NJ SUDORS Data Explorer Technical Notes

This data exploration tool displays data on drug overdose deaths from the New Jersey State Unintentional Drug Overdose Reporting System (SUDORS). Data were retrieved from the NJ SUDORS database on February 20, 2025 (NJ SUDORS v.02202025).

Data Sources

These data are compiled from a variety of sources including death certificates and medical examiner's reports with detailed toxicology findings. Because of differing data sources or reporting standards, figures reported here may not match other reports of drug overdose deaths, for example from the Office of the Chief State Medical Examiner. SUDORS is considered the most complete source of data for overdose deaths in New Jersey, as it includes cases that may not be included from other sources (for example, some hospital deaths and deaths of New Jersey residents who die out of state). For more on the SUDORS program, see the CDC's SUDORS web page.

Data Inclusion

All figures shown are for New Jersey residents. Thus an overdose is reported in the county of residence for the victim, even if the overdose (and/or death) occurred in a different county (or a different state). Similarly, overdoses by non-residents that occur in New Jersey will not be reflected in this data.

This data explorer includes only unintentional drug overdoses. For a small proportion of overdoses deaths in the SUDORS data set, the medical examiner was unable to determine whether the overdose was unintentional or the result of suicide. These overdoses of “undetermined intent” are not included on this dashboard.

Data Notes

Some data are suppressed. The number of overdoses is suppressed for privacy reasons when the total number of overdoses is fewer than 10 for a specific county/subpopulation. Similarly, age-adjusted death rates are not calculated for any subpopulation with fewer than 20 total overdoses. Rate calculations for small numbers of observations are susceptible to high random variance. Both of these situations are indicated with an asterisk (*) on the relevant bar chart or map. On line charts, such data are omitted and appear as gaps in the line. When data is not included on a chart because of the selections made in the filter, this situation is indicated with a dagger (†).

Age-adjusted death rates are calculated only for years 2020-2023. Only counts of overdose deaths are presented for years prior to 2020. The U.S. Census Bureau has not yet retrospectively released population estimates consistent with the 2020 decennial census for years prior to 2020. The Census Bureau estimates that these estimates will be released in fall of 2025, at which rate calculations for a complete time-series from 2012 to 2020 will be added to the data explorer.

Overdose Death Breakdowns By Substance

The total of overdoses among specific substances may appear to add up to more than the total number of overdoses, because multiple substances are often involved in an overdose death. Selecting "all" substances will provide the accurate number of deaths. Because multiple substances may be involved, it is most accurate to refer to an overdose as "involving" a certain substance rather than "due to" or "from."

Substance Notes

The specific substances and categories by which the data are broken down are described in detail below.

All substances includes overdose deaths from any substance and regardless of the number of substances involved. Thus the "all substances" total will be less than the sum of individual substance-involved deaths.

All opioids includes all opioid substances regardless of source, legality, or method of use. A decedent is counted only once in this category regardless of the number of opioids that may have been involved in an overdose.

Fentanyl and analogs includes fentanyl from any source and its metabolites as well as more than 20 synthetic drugs structurally similar to fentanyl, e.g., carfentanil, furanylfentanyl, butyrfentanyl, and others.

Heroin includes heroin itself and 6-monoacetylmorphine, a metabolite seen only in cases of heroin use.

Prescription Opioids include oxycodone (OxyContin), Hydrocodone (Vicodin), Hydromorphone, Codeine, Methadone, Burpenorphine, and numerous other opioids rarely illicitly manufactured. Note that this classification only refers to the source of the substances, not whether they were used under a legitimate prescription, diverted, or otherwise misused.

All stimulants includes both cocaine and methamphetamine as well as amphetamine (Adderall); substituted amphetamines including methylphenidate (Ritalin), phentermine, cathinones (including eutylone), and MDMA (ecstasy/molly); and others.

Cocaine includes cocaine in any form (powder, "crack," etc.) and its metabolites.

Methamphetamine is a stimulant referred to as "meth," "speed," "ice," and "crank," among other names.

Benzodiazepines include alprazolam (Xanax), diazepam (Valium), clonazepam (Klonopin) and other drugs in the same class.

Future Development

The SUDORS database includes extensive data on the circumstances of overdose deaths, life circumstances and medical, mental health, and treatment history of decedents. Future development of this tool will include these aspects of data with the goal of informing future public health interventions to reduce overdose mortality. We welcome input from users about future directions; our contact information is below.

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Feedback

We welcome comments, questions, and suggestions and may be reached by email at SUDORS@doh.nj.gov