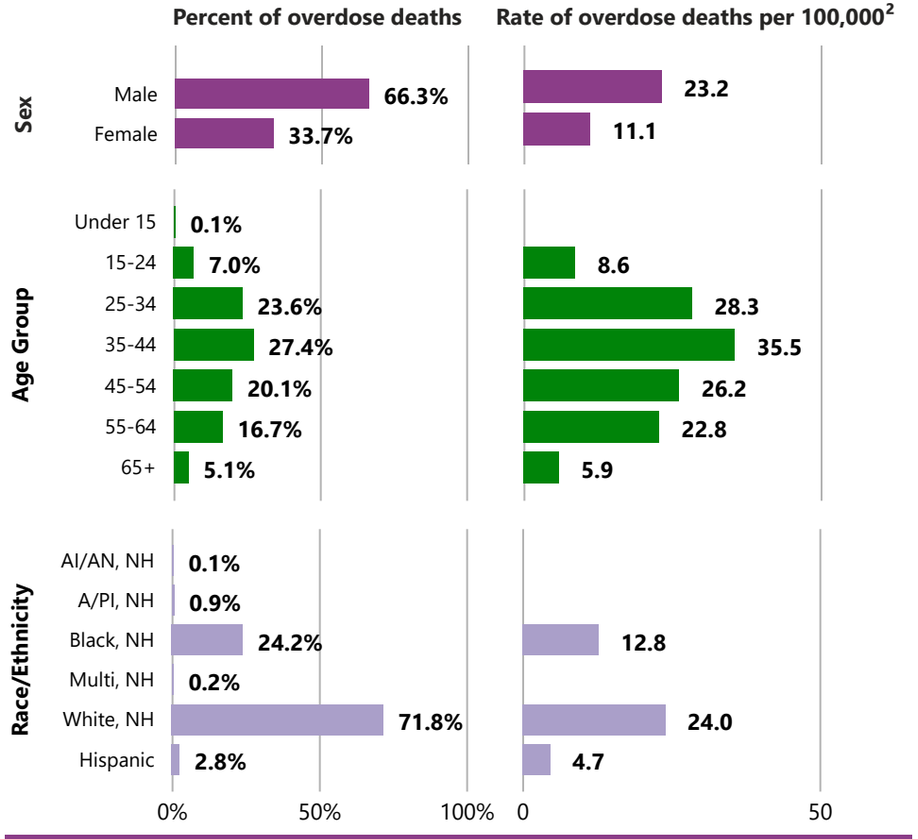
CDC SUDORS[1] Summary of Unintentional and Undetermined Intent Drug Overdose Deaths in Georgia – 2020

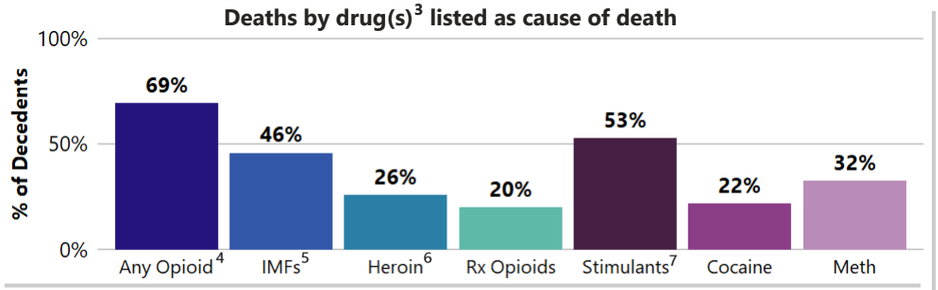
1,809 total deaths (17.0 per 100,000 population)

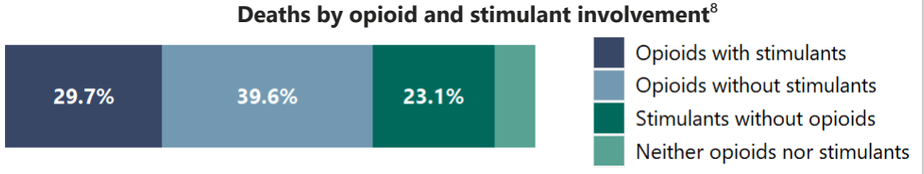
Who died of a drug overdose?

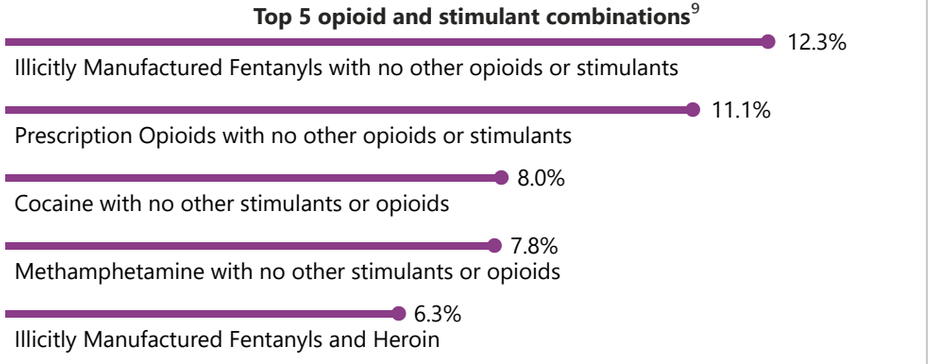


Males, those aged 35-44, and White, non-Hispanic people had the highest overdose death rates. 66% of people who died of a drug overdose were male, 27% were 35-44 years old, and 72% were White, non-Hispanic.

What drugs were involved?







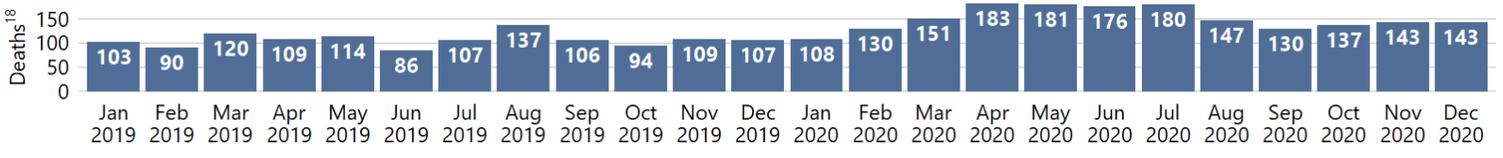
69% of deaths involved at least one opioid and 53% of deaths involved at least one stimulant. The largest percentage of deaths involved Illicitly Manufactured Fentanyls, while 32% involved Methamphetamine. 12% of deaths involved Illicitly Manufactured Fentanyls with no other opioids or stimulants.

What circumstances[10] were documented?

75% of drug overdose deaths had at least one opportunity for intervention[11]

- 4.8% Current treatment for substance use disorder(s)[12]
- 14.4% Fatal drug use witnessed
- 21.6% Mental health diagnosis
- 59.7% Potential bystander present[13]
- 9.4% Prior overdose
- 11.3% Recent release from institutional setting[14]
- 20 % Current pain treatment
- 7 % Experiencing homelessness or housing instability[15]
- 21 % Naloxone administered[16]
- 8 % Recent return to use of opioids[17]

A potential bystander was present in 60% of deaths indicating there may have been an opportunity to provide life-saving actions at the time of overdose.



Total deaths in 2019: 1,282

Total deaths in 2020: 1,809

Data come from death certificates, medical examiner or coroner reports, and forensic toxicology results entered into the State Unintentional Drug Overdose Reporting System (SUDORS). Jurisdictions report occurrent drug overdose deaths (i.e., all overdose deaths that occurred within the jurisdiction regardless of decedent residence). Percentages are among decedents with known information. Rates are calculated from 2020 Census population denominators, and drug-, sex-, and race/ethnicity-specific rates are age-standardized to the 2010 Census population. The number of deaths, and corresponding rates, in SUDORS might not match the number and rate in CDC WONDER. Additional data for jurisdictions that reported all overdose deaths in their jurisdiction during 2020 and had medical examiner/coroner reports for at least 75% of deaths are available here: https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html.

[1]The State Unintentional Drug Overdose Reporting System.

[2]Rates based on <20 drug overdose deaths are suppressed to avoid presentation of unstable rates; these rates appear missing.

[3]Drugs were classified as involved in overdose deaths if the medical examiner/coroner listed them as causing death on the death certificate, or in the coroner/medical examiner (CME) report, or postmortem toxicology report. Drugs are not mutually exclusive. Deaths involving multiple drugs were included in the percentages for each drug (i.e., heroin, cocaine, methamphetamine) or drug class (i.e., any opioids, illicitly manufactured fentanyls, prescription opioids, any stimulants). For example, a death involving both heroin and cocaine would be included in both the heroin and cocaine percentages.

[4]"Any Opioids" includes deaths that had at least one opioid listed as a cause of death. The "Any Opioids" category includes Illicitly manufactured fentanyls, heroin, prescription opioids, and any other opioids involved in overdose deaths.

[5]IMFs: illicitly manufactured fentanyls. Fentanyl was classified as likely illicitly manufactured using toxicology, scene, and witness evidence. In the absence of sufficient evidence to classify fentanyl as illicit or prescription, fentanyl was classified as illicit because the vast majority of fentanyl overdose deaths involve illicit fentanyl. All fentanyl analogs except alfentanil, remifentanil, and sufentanil (which have legitimate human medical use) were included as illicitly manufactured fentanyls.

[6]Drugs coded as heroin were heroin and 6-acetylmorphine. In addition, morphine was coded as heroin if detected along with 6-acetylmorphine or if scene, toxicology, or witness evidence indicated presence of heroin impurities or other illicit drugs, injection, illicit drug use, or a history of heroin use.

[7]"Stimulants" includes deaths that had at least one stimulant listed as a cause of death. The "Stimulants" category includes cocaine, methamphetamine, and any other stimulants involved in overdose deaths.

[8]Categories accounting for <10% of overdose deaths are not labeled.

[9]Opioid and stimulant drugs or drug combinations include illicitly manufactured fentanyls, heroin, prescription opioids, other opioids (including non-specific opioids or other synthetic opioids such as U-4770, isotonitazene), cocaine, methamphetamine, and other stimulants (including amphetamines, cathinones, and central nervous system stimulants). If a category does not specify whether other opioids or other stimulants are or are not involved, then the category includes deaths involving the specified drugs (e.g., heroin, methamphetamine) with and without other opioids or other stimulants.

[10]Circumstances represent evidence available in source documents; these are likely underestimated as death investigators might have limited information. Circumstance percentages are only among decedents with an available medical examiner or coroner report and with known information on the specified circumstance.

[11]Potential opportunity for intervention includes linkage to care or life-saving actions (i.e., recent release from institutional setting (<1 month), prior overdose, mental health diagnosis, current treatment for substance use disorder(s), potential bystander present when fatal overdose occurred, and fatal drug use witnessed). Some of these circumstances (e.g., recent release from institutional setting, prior overdose) provide potential engagement with services or healthcare settings that may serve as opportunities to link people to care for substance use disorders. Other circumstances (e.g., potential bystander present) denote opportunities for life-saving actions at the time of the overdose.

[12]Current treatment for substance use disorders (SUD) included medications for opioid use disorder (MOUD), living in an inpatient rehabilitation facility, or participation in mental health or SUD outpatient treatment.

[13]A potential bystander is defined as a person aged ≥11 years who was physically nearby either during or shortly preceding a drug overdose and potentially had an opportunity to intervene or respond to the overdose. This includes any persons in the same structure (e.g., same room or same building, but different room) as the decedent during that time. For example, the family member of an opioid overdose decedent who was in another room during the fatal incident would be considered a potential bystander if that person might have had an opportunity to provide life-saving measures such as naloxone administration, if adequate resources were available and the family member was aware that an overdose event could occur. This does not include, however, persons in different self-contained parts of larger buildings (e.g., a person in a different apartment in the same apartment building would not be considered a potential bystander).

[14]Released within a month before death from institutional settings such as prisons/jails, residential treatment facilities, and psychiatric hospitals.

[15]Persons experiencing homelessness were those who resided in either places not designed for or ordinarily used as regular sleeping accommodations or in a supervised shelter or drop-in center designated to provide temporary living arrangements, congregate shelters, or temporary accommodations provided by a homeless shelter. Persons experiencing housing instability are those who are not experiencing homelessness, but lack the resources or support networks to obtain or retain permanent housing and includes interrelated challenges, such as trouble paying rent, overcrowding, moving frequently, or staying with relatives.

[16]Naloxone is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications.

[17]Recent period of abstinence from opioid use followed by return to use.

[18]Based on date of death where available; if date of death is missing, date pronounced dead is used.