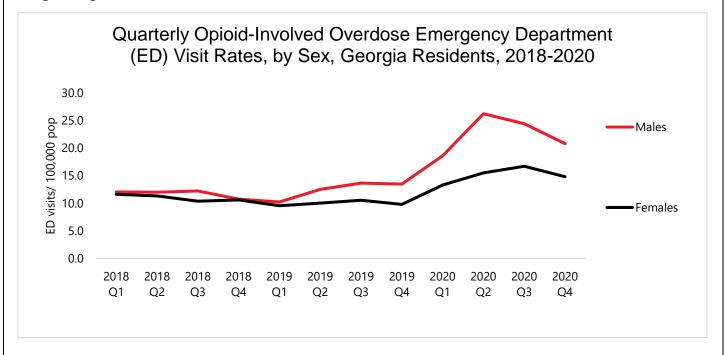
- Opioid-involved ED visit rates among Whites trended upward from 2019 Q4 to 2020 Q2, and then downward.
- Opioid-involved ED visit rates among Blacks trended upward from 2019 Q4 to 2020 Q3, and then downward.



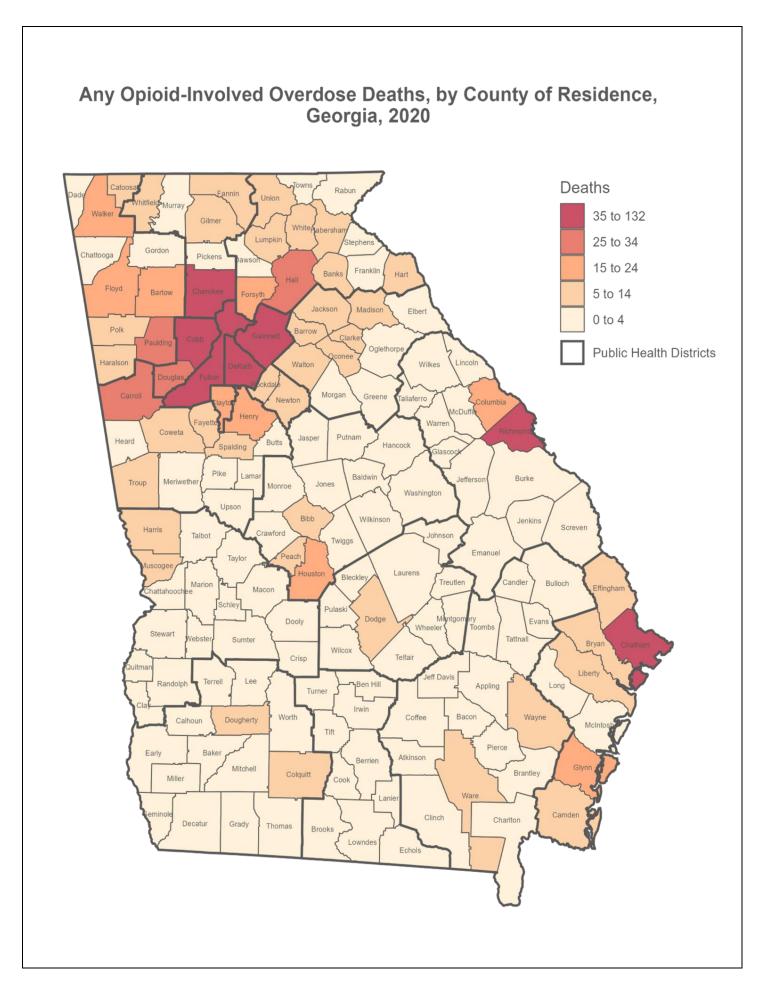


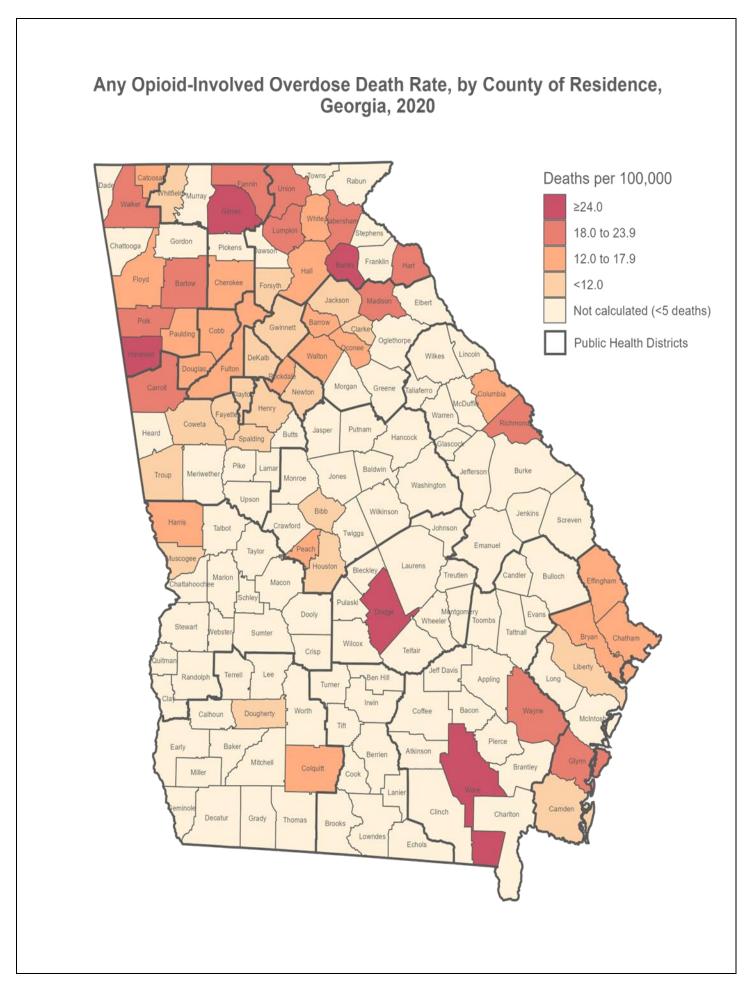
Opioid-Involved Overdose

- Males aged 25-34 years visited an ED and/or died from an opioid-involved overdose more frequently than females of the same age category.
- Females, particularly those aged 25-34 years, more frequently visited an ED,
- Females aged 55 and up were more frequently hospitalized for an opioid-involved overdose than any age categories

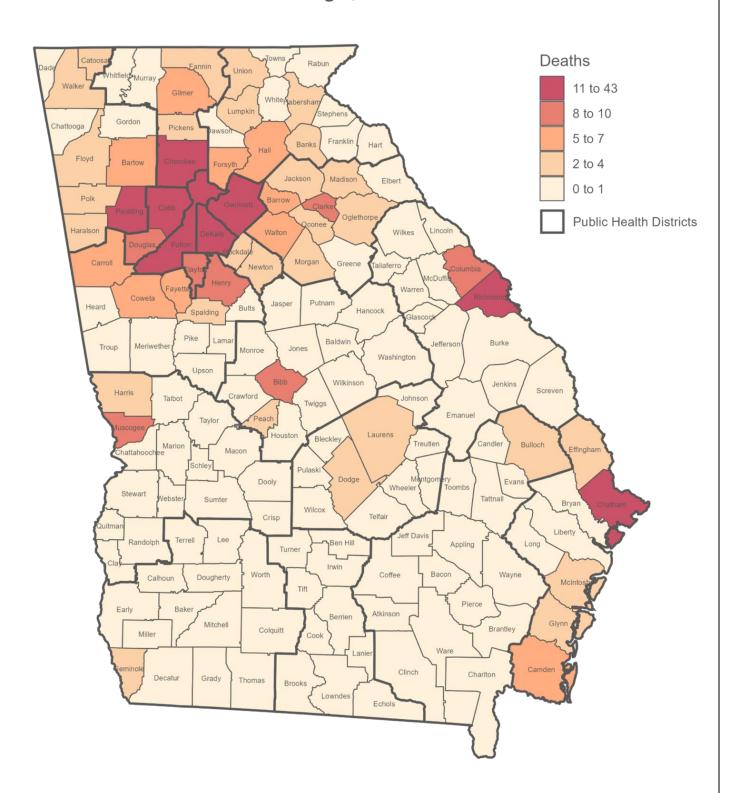


- Opioid-involved ED visit rates among males trended upward from 2019 Q4 to 2020 Q2 then trended downwards.
- Opioid-involved ED visit rates among females trended upwards from 2019 Q4, then trended downwards in 2020 Q3.

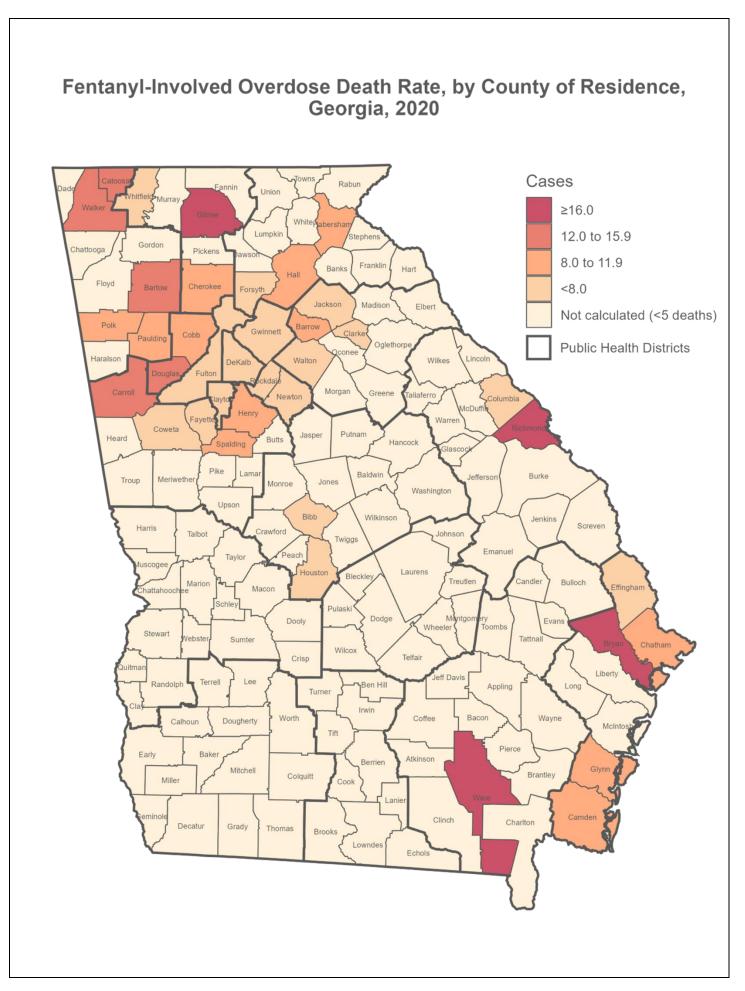


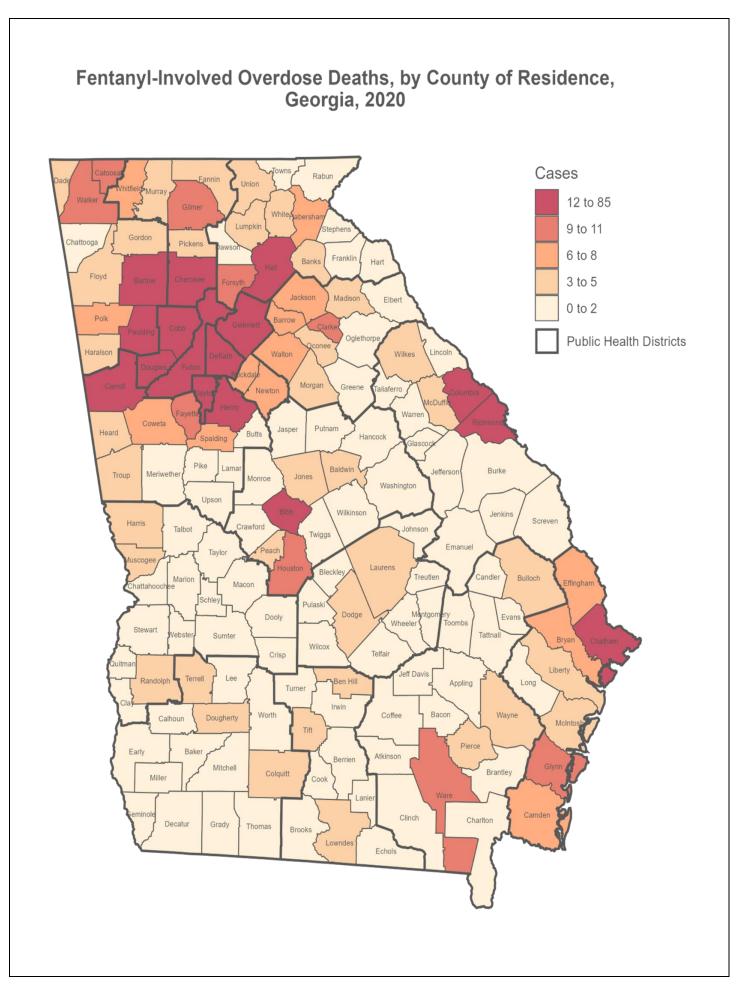


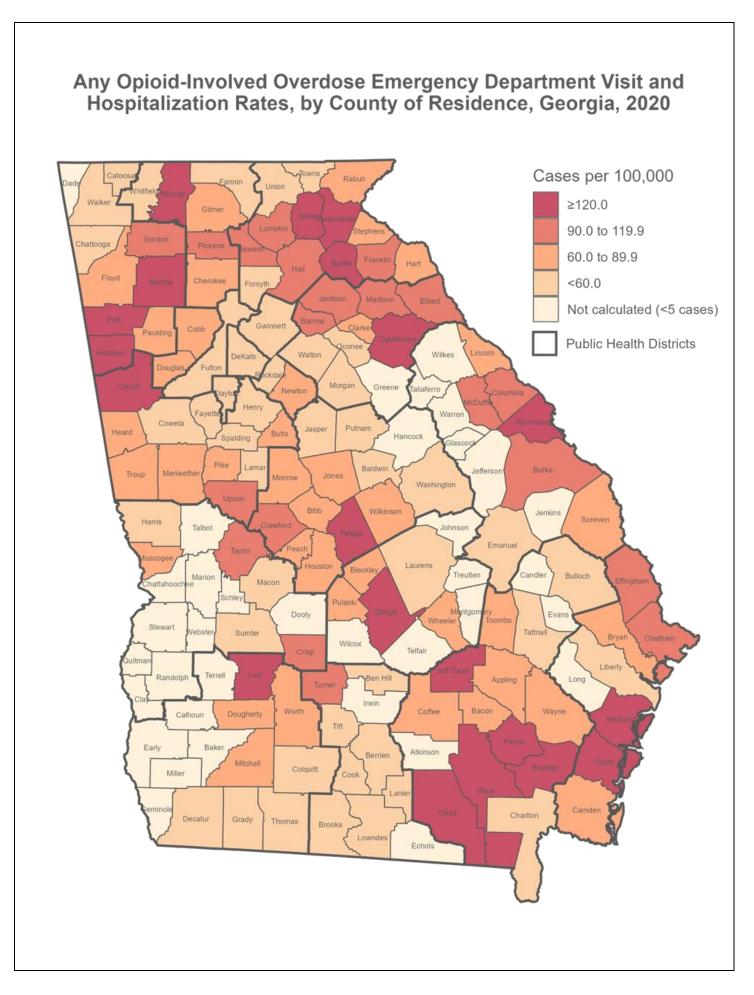
Heroin-Involved Overdose Deaths, by County of Residence, Georgia, 2020



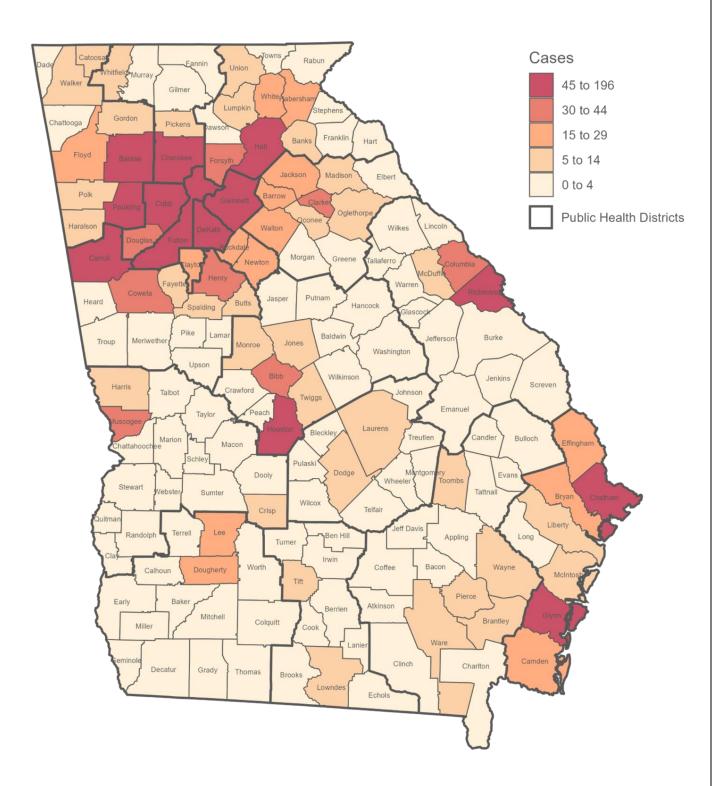
NOTE: Rates could not be calculated for most counties due to the low number of heroin-involved overdose deaths, ED visits and hospitalizations. Therefore, the number (not rate) of overdoses are presented in this map



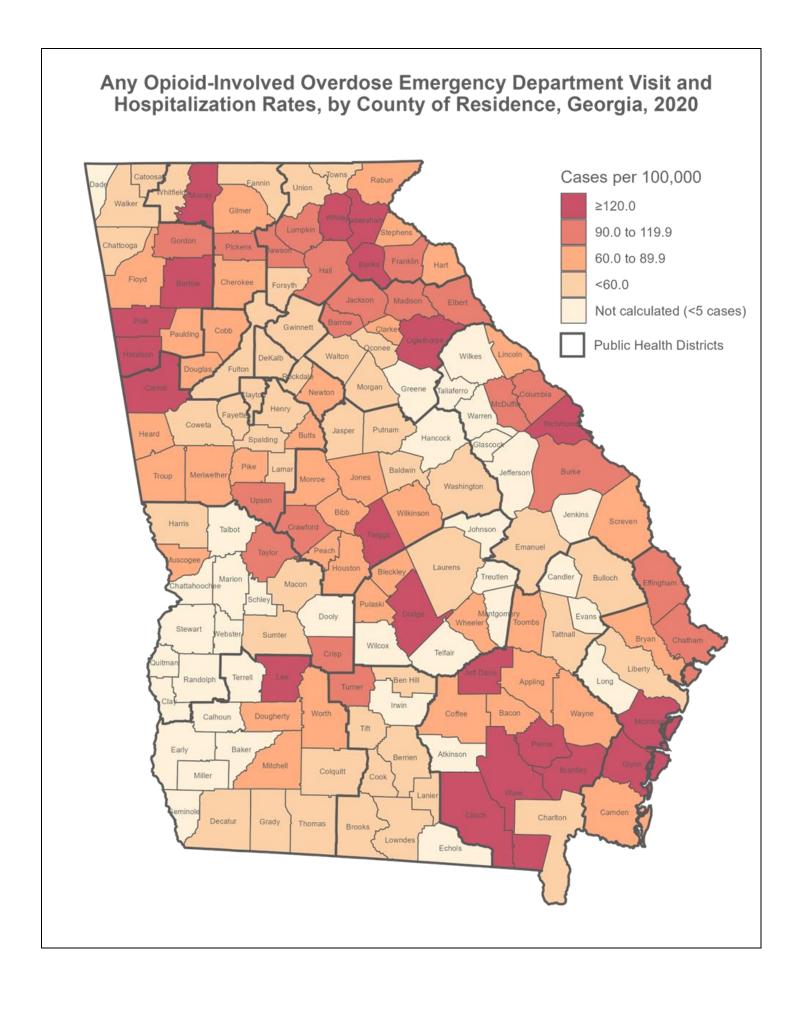




Heroin-Involved Overdose Emergency Department Visits and Hospitalizations, by County of Residence, Georgia, 2020



NOTE: Rates could not be calculated for some counties due to the low number of heroin-involved overdose deaths, ED visits and hospitalizations. Therefore, the number (not rate) of overdoses are presented in this map.



Opioid-Involved Overdose Emergency Department Visits and Hospitalizations, by Drug Type, Georgia, 2020 Any opioid may include prescription and/or illicit opioids; categories are not mutually exclusive Number represents events that occurred **Number represents events that** in Georgia regardless of the patient's occurred in Georgia among Georgia residence state residents **Drug Category** No. No. Any Opioid ED Visits 8629 7954 Any Opioid Hospitalizations 3017 2822

Counties with the Highest Number or Rate of Any Opioid-Involved Overdose Deaths, Emergency Department (ED) Visits and Inpatient Hospitalizations — Georgia, 2020

2952

583

Heroin ED Visits

Heroin Hospitalizations

Number, and age-adjusted rate per 100,000 population. Note: rates could not be calculated for some counties due to the low number of any opioid-involved overdose ED visits, hospitalizations, and deaths, only counties with >15 were included in the top 10 rate ranking

Rank	No. deaths County of residence	No. deaths County of injury	Death rate County of residence	No. ED visits and hospitalizations County of residence	ED visit and hospitalization rate County of residence
1	Fulton (132)	Fulton (158)	Clay (34.9)	Fulton (563)	Bartow (200.1)
2	Cobb (117)	Cobb (131)	Talbot (32.5)	Cobb (509)	Brantley (192.7)
3	Gwinnett (95)	DeKalb (90)	Ware (30.7)	Gwinnett (418)	Oglethorpe (182.0)
4	DeKalb (80)	Gwinnett (87)	Randolph (29.9)	Chatham (330)	Ware (167.5)
5	Richmond (47)	Richmond (47)	Haralson (26.3)	Richmond (303)	McIntosh (166.8)
6	Cherokee (44)	Cherokee (39)	Banks (25.8)	Dekalb (302)	Pierce (158.8)
7	Chatham (39)	Clayton (38)	Gilmer (25.0)	Hall (242)	Habersham (158.5)
8	Hall (31)	Carroll (30)	Dade (24.9)	Bartow (219)	Glynn (157.8)
9	Paulding (28)	Hall (28)	Seminole (24.8)	Cherokee (214)	Carroll (156.2)
10	Carroll (27)	Chatham (25)	Dodge (24.4)	Carroll (190)	Lee (155.5)

2719

535

Note: The following data include deaths that occurred in Georgia regardless of the patient's residence state.

Drug Overdose Deaths (Mortality) — Georgia, 2012–2020

Any opioid may include prescription and/or and illicit opioids; categories are not mutually exclusive. Number represents events that occurred in Georgia regardless of the

patient's residence state								
	Any Drug	Any Opioid	Synthetic Opioids	Heroin	Fentanyl			
Year	No.	No.	No.	No.	No.			
2020	1880	1266	916	407	813			
2019	1493	904	496	323	392			
2018	1507	910	449	314	327			
2017	1591	1051	506	284	381			
2016	1436	954	399	228	245			
2015	1364	901	411	252	255			
2014	1041	637	164	236	138			
2013	1113	556	82	131	52			
2012	1066	554	65	106	48			

Drug Overdose Emergency Department (ED) Visits and Hospitalizations (Morbidity) — Georgia Residents, 2018-2020

Number, and age-adjusted rate per 100,000 population. Any opioid may include prescription and/or illicit opioids; categories are not mutually exclusive

	Any Opioid				Heroin			
	ED Visits		Hospitalizations		ED Visits		Hospitalizations	
Year	No.	Rate	No.	Rate	No.	Rate	No.	Rate
2020	7954	75.2	2822	25.4	2719	26.7	535	5.2
2019	4876	45.0	2176	19.2	1420	13.9	339	3.3
2018	4985	45.6	2353	20.7	1353	13.1	325	3.2

Opioid Related Overdose Morbidity and Mortality — Georgia Residents, 2020 (emergency department (ED) visits, inpatient hospitalizations, and deaths)

Number and rate per 100,000 population (rate is age-adjusted except when age categories are presented). Any opioid may include prescription and/or illicit opioids; categories are not mutually exclusive

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	ED Visits		Hospita	alizations	Deaths	
	No.	Rate	No.	Rate	No.	Rate
Total	7954	75.2	2822	25.4	1266	12.2
Age group (yrs)						
<1 year	17	13.3	4	N/A	0	N/A
1-4 years	61	11.5	15	N/A	0	N/A
5 -14 years	20	N/A	7	N/A	2	N/A
15-24 years	857	59.5	187	13.0	109	7.6
25-34 years	2312	157.3	488	33.2	323	22.0
35-44 years	1628	118.7	413	30.1	365	26.6
45-54 years	1067	75.6	436	30.9	230	16.3
55-64 years	1059	82.4	621	48.3	176	13.7
65-74 years	623	69.6	429	48.0	54	6.0
75-84 years	233	55.7	181	43.3	6	N/A
85+ years	77	55.2	41	30.0	1	N/A
Sex (age						
group)						
Male			_		_	
<1 year	13	20.0	3	N/A	0	N/A
1-4 years	33	12.1	9	N/A	0	N/A
5-14 years	9	N/A	4	N/A	1	N/A
15-24 years	535	73.0	130	17.7	77	10.5
25-34 years	1536	210.5	307	42.1	228	31.2
35-44 years	1034	156.4	241	36.5	246	37.2
45-54 years	543	79.2	193	28.2	133	19.4
55-64 years	486	79.6	236	38.6	97	15.9
65-74 years	272	66.8	167	41.0	32	7.9
75-84 years	80	44.7	66	36.8	2	N/A
85+ years	28	56.1	13	26.1	0	0.0
Female						

<1 year	4	6.4	1	N/A	0	N/A
1-4 years	26	10.0	4	N/A	0	N/A
5-14 years	11	N/A	3	N/A	1	N/A
15-24 years	322	45.5	57	8.0	32	N/A
25-34 years	775	104.6	181	24.4	95	12.8
35-44 years	594	83.7	172	24.2	119	16.8
45-54 years	524	72.2	243	33.5	97	13.4
55-64 years	573	85.0	385	57.1	79	11.7
65-74 years	350	71.9	262	53.8	22	N/A
75-84 years	153	64.0	115	48.1	4	N/A
85+ years	43	44.4	27	27.9	1	N/A
Race						
White	6188	112.1	2219	35.6	976	18.4
Black	1370	40.3	469	14.1	266	7.8

Opioid Overdose Surveillance and Response Information/Resources

To report an increase in overdoses, a potential overdose cluster, or any other unusual drug-related event, call the Georgia Poison Center at 1-800-222-1222.

Please see https://dph.georgia.gov/stopopioidaddiction for more information on how the Georgia Department of Public Health (DPH) is working to combat the opioid epidemic, including:

- Opioid and substance misuse response: https://dph.georgia.gov/georgias-opioidresponse
- Prescription Drug Monitoring Program (PDMP): https://dph.georgia.gov/pdmp
- Drug Surveillance Unit: https://dph.georgia.gov/drug-surveillance-unit

Please see https://dph.georgia.gov/opioid-epidemic-individuals-and-families for information on the opioid epidemic for **individuals and families**, including:

- Addiction prevention
- Drug take-back
- Signs of an overdose and steps to take
- Naloxone information
- Georgia's Prescription Drug Monitoring Program (PDMP)
- Georgia's Medical Amnesty Law
- Harm reduction
- Neo-natal abstinence syndrome
- Treatment resources

Please see https://dph.georgia.gov/opioid-epidemic-medical-providers-and-pharmacists for information on the opioid epidemic for medical providers and pharmacists, including:

- Steps providers can take to help prevent opioid misuse and addiction in their patients
- Prescribing guidelines
- Georgia's Prescription Drug Monitoring Program (PDMP)
- Georgia's Naloxone Standing Order
- Georgia's Medical Amnesty Law

Please see https://dph.georgia.gov/opioid-epidemic-first-responders-and-ems for information on the opioid epidemic for Law Enforcement and EMS, including:

- Georgia's Prescription Drug Monitoring Program (PDMP)
- Responder safety
- Georgia's Medical Amnesty Law
- Georgia's Naloxone Standing Order
- Naloxone administration
- Case documentation guidelines

Georgia Department of Public Health (DPH), Epidemiology Section, Drug Surveillance Unit

https://dph.georgia.gov/drug-surveillance-unit