



Reexamining the Opioid Crisis: A Year in Review

December 4, 2025

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Additional Continuing Education Credit

EMT

This webinar has been approved by NJ OEMS for 1 EMT Elective CEU.

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Partnership for a
Drug-Free New Jersey
In Cooperation with the Governor's Council on
Substance Use Disorder and the NJ Dept. of Human Services

Additional Information About Continuing Education

- You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.
- **WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?**
 - **The last slide of this webinar**
 - **The chat at the end of the program**
 - **The follow-up email you will receive tomorrow**
- The poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be available through the link mentioned above.
- The links will be active for 30 days after today's event.

Captain Piotrowski discloses that he was a past shareholder of Merck and Mind Medicine. PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson. All other planners, faculty, and reviewers have no relevant financial relationships to disclose. All relevant financial relationships have been mitigated.

Featured Presenter



Captain Jason Piotrowski
Executive Officer
Forensic and Technical Services Section
New Jersey State Police



**The Partnership For A
Drug-Free New Jersey**
In Cooperation with the Governor's Council on Alcoholism
& Drug Abuse and the NJ Dept. of Human Services

Reexamining the Opioid Crisis: 2025 - A Year in Review

Captain Jason Piotrowski

**Executive Officer
Forensic and Technical Services Section
New Jersey State Police
Jason.Piotrowski@NJSP.gov**

**MPH Candidate Johns Hopkins University
Bloomberg School of Public Health**



What We Will Cover

- National Landscape
 - Costs of the Overdose Epidemic
- State of New Jersey Drug Environment
 - Fatal and Non-Fatal Overdoses
 - Demographic Overview
 - Fentanyl and Other Opioids
 - Adulterants in the Opioid Supply
 - Prescription and Seized Pills
 - Stimulant Trends
- Retail Market Considerations
 - Kratom -7OH
 - 2018 AIA – Intoxicating Hemp Products
- Drug Recognition Expert Evaluation Trends
- Treatment Trends
- New Jersey Efforts to Combat Drug Harm



CDC ~ Top 15 Leading Causes of Death All Ages 2018 – 2025 – United States

Provisional Mortality Statistics, 2018 through Last Week Results

Deaths occurring through September 20, 2025 as of September 28, 2025

Request Form	Results	Map	Chart	About
Multiple Cause of Death Data Dataset Documentation Other Data Access Help for Results Printing Tips Help with Exports				Save Export Reset
Quick Options More Options API Options				Top Notes Citation Query Criteria
Messages:				
▶ When you group results by 15 Leading Causes, results are initially ordered by Death counts; also, total rows, zero rows, suppressed rows, and Percent of Total are not available. Click any green up/down arrow to change the order. More information.				
▶ Please contact CDC WONDER with questions at cwus@cdc.gov				
UCD - 15 Leading Causes of Death: 52 categories selected				
UCD - 15 Leading Causes of Death ↓	Deaths ↑↓	Population ↑↓	Crude Rate Per 100,000 ↑↓	
#Diseases of heart (I00-I09,I11,I13,I20-I51)	5,259,214	2,654,817,067	198.1	
#Malignant neoplasms (C00-C97)	4,687,491	2,654,817,067	176.6	
#Accidents (unintentional injuries) (V01-X59,Y85-Y86)	1,458,802	2,654,817,067	54.9	
#Cerebrovascular diseases (I60-I69)	1,236,530	2,654,817,067	46.6	
#Chronic lower respiratory diseases (J40-J47)	1,157,172	2,654,817,067	43.6	
#COVID-19 (U07.1)	1,046,397	2,654,817,067	39.4	
#Alzheimer disease (G30)	930,155	2,654,817,067	35.0	
#Diabetes mellitus (E10-E14)	735,706	2,654,817,067	27.7	
#Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	417,826	2,654,817,067	15.7	
#Chronic liver disease and cirrhosis (K70,K73-K74)	390,966	2,654,817,067	14.7	
#Influenza and pneumonia (J09-J18)	387,907	2,654,817,067	14.6	
#Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	349,143	2,654,817,067	13.2	
#Essential hypertension and hypertensive renal disease (I10,I12,I15)	315,598	2,654,817,067	11.9	
#Septicemia (A40-A41)	313,406	2,654,817,067	11.8	
#Parkinson disease (G20-G21)	299,444	2,654,817,067	11.3	



CDC ~ Unintentional Injuries

Mortality

All unintentional injury deaths

- Number of deaths: 222,698
- Deaths per 100,000 population: 66.5
- Cause of death rank: 3

Source: [National Vital Statistics System – Mortality Data \(2023\) via CDC WONDER](#)

Unintentional fall deaths

- Number of deaths: 47,026
- Deaths per 100,000 population: 14.0

Source: [National Vital Statistics System – Mortality data \(2023\) via CDC WONDER](#)

Motor vehicle traffic deaths

- Number of deaths: 43,273
- Deaths per 100,000 population: 12.9

Source: [National Vital Statistics System – Mortality data \(2023\) via CDC WONDER](#)

Unintentional poisoning deaths

- Number of deaths: 100,304
- Deaths per 100,000 population: 29.9

Source: [National Vital Statistics System – Mortality data \(2023\) via CDC WONDER](#)

Mortality

- Number of drug overdose deaths: 105,007
- Drug overdose deaths per 100,000 population: 31.4

Source: [National Vital Statistics System – Mortality Data \(2023\) via CDC WONDER](#)

- Number of drug overdose deaths involving any opioid: 79,358
- Drug overdose deaths involving any opioid per 100,000 population: 23.7

Source: [National Vital Statistics System – Mortality Data \(2023\) via CDC WONDER](#)

- Number of drug overdose deaths involving synthetic opioids other than methadone: 72,776
- Drug overdose deaths involving synthetic opioids other than methadone per 100,000 population: 21.7

Source: [National Vital Statistics System – Mortality Data \(2023\) via CDC WONDER](#)

- Number of drug overdose deaths involving heroin: 3,984
- Drug overdose deaths involving heroin per 100,000 population: 1.2

Source: [National Vital Statistics System – Mortality Data \(2023\) via CDC WONDER](#)

- Number of drug overdose deaths involving natural and semisynthetic opioids: 10,112
- Drug overdose deaths involving natural and semisynthetic opioids per 100,000 population: 3.0

Source: [National Vital Statistics System – Mortality Data \(2023\) via CDC WONDER](#)



CDC ~ Top 15 Leading Causes of Death All Ages 2024 – Provisional Data

Provisional Mortality Statistics, 2018 through Last Week Results

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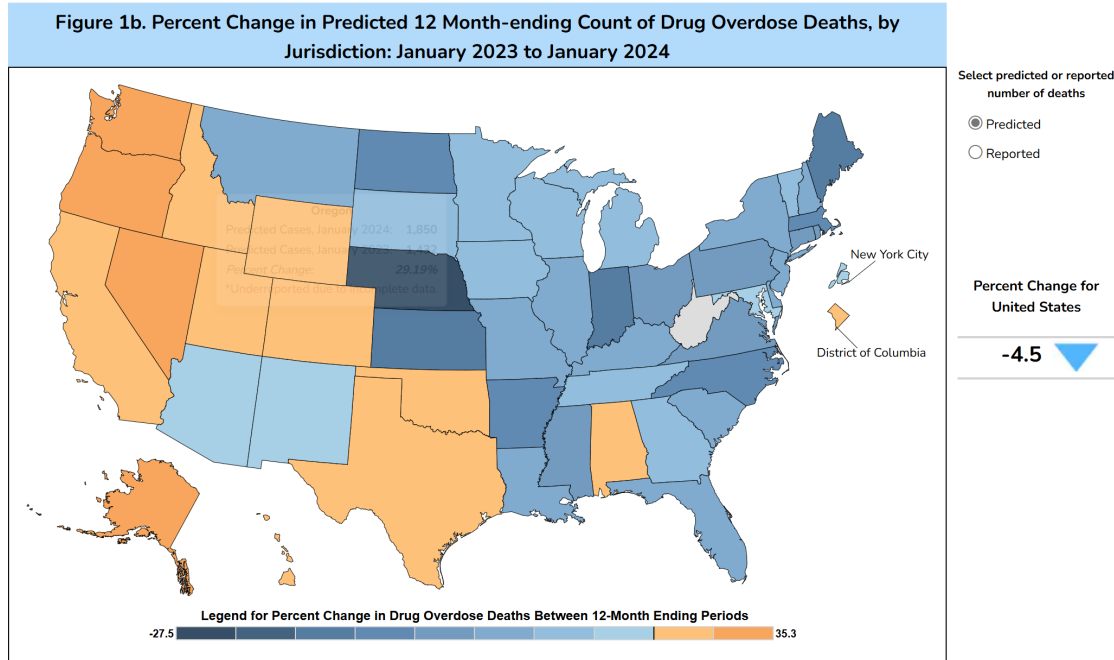
[Query Criteria](#)

All category selections.

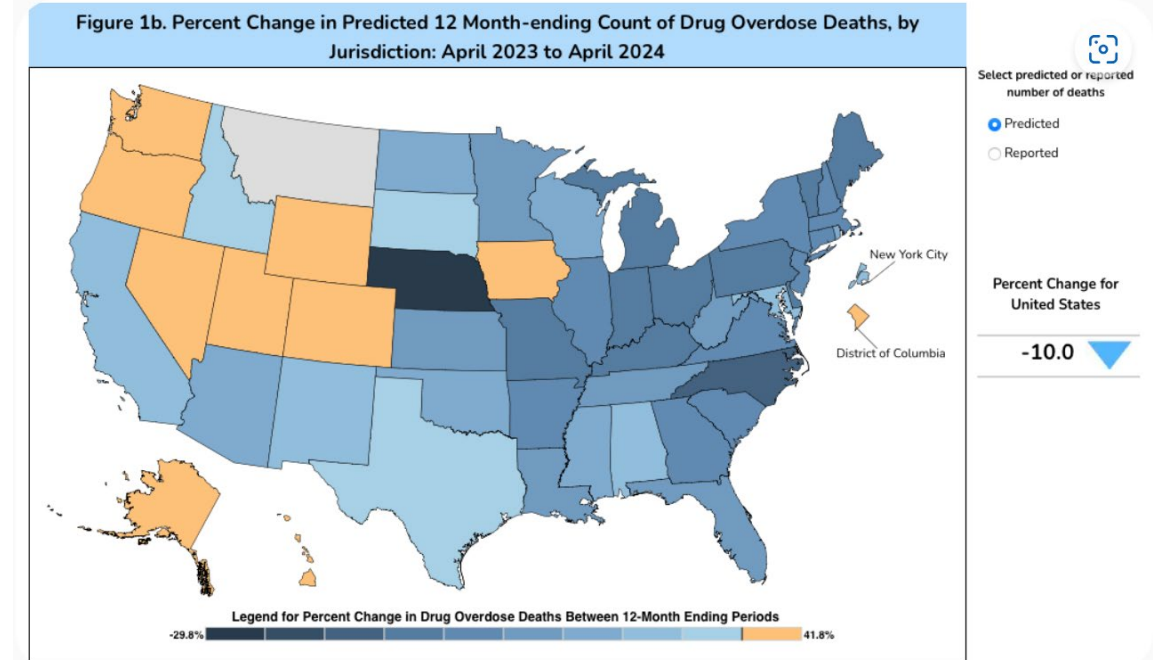
UCD - Drug/Alcohol Induced ↓	→ Deaths ↑↓	↔ Population ↑↓	← Crude Rate Per 100,000 ↑↓
Drug-induced causes	676,362	2,654,817,067	25.5
Alcohol-induced causes	355,709	2,654,817,067	13.4
All other non-drug and non-alcohol causes	23,044,057	2,654,817,067	868.0
Data not shown due to 6 month lag to account for delays in death certificate completion for certain causes of death.	96,229	2,654,817,067	3.6
Total	24,172,357	2,654,817,067	910.5



CDC ~ Drug Overdose Deaths Provisional Data

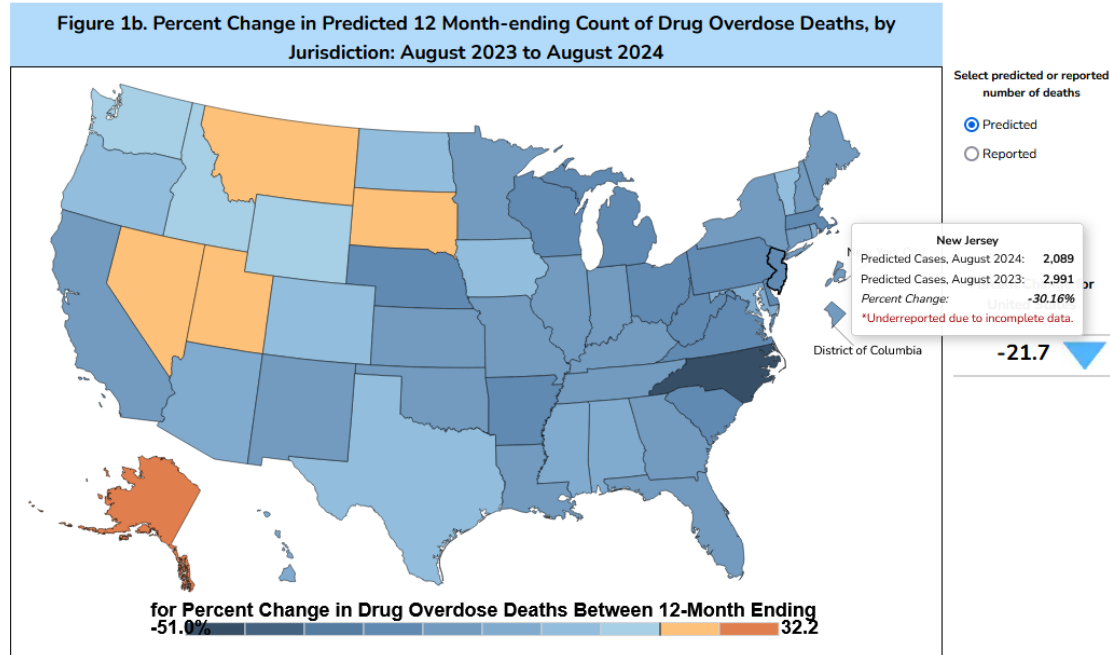


12-month period
ending January 2024

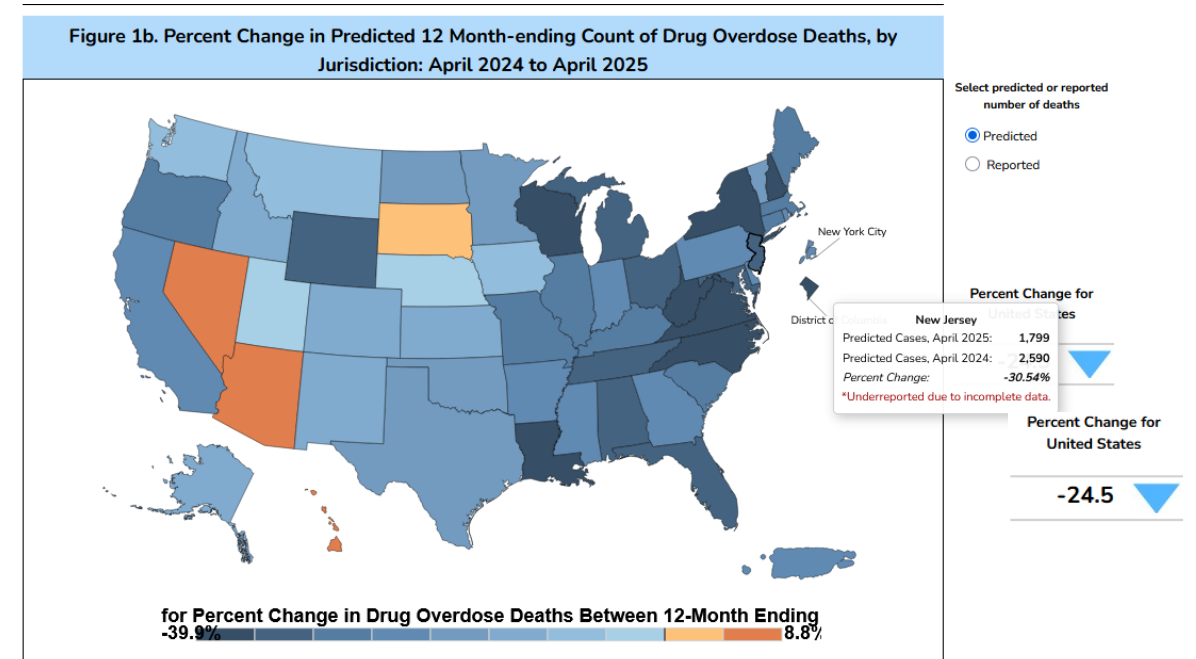


12-month period
ending April 2024

CDC ~ Drug Overdose Deaths Provisional Data



12-month period
ending August 2024



12-month period
ending April 2025

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



Deaths and Injuries Costs 2019 - 2023



WISQARS
Web-based Injury Statistics Query and Reporting System



WISQARS Fatal and Nonfatal Injury Infographics

Injury Center > WISQARS

Deaths and Injuries due to All Injury among Persons Aged All Ages Years, 2019 to 2023, United States

Print

Infographic - Data Filters

Geography: United States Intent: All Intents Mechanism: All Injury Age: All Ages Data Years: 2019 to 2023 Display As: Chart

Change Filters

Fatal Injury Rate (per 100,000)

83.01

Number of Deaths

1,439,156

For every 1 person who died:



11 People hospitalized



72 People treated and released from ED



Cost in 2023:

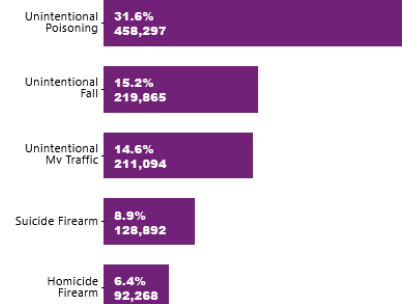
Total Injury: **\$4.89 T**

Fatal Injury: **\$2.91 T**



Years of Potential Life Lost before Age 65:
26.34 M Years

Top 5 Causes of Injury Death in this Age Group:



Costs of the Overdose Epidemic

Deaths and Injuries Costs 2023

Costs of the Overdose Epidemic – United States and New Jersey

[illegible]

Number of Injuries and Associated Costs

Export Data

Cost of Injury - Data Filters

Data Year: 2023 **Injury Outcome:** Fatal **Intent:** All Intent **Mechanism:** Drug Poisoning **Geography:** United States **Sex:** All Sexes **Age:** All Ages

Change Filters

Mechanism	Intent	Deaths	Medical Costs		Value of Statistical Life		Combined Costs	
			Total	Average	Total	Average	Total	Average
Drug Poisoning	Unintentional	97,231	\$741.40 M	\$7,625	\$1.10 T	\$11.27 M	\$1.10 T	\$11.28 M
	Homicide	213	\$2.07 M	\$9,724	\$2.95 B	\$13.84 M	\$2.95 B	\$13.85 M
	Suicide	4,660	\$49.56 M	\$10,635	\$48.25 B	\$10.35 M	\$48.30 B	\$10.36 M
	Undetermined	2,903	\$20.17 M	\$6,948	\$33.10 B	\$11.40 M	\$33.12 B	\$11.41 M

Export Data

Number of Injuries and Associated Costs

Cost of Injury - Data Filters

Data Year: 2023 **Injury Outcome:** Fatal **Intent:** All Intents **Mechanism:** Drug Poisoning **Geography:** New Jersey **Sex:** All Sexes **Age:** All Ages

Change Filters

Mechanism	Intent	Deaths	Population	Medical Costs			Value of Statistical Life			Combined Costs		
				Total	Average	Per Capita	Total	Average	Per Capita	Total	Average	Per Capita
Drug Poisoning	Unintentional	2,592	9.29 M	\$20.15 M	\$7,773	\$2.17	\$29.19 B	\$11.26 M	\$3,142	\$29.21 B	\$11.27 M	\$3,144
	Homicide	--	9.29 M	\$202,098	\$28,871	\$0.02	\$103.55 M	\$14.79 M	\$11	\$103.75 M	\$14.82 M	\$11
	Suicide	73	9.29 M	\$687,282	\$9,415	\$0.07	\$704.50 M	\$9.65 M	\$76	\$705.19 M	\$9.66 M	\$76
	Undetermined	16**	9.29 M	\$163,512	\$10,219	\$0.02	\$187.20 M	\$11.70 M	\$20	\$187.36 M	\$11.71 M	\$20



Costs of the Overdose Epidemic - Deaths and Injuries Costs 2023

Non-Fatal Hospitalizations

Non-Fatal ED Treatment and Release - United States

Number of Injuries and Associated Costs

[Export Data](#)

Cost of Injury - Data Filters

Data Year: 2023 Injury Outcome: Nonfatal Hospitalization (includes Transferred) Intent: All Intent Mechanism: Poisoning Geography: United States Sex: All Sexes Age: All Ages

[Change Filters](#)

Mechanism	Intent	Hospitalizations	Medical Costs		Work Loss Costs		Quality of Life Loss Costs		Combined Costs	
			Total	Average	Total	Average	Total	Average	Total	Average
Poisoning	Unintentional (Includes undetermined)	344,683	\$10.97 B	\$31,813	\$3.33 B	\$9,673	\$4.51 B	\$13,076	\$18.81 B	\$54,562
	Assault - Other	--	--	--	--	--	--	--	--	--
	Legal Intervention	--	--	--	--	--	--	--	--	--
	Self-Harm	155,950	\$4.04 B	\$25,875	\$1.51 B	\$9,673	\$1.42 B	\$9,087	\$6.96 B	\$44,634

Number of Injuries and Associated Costs

[Export Data](#)

Cost of Injury - Data Filters

Data Year: 2023 Injury Outcome: Nonfatal ED Treat and Release Visit Intent: All Intent Mechanism: Poisoning Geography: United States Sex: All Sexes Age: All Ages

[Change Filters](#)

Mechanism	Intent	ED Visits	Medical Costs		Work Loss Costs		Quality of Life Loss Costs		Combined Costs	
			Total	Average	Total	Average	Total	Average	Total	Average
Poisoning	Unintentional (Includes undetermined)	1.31 M	\$12.16 B	\$9,261	\$2.09 B	\$1,593	\$3.04 B	\$2,317	\$17.30 B	\$13,172
	Assault - Other	3,459	\$33.48 M	\$9,679	\$5.51 M	\$1,593	\$18.86 M	\$5,452	\$57.85 M	\$16,724
	Assault - Sexual	--	--	--	--	--	--	--	--	--
	Legal Intervention	--	--	--	--	--	--	--	--	--
	Self-Harm	50,766	\$539.17 M	\$10,621	\$80.89 M	\$1,593	\$85.99 M	\$1,694	\$706.05 M	\$13,908

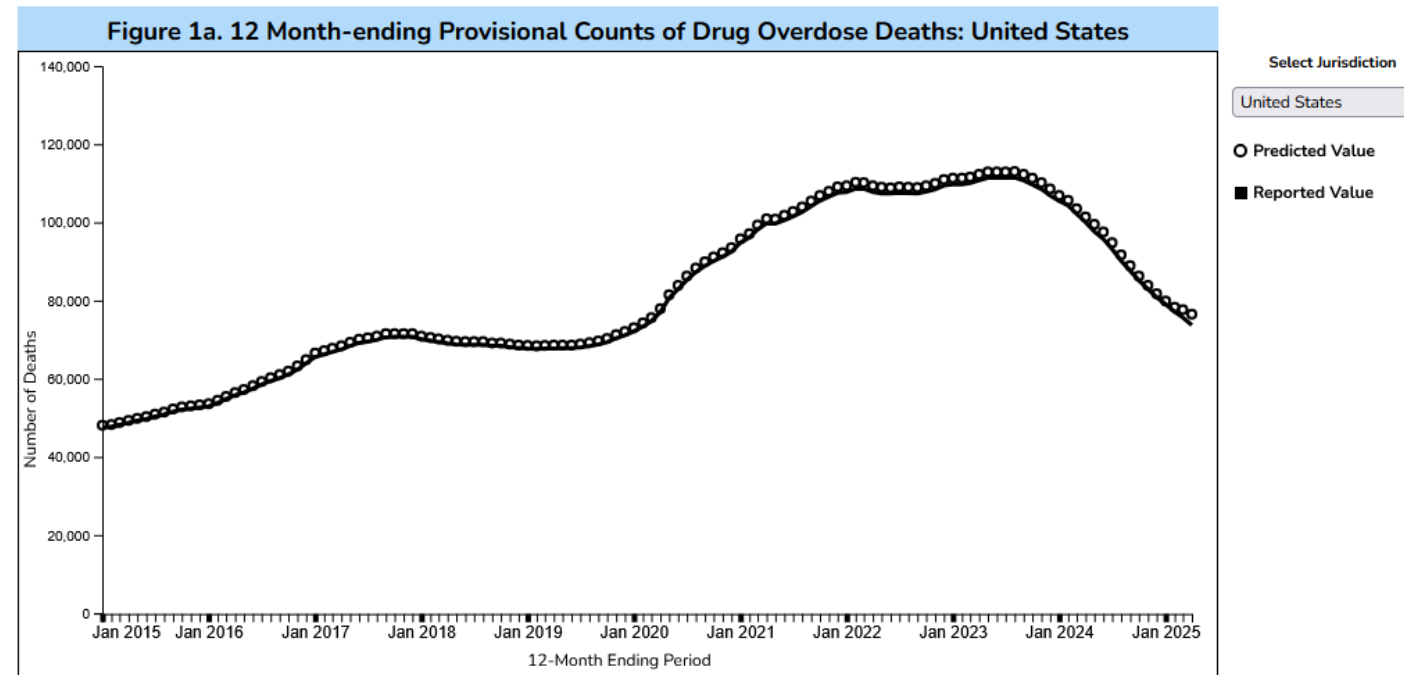
New Jersey specific
data not available



CDC ~ Drug Overdose Deaths Provisional Data – United States

12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

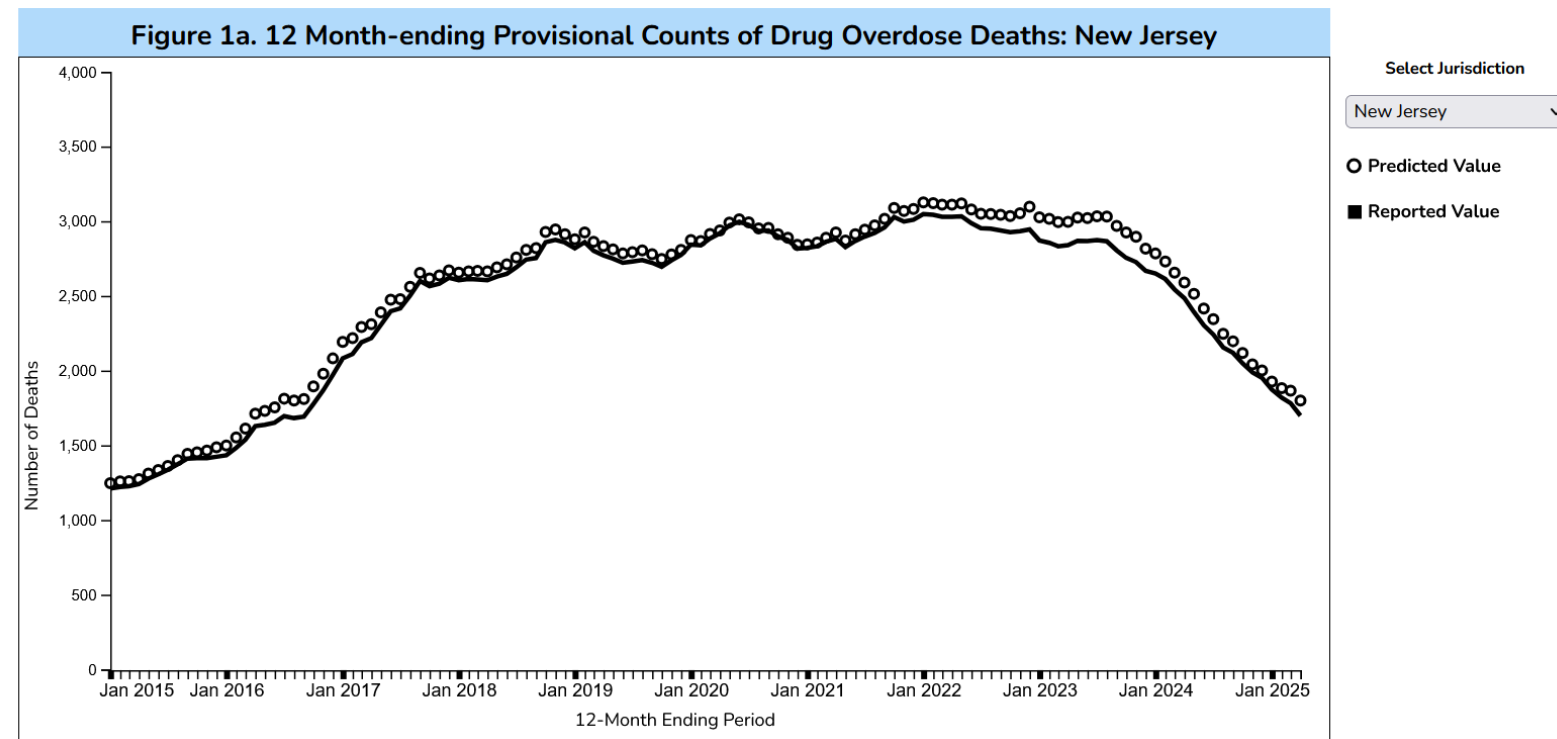
Based on data available for analysis on: September 7, 2025



CDC ~ Drug Overdose Deaths Provisional Data – New Jersey

12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

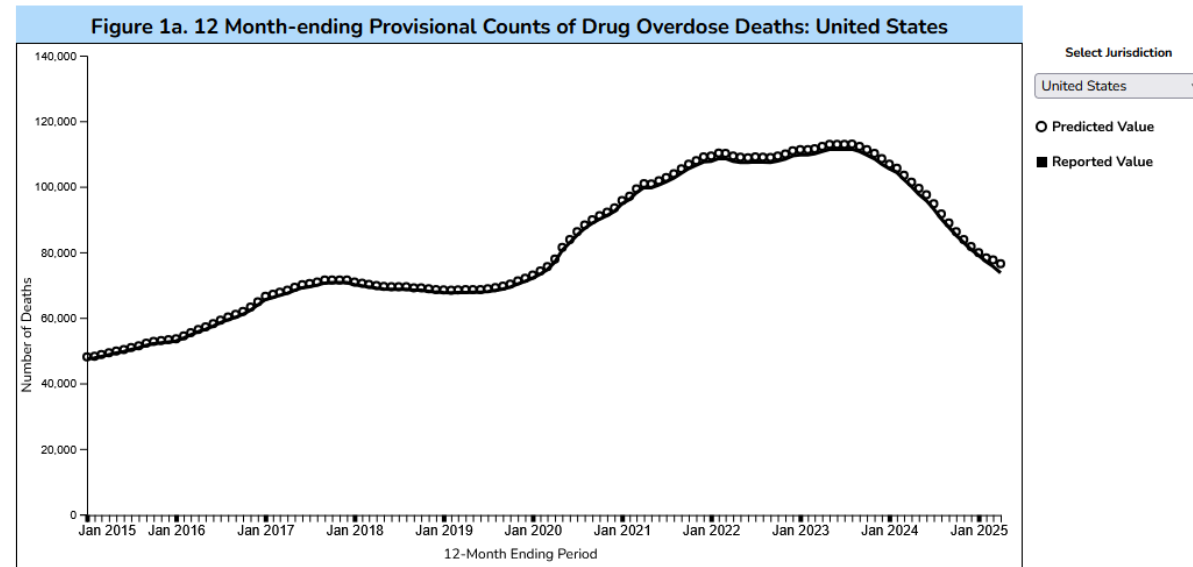
Based on data available for analysis on: September 7, 2025



CDC ~ Drug Overdose Deaths Provisional Data

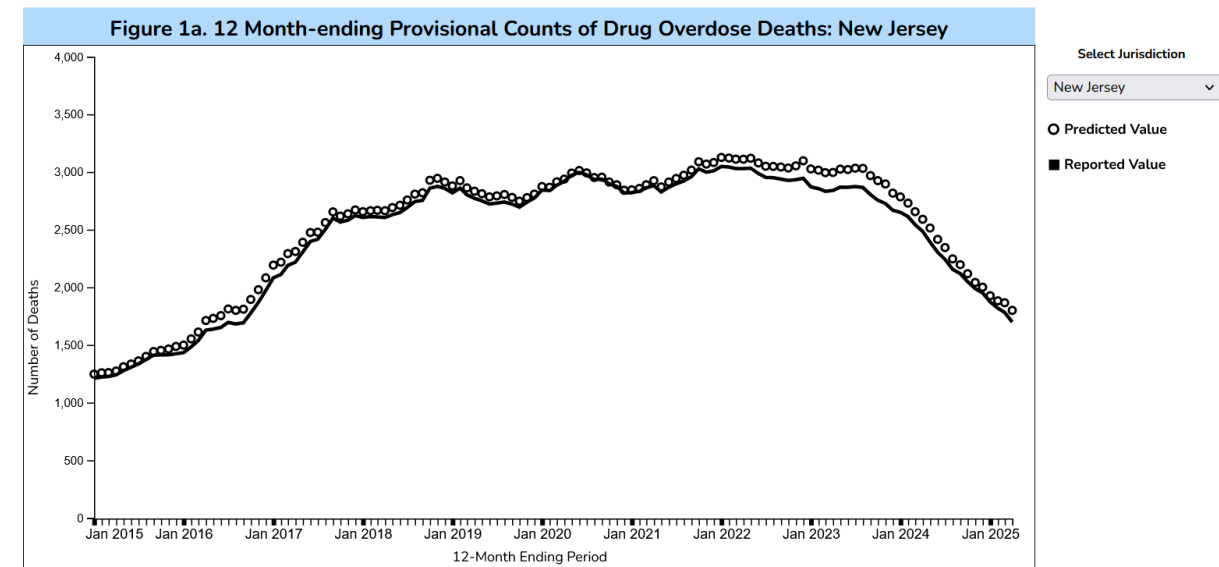
12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: September 7, 2025



12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths

Based on data available for analysis on: September 7, 2025



CDC ~ Top 15 Leading Causes of Death All Ages – New Jersey

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Deaths occurring through September 20, 2025 as of September 28, 2025

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Messages:

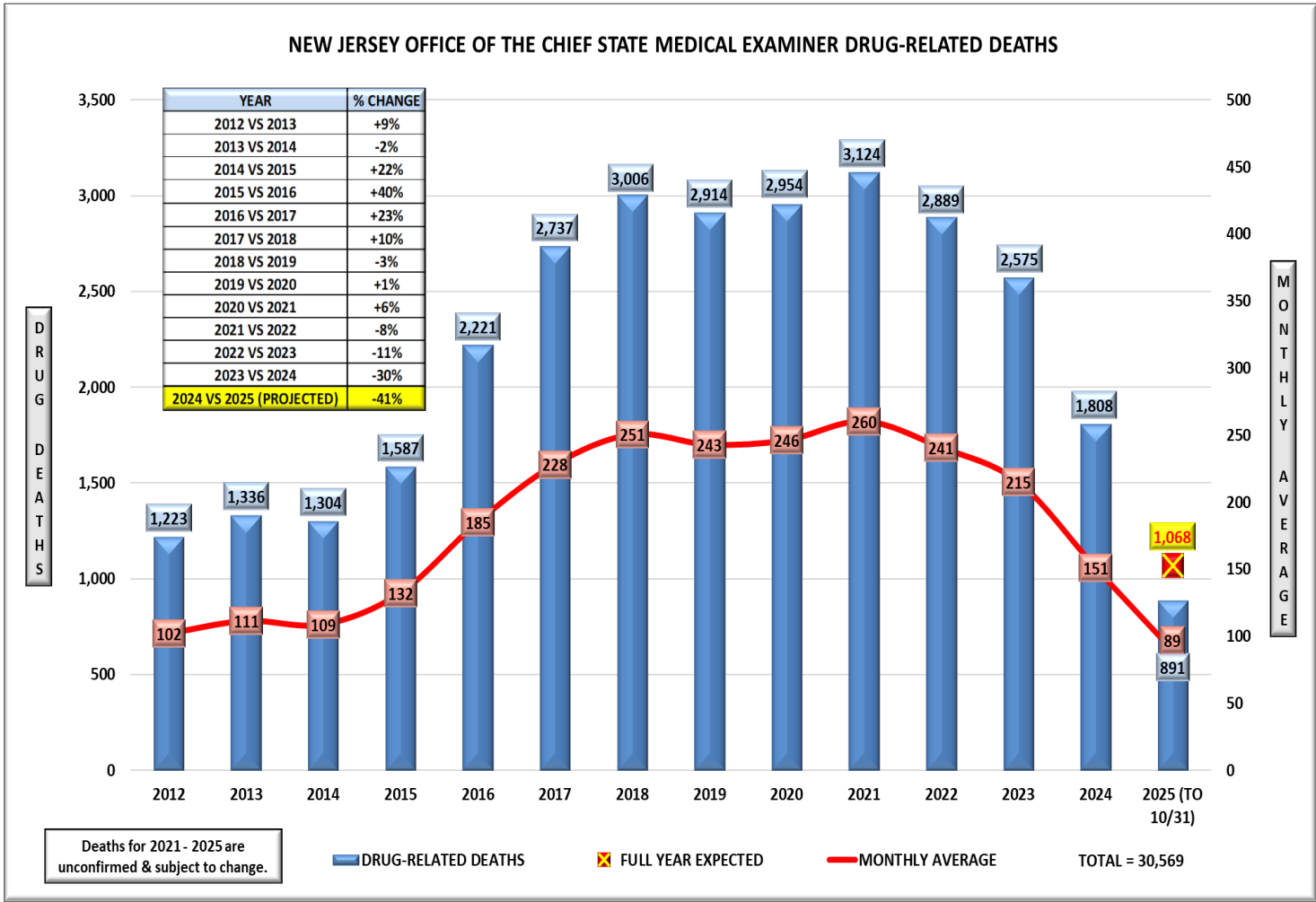
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- ▶ Please contact CDC WONDER with questions at cwus@cdc.gov

Residence States: New Jersey (34)Data in this table is from time period:; Year/Month: 2024 (provisional); UCD - 15 Leading Causes of Death: 52 categories selected

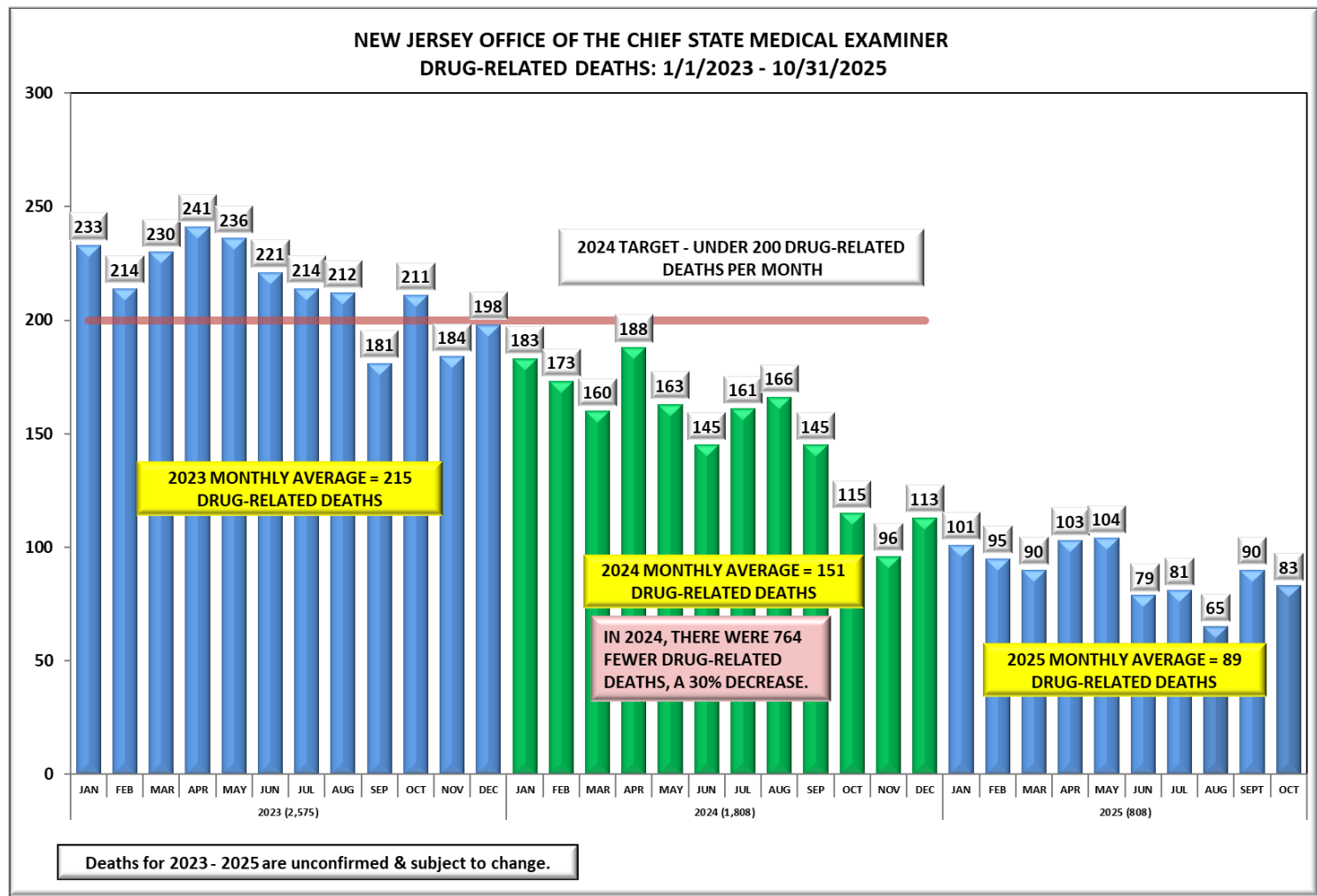
UCD - 15 Leading Causes of Death ↓	➡ Deaths ↑↓	↔ Population ↑↓	↔ Crude Rate Per 100,000 ↑↓
#Diseases of heart (I00-I09,I11,I13,I20-I51)	17,718	9,290,841	190.7
#Malignant neoplasms (C00-C97)	15,359	9,290,841	165.3
#Accidents (unintentional injuries) (V01-X59,Y85-Y86)	4,041	9,290,841	43.5
#Cerebrovascular diseases (I60-I69)	3,447	9,290,841	37.1
#Chronic lower respiratory diseases (J40-J47)	2,522	9,290,841	27.1
#Alzheimer disease (G30)	2,291	9,290,841	24.7
#Septicemia (A40-A41)	1,926	9,290,841	20.7
#Diabetes mellitus (E10-E14)	1,848	9,290,841	19.9
#Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	1,806	9,290,841	19.4
#Influenza and pneumonia (J09-J18)	1,235	9,290,841	13.3
#Essential hypertension and hypertensive renal disease (I10,I12,I15)	1,018	9,290,841	11.0
#Parkinson disease (G20-G21)	961	9,290,841	10.3
#Chronic liver disease and cirrhosis (K70,K73-K74)	924	9,290,841	9.9
#COVID-19 (U07.1)	880	9,290,841	9.5
#Nutritional deficiencies (E40-E64)	694	9,290,841	7.5



New Jersey Drug-Related Death Data



New Jersey Drug-Related Death Data



New Jersey Drug-Related Death Data

NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATHS: MONTHLY AVERAGES														
COUNTY	2012 (1,223)	2013 (1,336)	2014 (1,304)	2015 (1,587)	2016 (2,221)	2017 (2,737)	2018 (3,006)	2019 (2,914)	2020 (2,954)	2021 (3,124)	2022 (2,889)	2023 (2,575)	2024 (1,808)	2025 (TO 10/31)(891)
ATLANTIC	7	7	7	7	14	14	16	14	17	16	21	15	13	7
BERGEN	6	8	7	7	8	11	12	11	14	18	16	11	8	6
BURLINGTON	6	6	6	7	8	12	13	13	12	14	13	11	7	5
CAMDEN	12	13	12	16	17	26	27	29	25	28	29	27	17	11
CAPE MAY	2	3	2	3	3	5	4	4	4	5	4	3	3	2
CUMBERLAND	2	2	2	3	4	6	9	7	7	6	6	6	5	2
ESSEX	9	11	10	12	23	31	31	35	30	34	37	37	26	13
GLOUCESTER	5	6	4	5	7	10	12	11	11	9	7	7	5	2
HUDSON	6	6	5	9	11	12	15	15	14	17	14	16	8	7
HUNTERDON	1	1	1	1	2	2	2	1	1	3	2	1	1	1
MERCER	3	4	4	5	5	9	12	10	10	12	9	9	6	4
MIDDLESEX	8	7	10	9	15	20	17	17	17	21	17	12	8	5
MONMOUTH	8	7	9	10	14	14	18	15	15	15	13	11	7	3
MORRIS	4	4	4	4	6	7	7	8	8	7	5	6	4	1
OCEAN	11	13	11	13	21	16	18	16	19	20	16	14	10	7
PASSAIC	5	5	5	7	9	11	15	14	16	13	12	12	7	6
SALEM	1	< 1	1	2	2	2	3	3	3	2	2	2	1	1
SOMERSET	2	3	3	3	4	4	4	3	5	5	4	3	3	2
SUSSEX	2	1	1	2	3	3	3	3	4	3	2	2	2	0
UNION	4	4	4	6	8	11	12	11	12	12	10	8	7	5
WARREN	1	1	1	2	3	3	3	2	3	2	3	2	1	1
TOTAL	102	111	109	132	185	228	251	243	246	260	241	215	151	89
Deaths for 2021 - 2025 are unconfirmed & subject to change. The total number of deaths are listed beneath each year. The statewide monthly average is calculated from the total number of deaths year to date.														



New Jersey Drug-Related Death Data

1/1/2025 – 10/31/2025:

- Monthly drug-related death totals fell below the 2024 monthly average of 151.
- Camden & Essex Counties accounted for 26% of drug-related deaths.

Data is preliminary and subject to change.

NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATHS: JANUARY 1, 2025 - OCTOBER 31, 2025																	
COUNTY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	TOTAL	PERCENT	RANK	MTHLY AVG	MTHLY HIGHEST	MTHLY LOWEST	
ATLANTIC	11	6	14	7	7	5	4	6	8	6	74	8%	3	7	14	4	
BERGEN	4	5	10	5	8	5	4	6	5	5	57	6%	6	6	10	4	
BURLINGTON	7	4	3	5	10	4	2	2	2	6	45	5%	9	5	10	2	
CAMDEN	14	6	9	10	10	8	9	14	11	17	108	12%	2	11	17	6	
CAPE MAY	2	2	0	4	1	2	5	0	1	5	22	2%	14	2	5	0	
CUMBERLAND	5	3	4	0	1	2	4	1	2	2	24	3%	13	2	5	0	
ESSEX	10	14	13	15	20	11	12	7	11	13	126	14%	1	13	20	7	
GLOUCESTER	0	2	3	4	3	0	0	1	4	1	18	2%	15	2	4	0	
HUDSON	11	8	7	8	7	4	5	5	8	4	67	8%	5	7	11	4	
HUNTERDON	1	0	0	0	0	0	1	0	3	0	5	1%	20	1	3	0	
MERCER	1	7	3	5	2	7	4	2	6	4	41	5%	11	4	7	1	
MIDDLESEX	4	6	5	2	6	3	4	2	8	5	45	5%	9	5	8	2	
MONMOUTH	6	5	2	1	7	1	3	3	2	2	32	4%	12	3	7	1	
MORRIS	0	5	0	1	1	1	0	0	3	0	11	1%	17	1	5	0	
OCEAN	5	6	8	14	4	12	10	5	4	4	72	8%	4	7	14	4	
PASSAIC	6	8	5	6	9	5	3	5	5	5	57	6%	6	6	9	3	
SALEM	2	0	0	2	0	1	2	0	0	0	7	1%	18	1	2	0	
SOMERSET	3	2	1	3	1	2	3	1	0	1	17	2%	16	2	3	0	
SUSSEX	1	1	0	1	0	0	0	0	0	1	4	0.4%	21	0	1	0	
UNION	6	5	1	10	7	5	4	5	7	2	52	6%	8	5	10	1	
WARREN	2	0	2	0	0	1	2	0	0	0	7	1%	18	1	2	0	
TOTAL	101	95	90	103	104	79	81	65	90	83		891		89	104	65	
The statewide monthly average is calculated from the total number of deaths year to date. Deaths for 2025 are unconfirmed & subject to change.																	



New Jersey Drug-Related Death Data

NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATHS						
COUNTY	JAN - SEP 2023	JAN - SEP 2024	PERCENT CHANGE	DIFFERENCE	RANK*	
					2023	2024
ATLANTIC	137	121	-12%	-16	4	3
BERGEN	103	81	-21%	-22	9	7
BURLINGTON	102	69	-32%	-33	10	10
CAMDEN	253	156	-38%	-97	2	2
CAPE MAY	26	28	+8%	+2	16	17
CUMBERLAND	60	55	-8%	-5	14	12
ESSEX	339	259	-24%	-80	1	1
GLOUCESTER	62	51	-18%	-11	13	14
HUDSON	145	86	-41%	-59	3	4
HUNTERDON	8	9	+13%	+1	21	20
MERCER	83	54	-35%	-29	11	13
MIDDLESEX	114	84	-26%	-30	6	6
MONMOUTH	104	73	-30%	-31	7	9
MORRIS	46	33	-28%	-13	15	15
OCEAN	133	86	-35%	-47	5	4
PASSAIC	104	76	-27%	-28	7	8
SALEM	18	9	-50%	-9	20	20
SOMERSET	22	31	+41%	+9	17	16
SUSSEX	21	20	-5%	-1	18	18
UNION	71	64	-10%	-7	12	11
WARREN	20	17	-15%	-3	19	19
UNRECORDED	2	4	+100%	+2	N/A	N/A
TOTAL	1,973	1,466	-26%	-507		
*Matching totals will result in tied ranks.						

NEW JERSEY OFFICE OF THE CHIEF STATE MEDICAL EXAMINER DRUG-RELATED DEATHS						
COUNTY	JAN - OCT 2024	JAN - OCT 2025	PERCENT CHANGE	DIFFERENCE	RANK*	
					2024	2025
ATLANTIC	138	74	-46%	-64	3	3
BERGEN	85	57	-33%	-28	7	6
BURLINGTON	79	45	-43%	-34	9	9
CAMDEN	177	108	-39%	-69	2	2
CAPE MAY	31	22	-29%	-9	17	14
CUMBERLAND	60	24	-60%	-36	13	13
ESSEX	270	126	-53%	-144	1	1
GLOUCESTER	55	18	-67%	-37	14	15
HUDSON	91	67	-26%	-24	6	5
HUNTERDON	9	5	-44%	-4	21	20
MERCER	61	41	-33%	-20	12	11
MIDDLESEX	92	45	-51%	-47	5	9
MONMOUTH	80	32	-60%	-48	8	12
MORRIS	38	11	-71%	-27	15	17
OCEAN	100	72	-28%	-28	4	4
PASSAIC	78	57	-27%	-21	10	6
SALEM	10	7	-30%	-3	20	18
SOMERSET	32	17	-47%	-15	16	16
SUSSEX	21	4	-81%	-17	18	21
UNION	71	52	-27%	-19	11	8
WARREN	17	7	-59%	-10	19	18
UNRECORDED	4	0	N/A	-4	N/A	N/A
TOTAL	1,599	891	-44%	-708		
*Matching totals will result in tied ranks.						

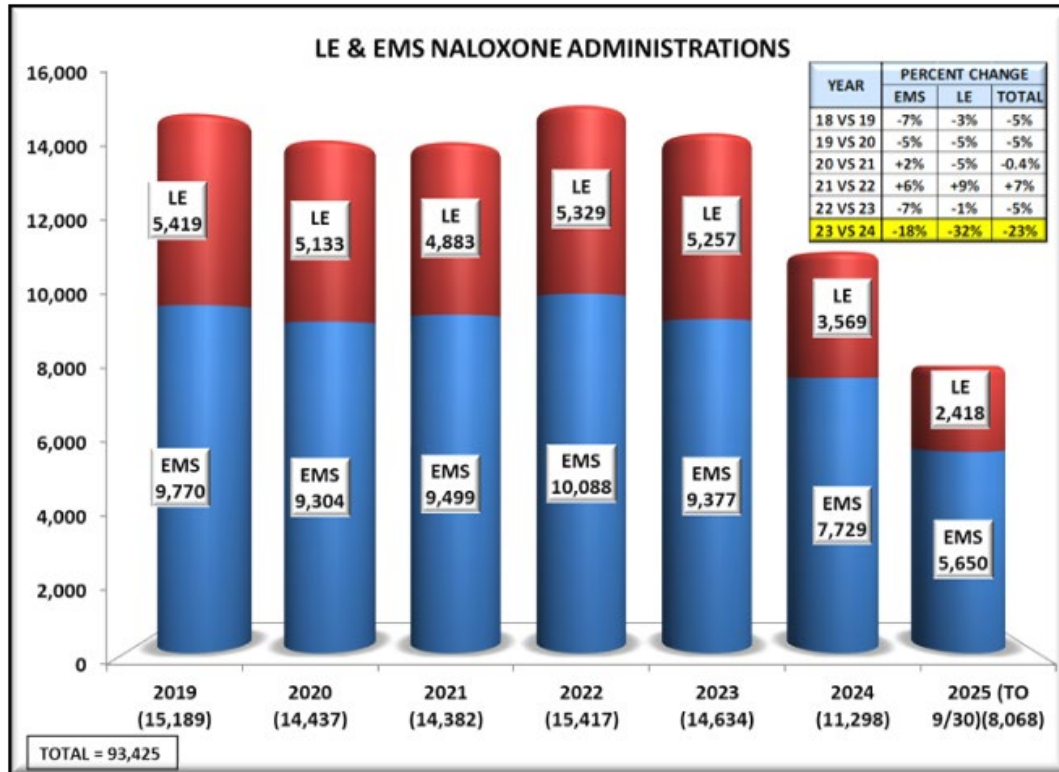


New Jersey Drug-Related Death Data

UCD - Drug/Alcohol Induced	Ten-Year Age Groups	Single Race 6	Deaths	Population	Crude Rate
Drug-induced causes	55-64 years	Black or African American	1547	1371511	112.8
Drug-induced causes	45-54 years	Black or African American	1259	1462517	86.1
Drug-induced causes	35-44 years	White	3897	6454894	60.4
Drug-induced causes	65-74 years	Black or African American	478	838630	57
Drug-induced causes	25-34 years	White	3540	6300721	56.2
Drug-induced causes	35-44 years	Black or African American	804	1514928	53.1
Drug-induced causes	45-54 years	White	3309	6774708	48.8
Drug-induced causes	25-34 years	Black or African American	659	1688402	39
Drug-induced causes	55-64 years	White	2520	7551466	33.4
Drug-induced causes	75-84 years	Black or African American	51	406420	12.5
Drug-induced causes	15-24 years	White	761	6203574	12.3
Drug-induced causes	65-74 years	White	646	5671001	11.4
Drug-induced causes	15-24 years	Black or African American	158	1526587	10.3
Drug-induced causes	85+ years	White	52	1288081	4
Drug-induced causes	75-84 years	White	123	3056137	4
Drug-induced causes	1-4 years	Black or African American	15	587122	Unreliable
Drug-induced causes	5-14 years	White	12	5909899	Unreliable



New Jersey Naloxone Data



Projected Totals:
3,224 – LE
7,533 - EMS

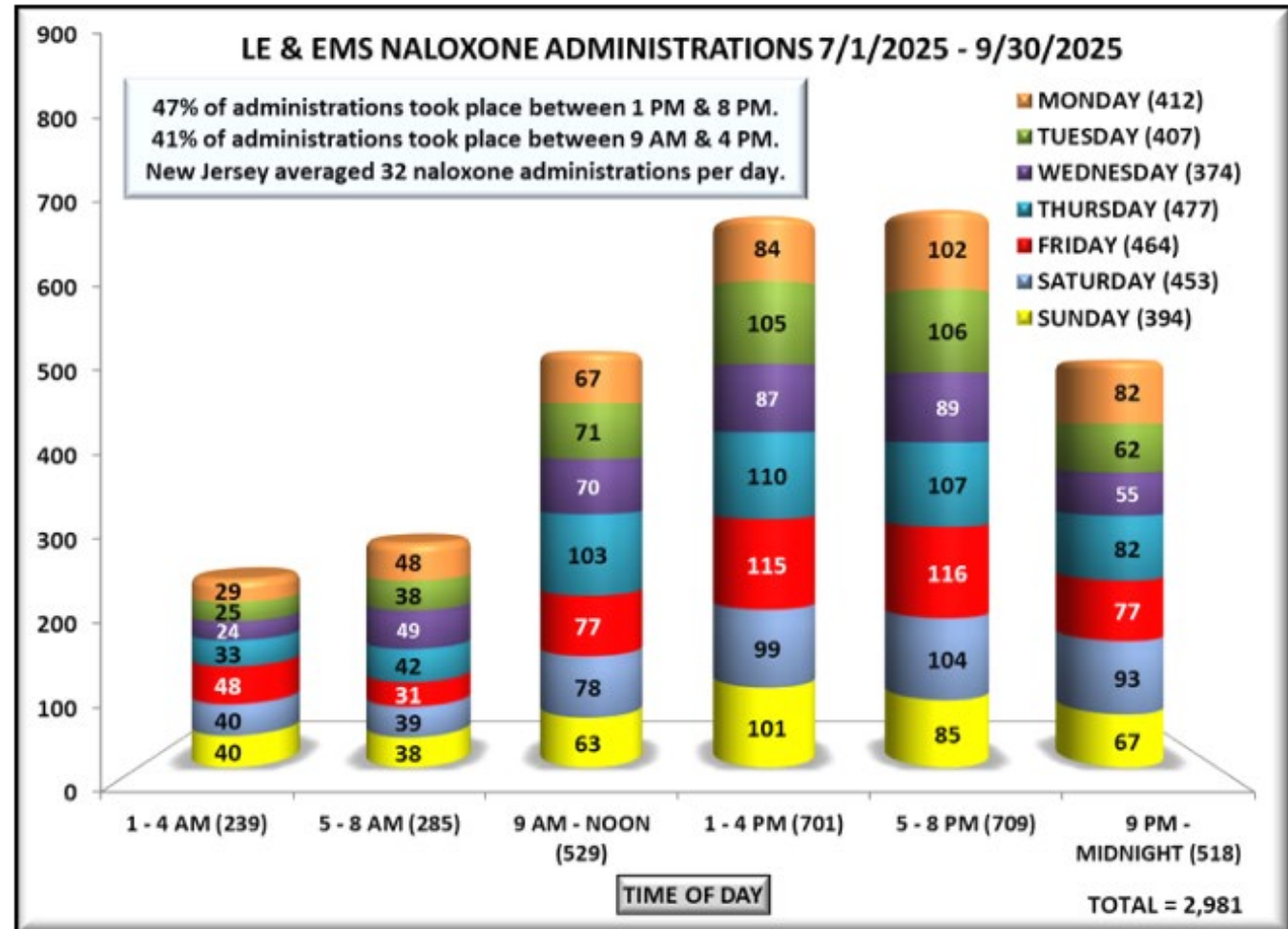
LAW ENFORCEMENT REPORTED: OTHER NALOXONE ADMINISTRATIONS		
YEAR	TOTAL	PERCENT
2024 (TO 12/2)	882	18%
2023	1,102	15%
2022	961	13%
2021	737	11%
2020	733	10%
2019	550	8%
Other naloxone administrations indicate naloxone was provided by someone other than Law Enforcement or Emergency Medical Services.		

*The private administration of naloxone is likely underreported

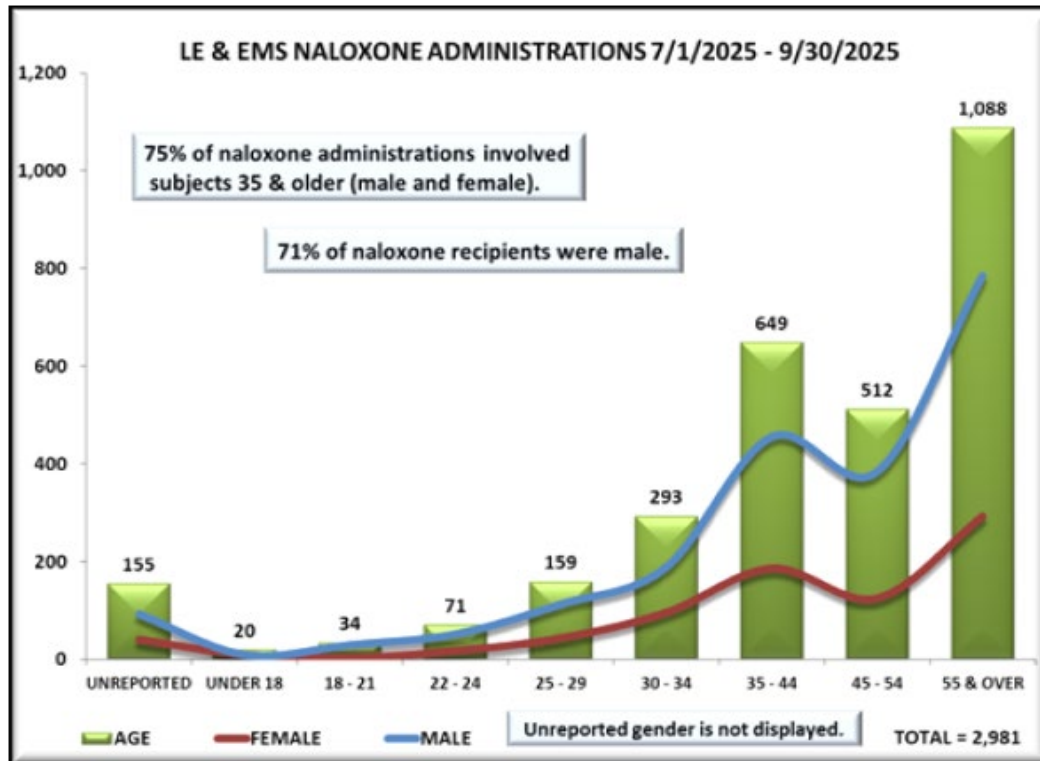


New Jersey Naloxone Data

LE & EMS NALOXONE ADMINISTRATIONS 7/1/2025 - 9/30/2025		
COUNTY	TOTAL	PERCENT
ATLANTIC	151	5%
BERGEN	113	4%
BURLINGTON	116	4%
CAMDEN	432	14%
CAPE MAY	33	1%
CUMBERLAND	106	4%
ESSEX	610	20%
GLOUCESTER	57	2%
HUDSON	288	10%
HUNTERDON	12	0.4%
MERCER	192	6%
MIDDLESEX	140	5%
MONMOUTH	175	6%
MORRIS	53	2%
OCEAN	117	4%
PASSAIC	136	5%
SALEM	34	1%
SOMERSET	45	2%
SUSSEX	6	0.2%
UNION	145	5%
WARREN	20	1%
TOTAL	2,981	



New Jersey Naloxone Data – Demographic Data



LE & EMS NALOXONE ADMINISTRATIONS 7/1/2025 - 9/30/2025					
AGE	FEMALE	MALE	OTHER / UNREPORTED	TOTAL	PERCENT
UNREPORTED	41	93	21	155	5%
UNDER 18	10	10	0	20	1%
18 - 21	4	30	0	34	1%
22 - 24	18	52	1	71	2%
25 - 29	44	113	2	159	5%
30 - 34	96	189	8	293	10%
35 - 44	186	455	8	649	22%
45 - 54	125	384	3	512	17%
55 & OVER	292	784	12	1,088	36%
TOTAL	816	2,110	55	2,981	
	27%	71%	2%		



New Jersey Naloxone Data – Demographic Data

LE & EMS NALOXONE ADMINISTRATIONS 7/1/2025 - 9/30/2025

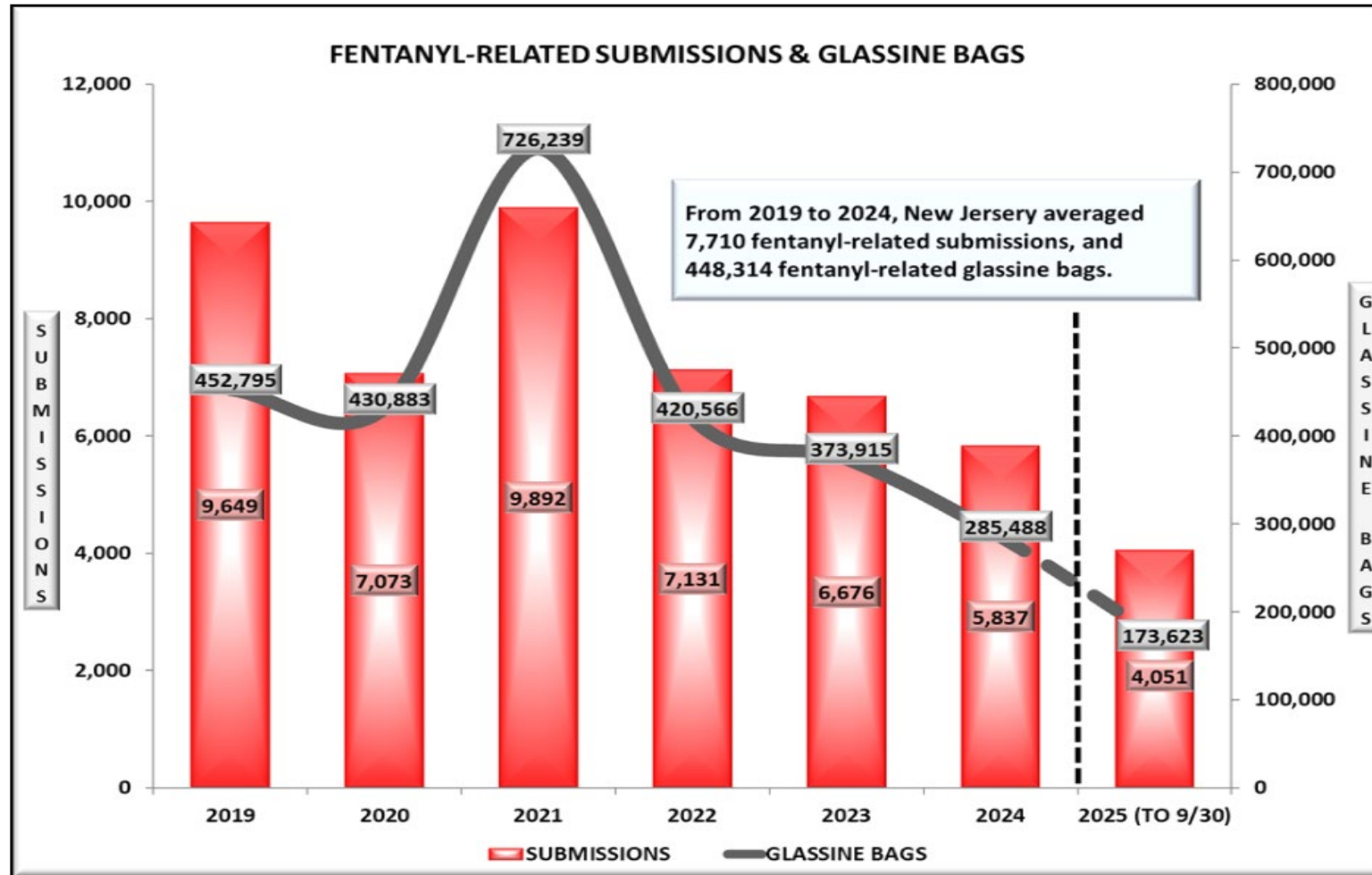
AGE	WHITE	BLACK OR AFRICAN AMERICAN	HISPANIC	OTHER / UNREPORTED	TOTAL	PERCENT
UNREPORTED	35	65	10	45	155	5%
UNDER 18	9	3	5	3	20	1%
18 - 21	8	6	15	5	34	1%
22 - 24	25	21	12	13	71	2%
25 - 29	52	47	38	22	159	5%
30 - 34	135	88	42	28	293	10%
35 - 44	312	150	90	97	649	22%
45 - 54	206	173	67	66	512	17%
55 & OVER	317	552	87	132	1,088	36%
TOTAL	1,099	1,105	366	411	2,981	
	37%	37%	12%	14%		

LE & EMS NALOXONE ADMINISTRATIONS 7/1/2025 - 9/30/2025

RACE	FEMALE	MALE	OTHER / UNREPORTED	TOTAL	PERCENT
WHITE	398	698	3	1,099	37%
BLACK OR AFRICAN AMERICAN	263	837	5	1,105	37%
HISPANIC	59	303	4	366	12%
OTHER / UNREPORTED	96	272	43	411	14%
TOTAL	816	2,110	55	2,981	
	27%	71%	2%		



New Jersey Drug Environment: Opioids



Projected 2025 Totals:
231,497 Glassine Bags
5,401 Submissions

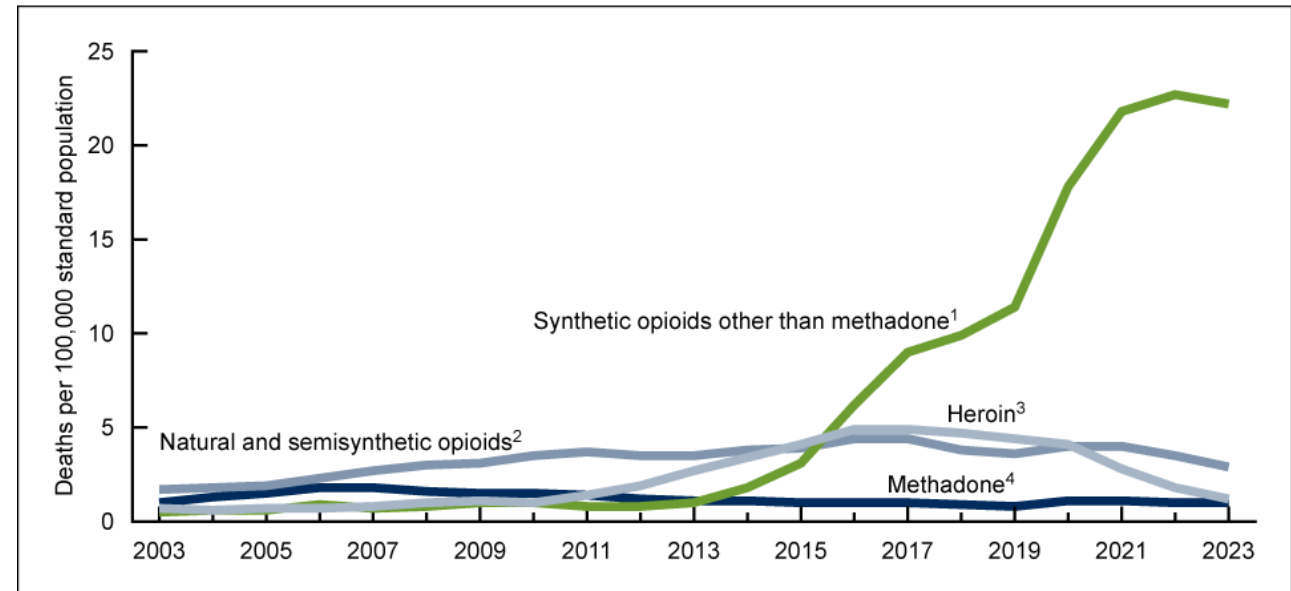


Historical Impact of Fentanyl

Overall, drug overdose deaths rose from 2019 to 2022 with 107,941 drug overdose deaths reported in 2022. With a decline starting in 2023.

Deaths involving synthetic opioids other than methadone (primarily fentanyl) continued to rise with 73,838 overdose deaths reported in 2022.

Figure 4. Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2003–2023



¹No significant trend from 2003 to 2013; significant increasing trend from 2013 to 2021, with different rates of change over time; no significant trend from 2021 to 2023 ($p < 0.05$). Rate in 2023 significantly lower than in 2022 ($p < 0.05$).

²Significant increasing trend from 2003 to 2010; no significant trend from 2010 to 2021; significant decreasing trend from 2021 to 2023 ($p < 0.05$).

³Significant increasing trend from 2003 to 2016, with different rates of change over time; significant decreasing trend from 2016 to 2023, with different rates of change over time ($p < 0.05$).

⁴Significant increasing trend from 2003 to 2006; significant decreasing trend from 2006 to 2017; no significant trend from 2017 to 2023 ($p < 0.05$).

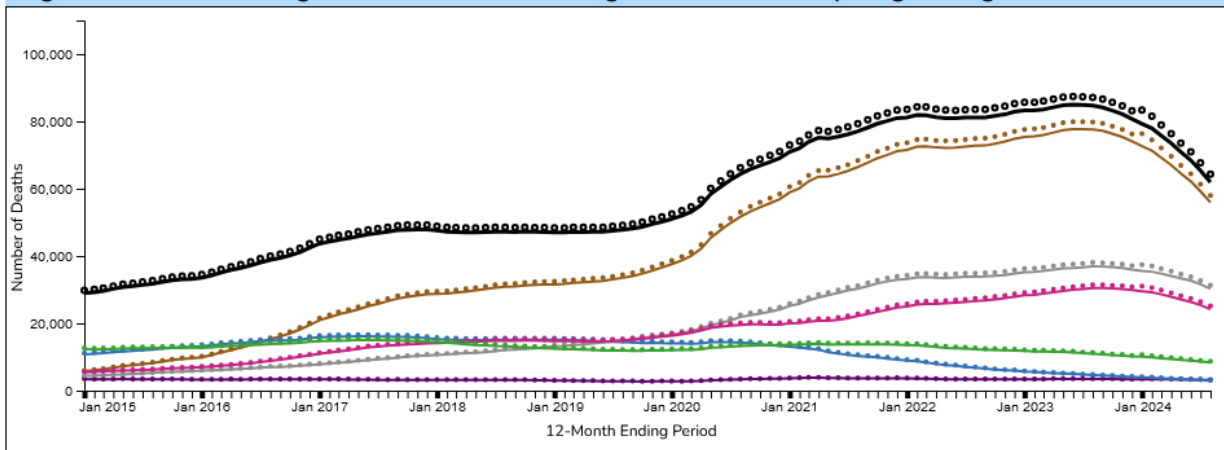
NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple cause-of-death codes: heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; synthetic opioids other than methadone, T40.4. Deaths involving more than one opioid category (such as a death involving both methadone and a natural or semisynthetic opioid) are counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, ranging from 75% to 79% from 2003 to 2013 and increasing from 81% in 2014 to 96% in 2023. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population.

SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.



Fentanyl Depletion?

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Legend for Drug or Drug Class

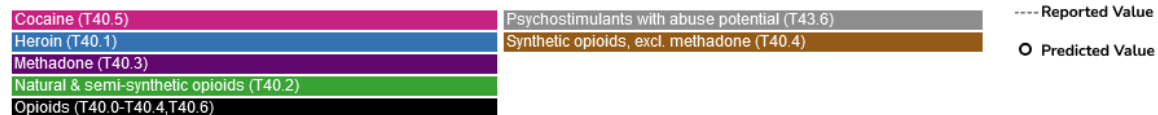
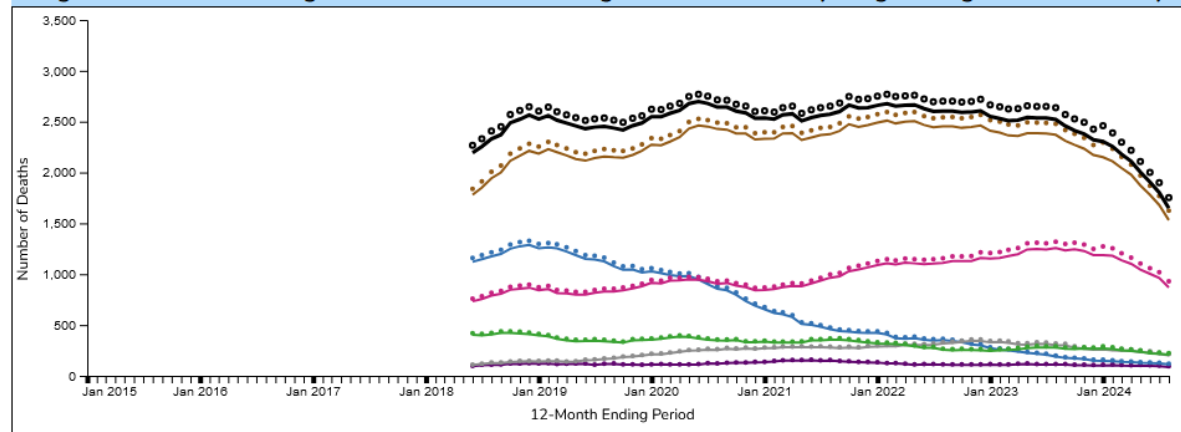
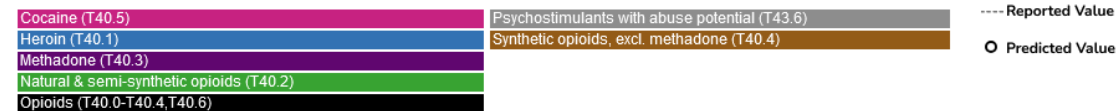


Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: New Jersey



Legend for Drug or Drug Class



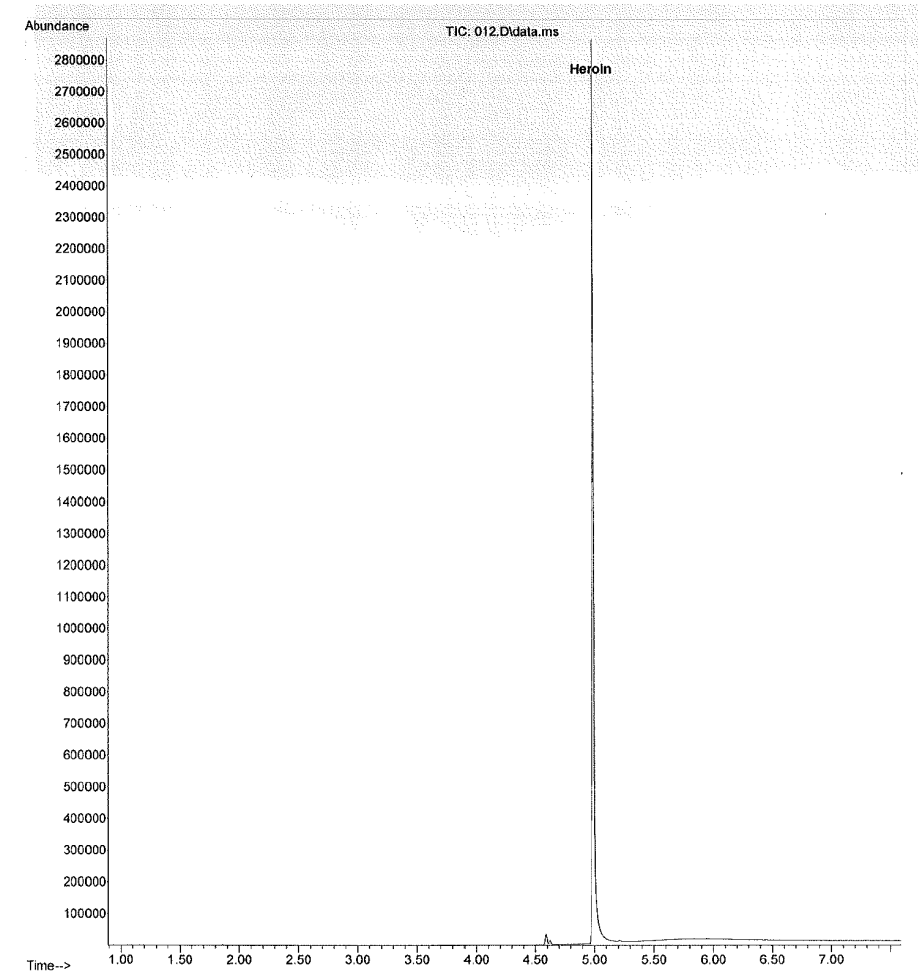
Fentanyl Depletion?

What Does The Scientific Data Indicate?

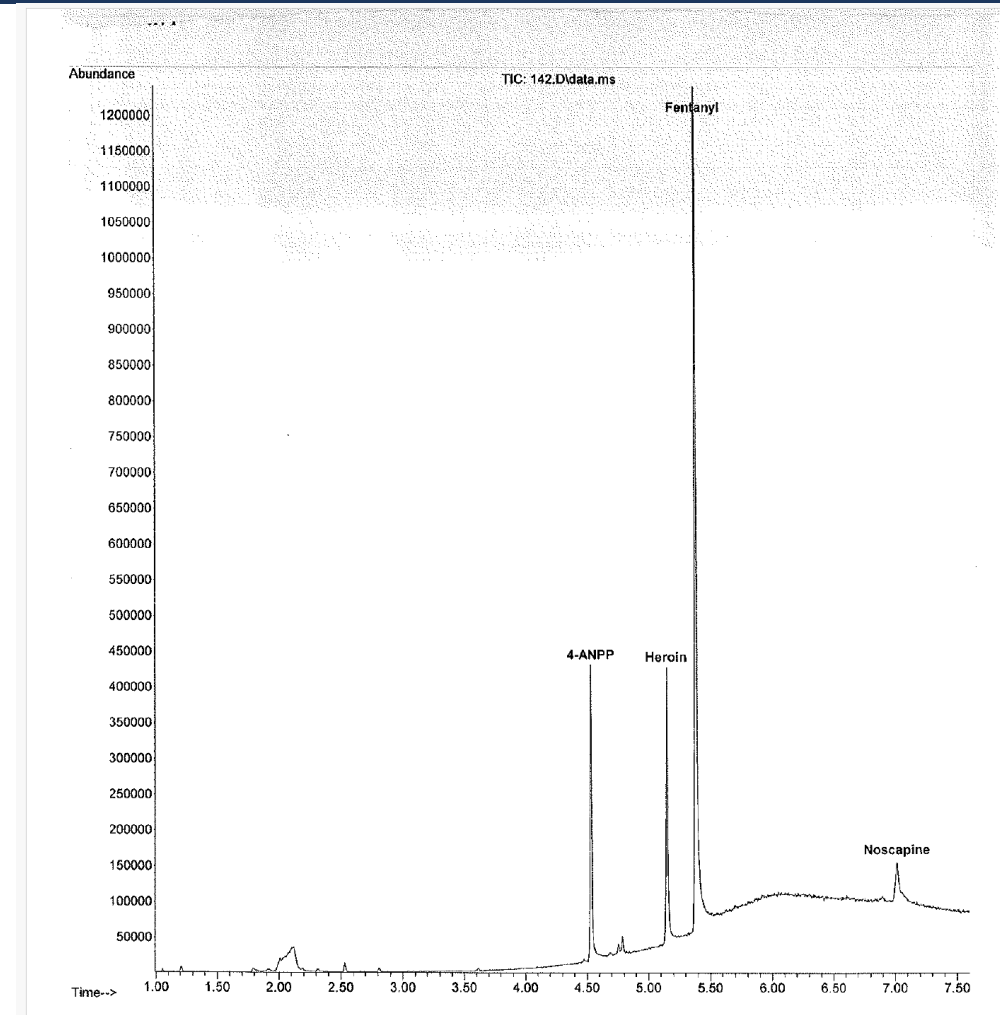
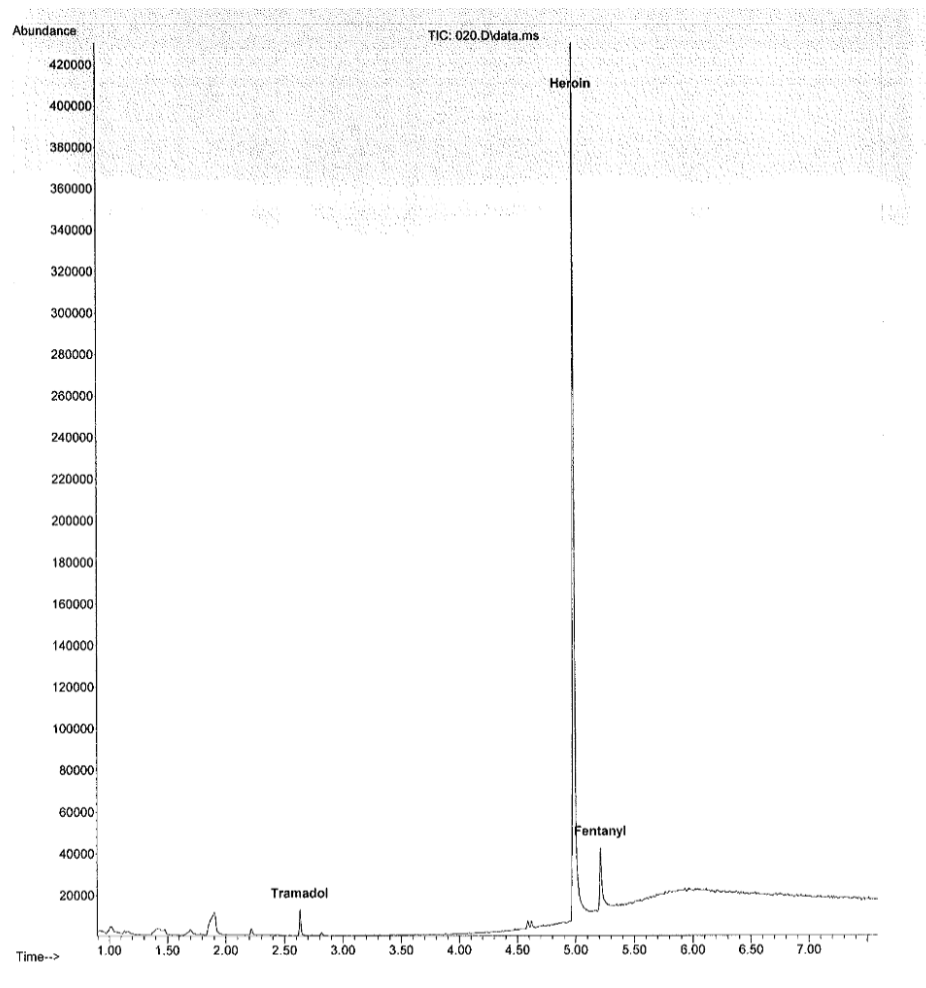
High-Resolution Mass Spectral Libraries for Drug and Toxin Analysis.

Mass spectrometry is used by laboratories to confirm the presence of chemical compounds in clinical, toxicological, and environmental samples.

Laboratories also use mass spectrometry to analyze the structure of a compound by breaking down the compound into its components and measuring their mass and intensity.

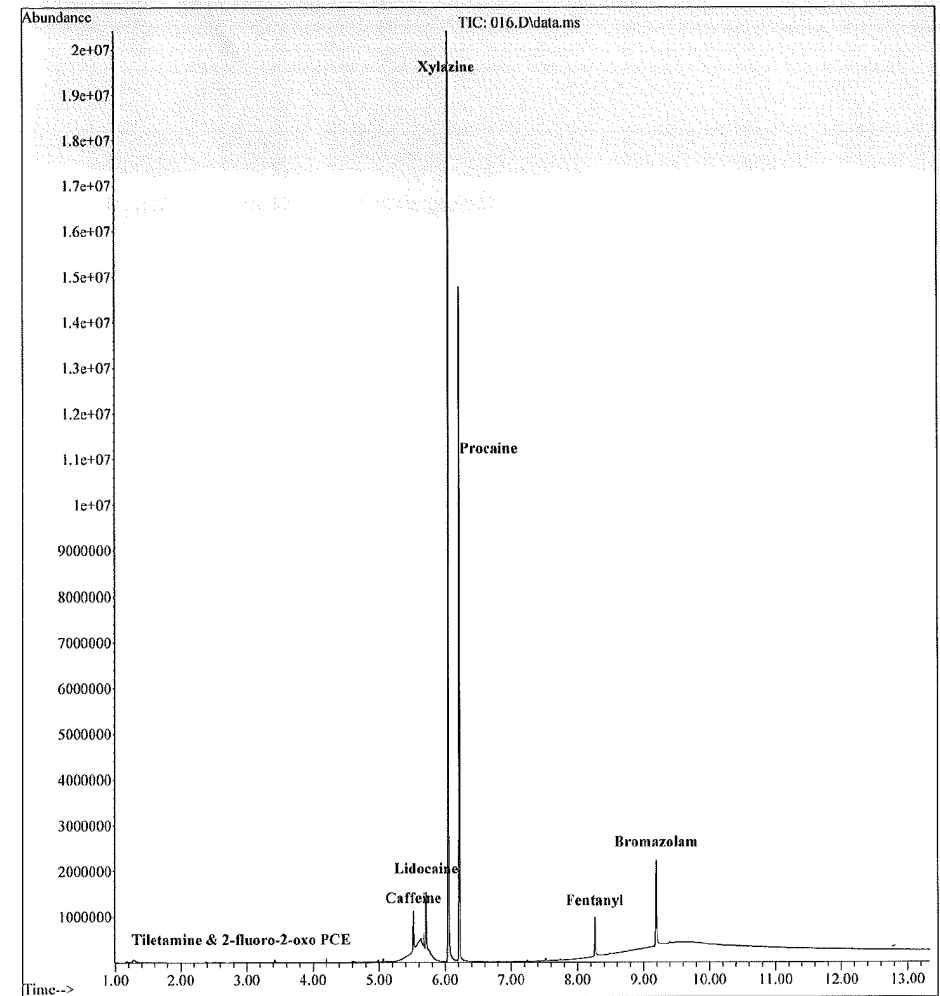
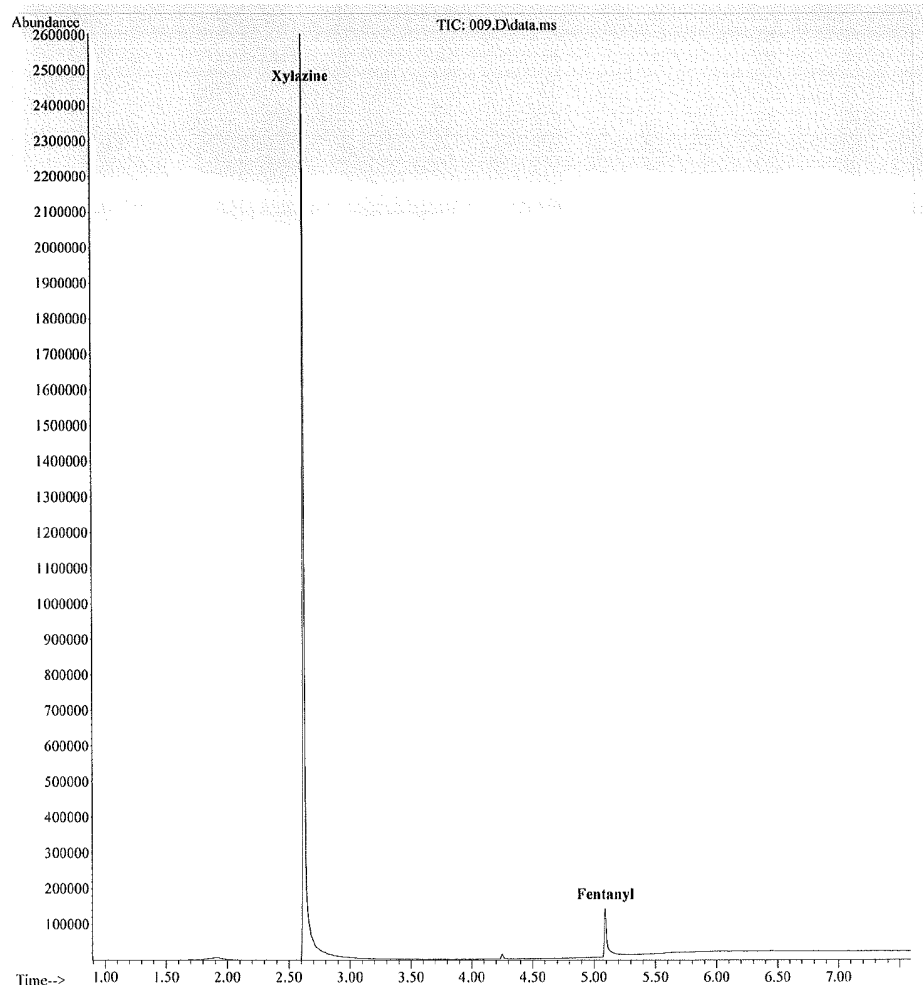


Fentanyl Depletion? What Does The Data Indicate?



Fentanyl Depletion?

What Does The Data Indicate?



Current Fentanyl Outlook In New Jersey

Supply Indicators

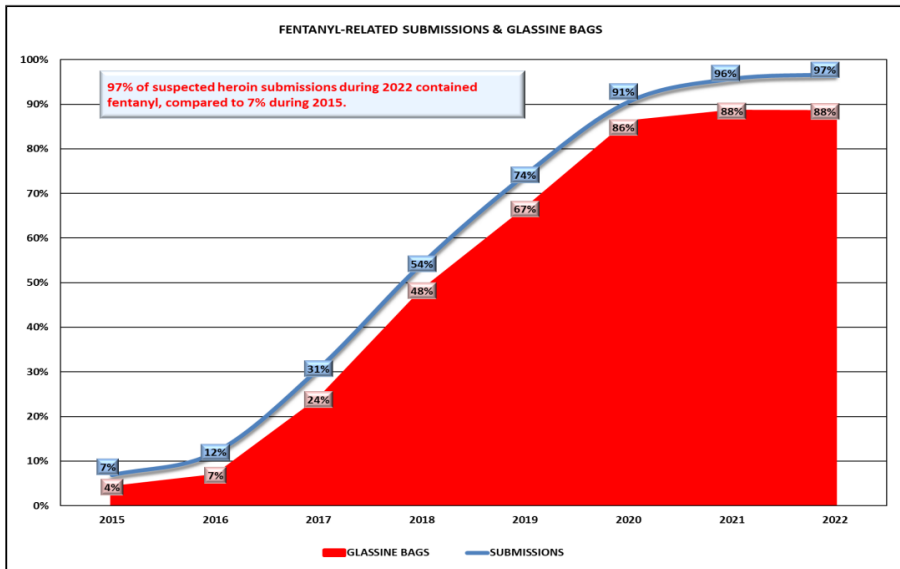
Lower fentanyl ratio identified in forensic testing
Reportedly harder to find fentanyl
Drug Samples increasingly contain multiple drugs

Demand Indicators

Opioids seizures are down (stimulant seizures are up)
Less people are utilizing treatment for opioids

Other Indicators

Nationwide (including NJ) Overdose Deaths are decreasing
Nationwide (Including NJ) Fentanyl-related deaths are decreasing



Current Outlook: The illicit drug market transitioned from being primarily demand driven to primarily supply driven over the last couple decades. Two large external forces have had a profound influence.

Effective Policy

Prevention Success

Treatment Success

Harm Reduction

Federal Government Intervention

Many indicators point to a decreased fentanyl supply. It is hopeful that this will persist but remains unknown. There is a potential for others to try and fill the void if there is a demand, but the demand also seems to be decreasing. It is likely, but not definitive that fentanyl-related overdoses will continue to decrease.



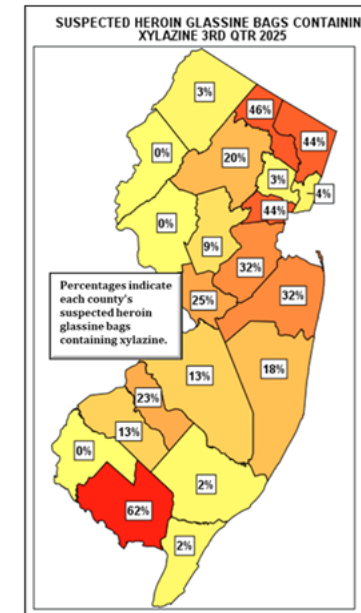
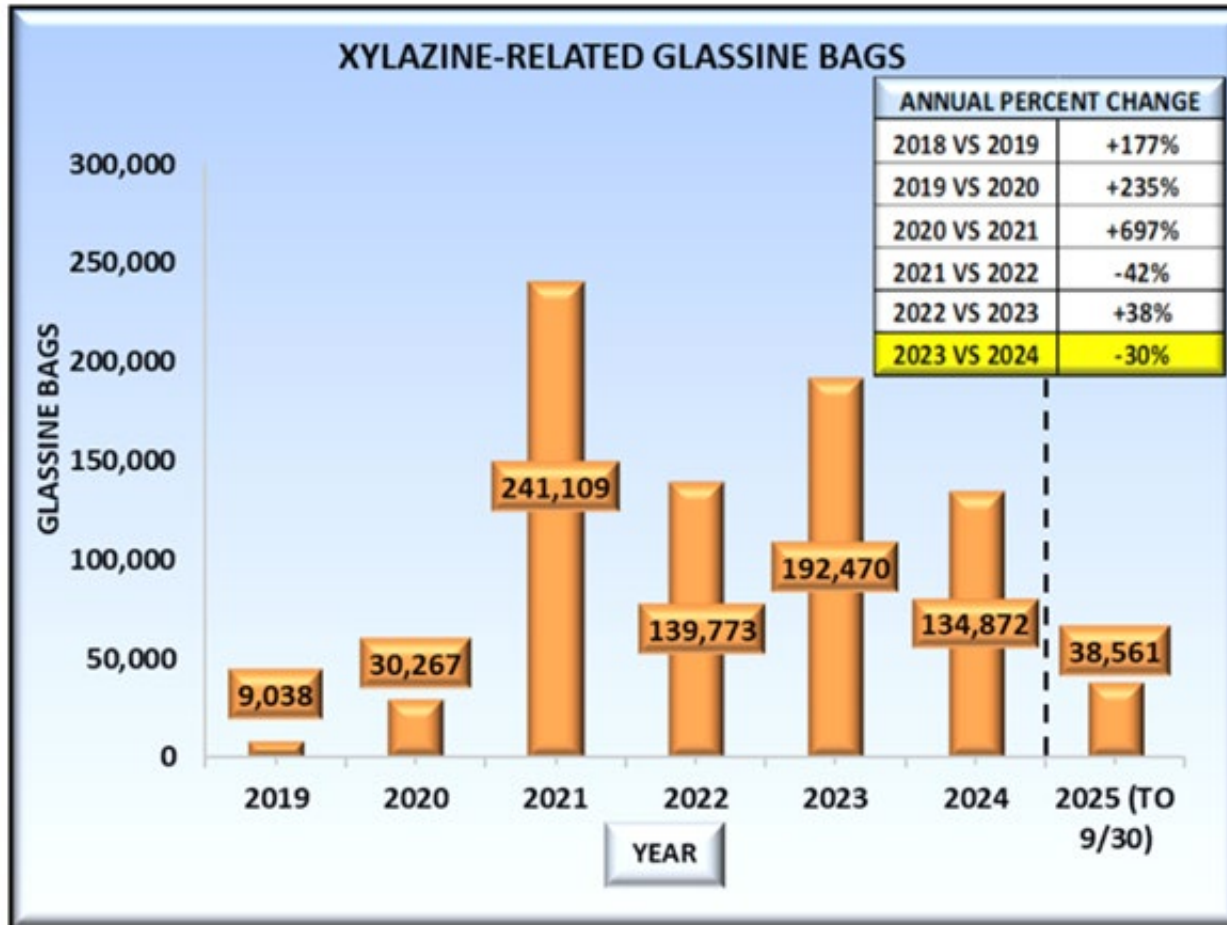
Adulterants

Suspected Heroin Submissions Q3-2025	
One Drug: 5%	
Polydrug: 95%	
2 - 4 Drugs: 46%	5 - 7 Drugs: 34%
	8+ Drugs: 15%

SUSPECTED HEROIN SUBMISSIONS			
YEAR	DRUGS IN SAMPLE		
	ONE DRUG	2 - 4 DRUGS	5+ DRUGS
2015	94%	6%	0%
2016	89%	11%	0%
2017	72%	28%	0.2%
2018	50%	49%	1%
2019	32%	67%	1%
2020	23%	75%	2%
2021	15%	78%	7%
2022	11%	77%	11%
2023	8%	80%	13%
2024	6%	67%	27%
2025 (TO 9/30)	5%	41%	54%



Adulterants: Xylazine in New Jersey



YEAR	XYLAZINE-RELATED				ALL SUSPECTED HEROIN	
	SUBMISSIONS	GLASSINE BAGS	SUBMISSIONS	GLASSINE BAGS	SUBMISSIONS	GLASSINE BAGS
2019	368	3%	9,038	1%	13,012	680,833
2020	857	11%	30,267	6%	7,811	500,708
2021	3,065	30%	241,109	29%	10,341	821,171
2022	2,630	36%	139,773	29%	7,375	475,838
2023	3,680	54%	192,470	47%	6,818	412,321
2024	3,125	51%	134,872	45%	6,079	296,895
2025 (TO 9/30)	1,094	26%	38,561	19%	4,253	202,695



Adulterants: Medetomidine



**PUBLIC
ALERT**

**MAY
2024**

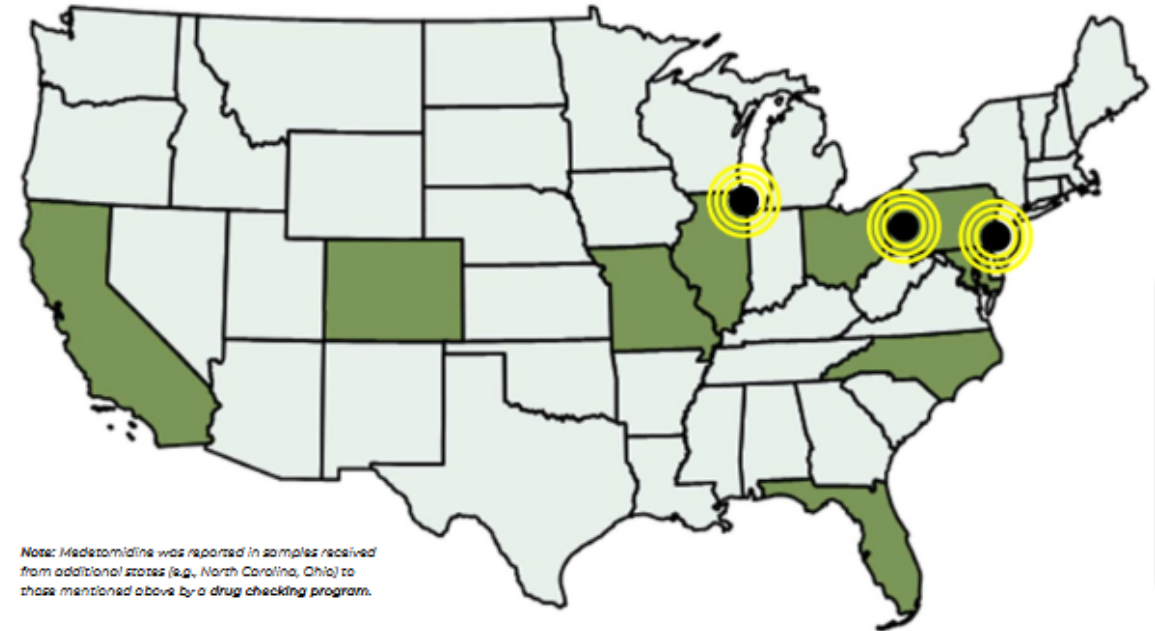
MEDETOMIDINE RAPIDLY PROLIFERATING ACROSS USA — IMPLICATED IN RECREATIONAL OPIOID DRUG SUPPLY & CAUSING OVERDOSE OUTBREAKS

PURPOSE: The objective of this announcement is to notify public health, harm reduction, first responders, clinicians, medical examiners and coroners, forensic and clinical laboratories, and all other related communities about new information surrounding the emergent adulterant **medetomidine** (also referred to as dexmedetomidine).

BACKGROUND: Medetomidine is an alpha-2 agonist, belonging to the same family of drugs as xylazine and clonidine. Medetomidine is synthetically manufactured and exists in two enantiomeric forms: **dexmedetomidine** and **levomedetomidine**, the former being active and potent. Dexmedetomidine is approved for use in humans and is administered in hospital, while differing forms of medetomidine are available for use in veterinary medicine. The effects of **medetomidine** can include sedation, analgesia, muscle relaxation, anxiolysis, bradycardia, hypotension, hyperglycemia, and hallucinations. Duration of action is noted to be longer for medetomidine relative to xylazine.

SUMMARY: Medetomidine is the latest CNS depressant to appear as an adulterant alongside fentanyl in the recreational drug supply. Recent mass overdose outbreaks in Philadelphia, Chicago, and elsewhere have all been associated with fentanyl or heroin drug products containing medetomidine, as well as xylazine and/or other substances. In cases where medetomidine ingestion is suspected or confirmed, severe adverse effects have been noted, including **heightened sedation and profound bradycardia**. In December 2023, the CFSRE and the Colombo Plan issued a **Toxic Adulterant Alert** for medetomidine following its emergence in the recreational drug supply.

TIMEFRAME	DESCRIPTION OF MEDETOMIDINE IDENTIFICATIONS AND OVERDOSE EVENTS
Late 2022	Medetomidine begins appearing more regularly in the Maryland drug supply, following its first detection in July 2022. Medetomidine is commonly identified alongside fentanyl, xylazine, and other substances.
Mid-to-Late 2023	Medetomidine is sporadically identified in toxicology specimens collected from patients presenting to emergency departments after suspected opioid overdose (confirmed to not be administered). Overdose events originated from Missouri, Colorado, Pennsylvania, California, and Maryland . Medetomidine is commonly detected with fentanyl.
January 2024	An alert is issued out of Toronto, ON , about the emergence of medetomidine in the drug supply. This is followed by increased positivity in subsequent weeks and months, as medetomidine is found alongside fentanyl in suspected opioid products and commonly in combination with xylazine and other substances.
Early 2024	Medetomidine detections increase in drug materials and toxicology specimens originating from western Canada, including Vancouver, BC , commonly alongside fentanyl and other opioids.
Late April 2024	Medetomidine first appears in drug products in Philadelphia, PA , causing a large scale outbreak of overdoses and adverse events. Medetomidine is identified alongside fentanyl and xylazine.
Early May 2024	Medetomidine first appears in a drug product in Pittsburgh, PA , associated with overdoses and adverse events. Medetomidine is identified alongside fentanyl and xylazine.
Early May 2024	Medetomidine first appears in drug products in Chicago, IL , causing a large scale outbreak of overdoses and adverse events. Medetomidine is identified alongside fentanyl and xylazine, or alongside heroin without xylazine.



Adulterants: Medetomidine in New Jersey

Medetomidine (first analyzed in the state in May of 2024) is a non-opioid veterinary anesthetic with potent sedative effects. The sedating effects are like xylazine, but it can be 10-20 times more potent.

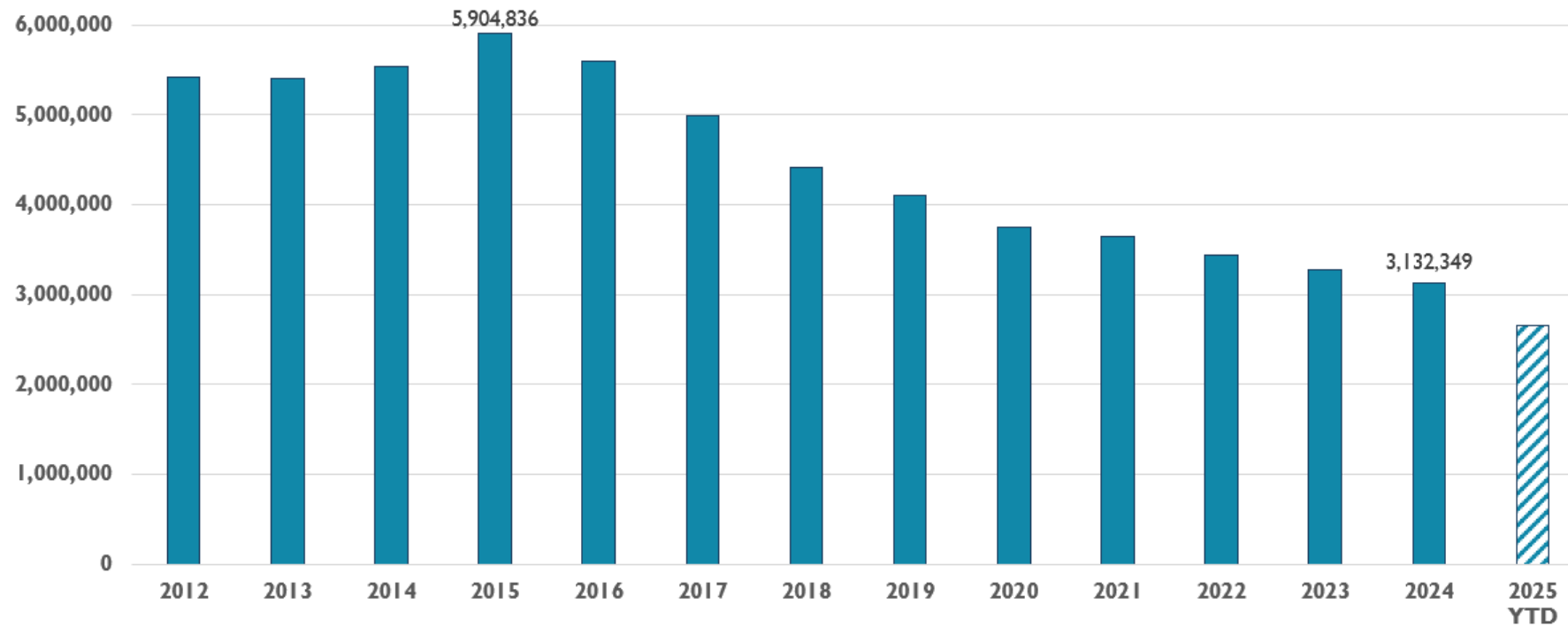
SUSPECTED HEROIN SUBMISSIONS CONTAINING MEDETOMIDINE				
COUNTY	YEAR		TOTAL & PERCENT	
	2024	2025 (TO 9/30)		
ATLANTIC	35	59	94	6%
BERGEN	10	63	73	5%
BURLINGTON	74	111	185	12%
CAMDEN	60	111	171	11%
CAPE MAY	14	29	43	3%
CUMBERLAND	3	12	15	1%
ESSEX	11	73	84	5%
GLOUCESTER	20	36	56	4%
HUDSON	3	3	6	0.4%
HUNTERDON	0	12	12	1%
MERCER	26	225	251	16%
MIDDLESEX	22	55	77	5%
MONMOUTH	28	95	123	8%
MORRIS	5	38	43	3%
OCEAN	6	42	48	3%
PASSAIC	26	139	165	11%
SALEM	3	8	11	1%
SOMERSET	1	13	14	1%
SUSSEX	2	8	10	1%
UNION	10	25	35	2%
WARREN	2	14	16	1%
TOTAL	361	1,171	1,532	
	24%	76%		

SUSPECTED HEROIN GLASSINE BAGS CONTAINING MEDETOMIDINE				
COUNTY	YEAR		TOTAL & PERCENT	
	2024	2025 (TO 9/30)		
ATLANTIC	1,641	3,396	5,037	8%
BERGEN	440	3,201	3,641	6%
BURLINGTON	697	2,076	2,773	5%
CAMDEN	1,346	3,184	4,530	8%
CAPE MAY	342	3,946	4,288	7%
CUMBERLAND	5	37	42	0.1%
ESSEX	177	3,220	3,397	6%
GLOUCESTER	131	282	413	1%
HUDSON	10	116	126	0.2%
HUNTERDON	0	363	363	1%
MERCER	1,683	9,760	11,443	19%
MIDDLESEX	421	1,355	1,776	3%
MONMOUTH	781	2,852	3,633	6%
MORRIS	77	687	764	1%
OCEAN	64	798	862	1%
PASSAIC	1,623	13,282	14,905	25%
SALEM	14	72	86	0.1%
SOMERSET	6	517	523	1%
SUSSEX	10	99	109	0.2%
UNION	72	1,437	1,509	3%
WARREN	59	75	134	0.2%
TOTAL	9,599	50,755	60,354	
	16%	84%		



New Jersey Drug Environment: Opioids –Prescription Trends

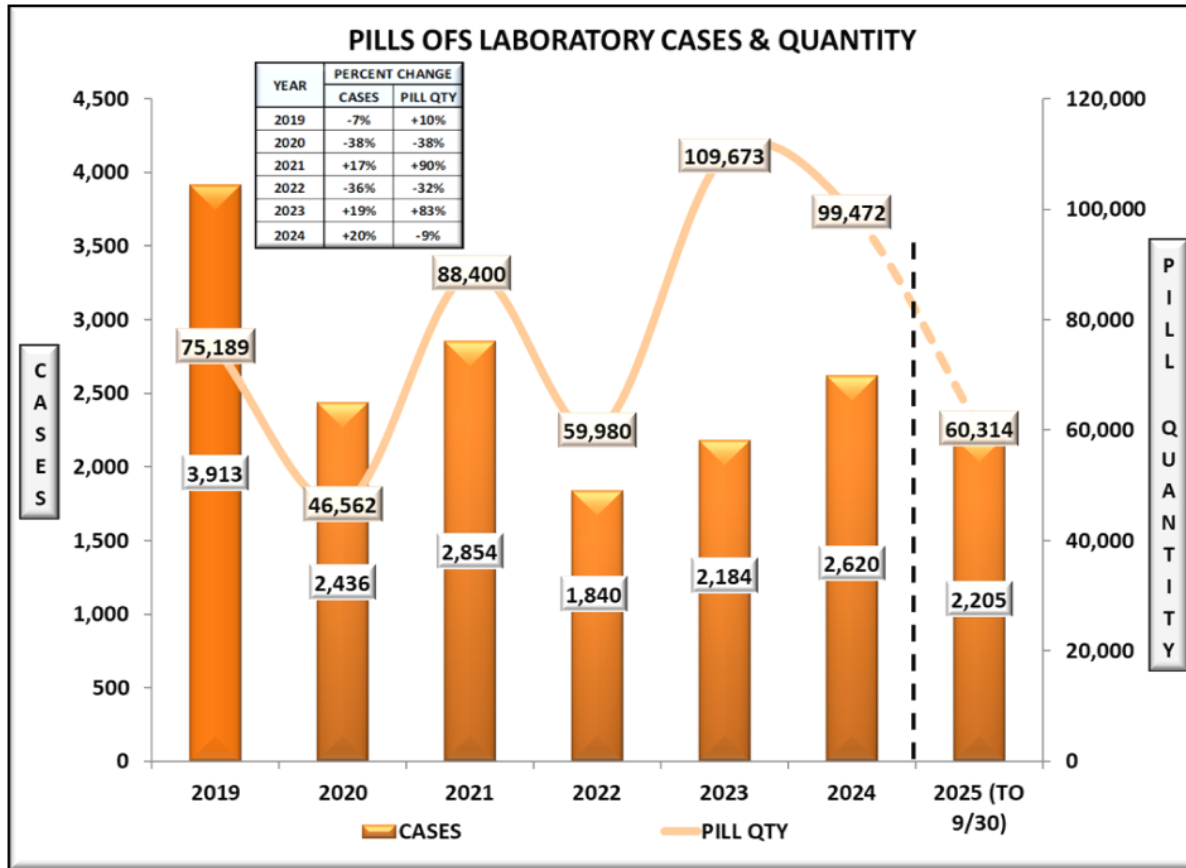
NJ PRESCRIPTION OPIOID DISPENSATIONS



YTD = 11/17/2025



New Jersey Drug Environment – Seized Pills



TOP PILLS: QUANTITY								
DRUG TYPE	2019	2020	2021	2022	2023	2024	2025 (TO 9/30)	TOTAL
ALPRAZOLAM	14%	9%	5%	5%	5%	5%	9%	38,477
AMPHETAMINE	4%	3%	2%	3%	1%	1%	2%	11,822
BUPRENORPHINE	5%	5%	3%	4%	2%	2%	4%	17,373
FENTANYL-RELATED	10%	20%	28%	25%	37%	23%	17%	130,006
METHAMPHETAMINE	5%	17%	14%	20%	22%	24%	25%	99,800
OXYCODONE	23%	16%	13%	18%	9%	10%	8%	72,993
OTHER PILLS	39%	28%	36%	24%	24%	34%	34%	169,119
STATEWIDE TOTAL	75,189	46,562	88,400	59,980	109,673	99,472	60,314	539,590
Percentages calculated from annual totals.								

Projected Year End Totals:
80,418 Quantity
2,940 Cases



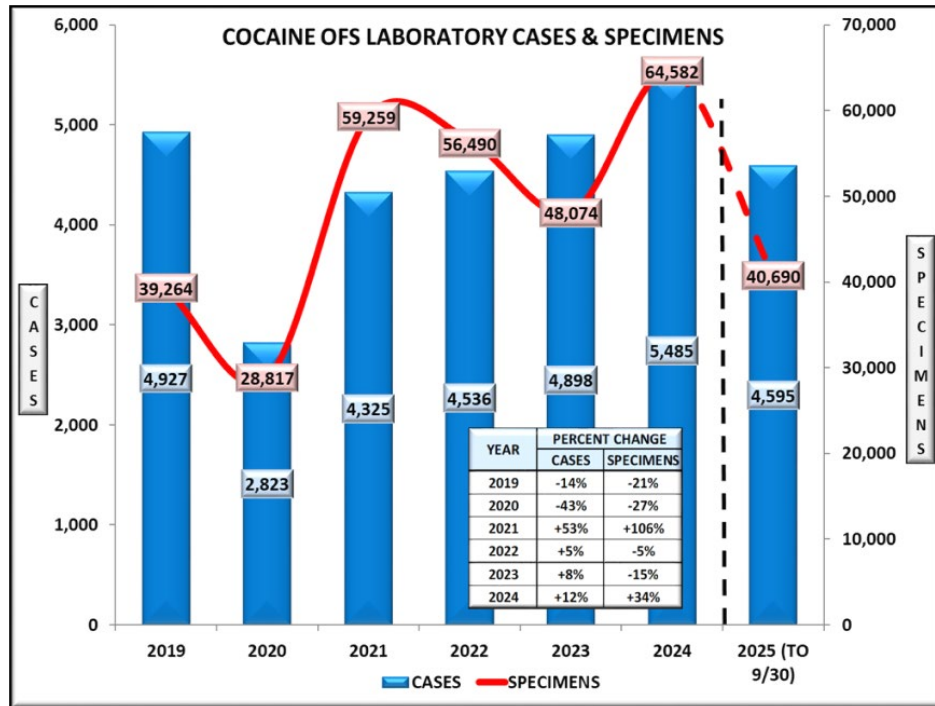
New Jersey Drug Environment – Seized Pills

PILLS CONTAINING FENTANYL OR FENTANYL ANALOGS		
DRUG	CASES	QUANTITY
FENTANYL/BTMPS/LIDOCAINE	1	365
FENTANYL	2	334
FENTANYL/LIDOCAINE/4-ANPP/BTMPS	1	200
METHAMPHETAMINE/MDMA/FENTANYL/DIMETHYL SULFONE/ BTMPS/ACETAMINOPHEN/DIPHENHYDRAMINE/QUININE	1	168
FENTANYL/CARFENTANIL/4-ANPP	1	148
FENTANYL/4-ANPP/ACETAMINOPHEN	2	114
FENTANYL/BTMPS/MEDETOMIDINE/CAFFEINE	1	109
FENTANYL/BTMPS/LIDOCAINE/4-ANPP	1	108
FENTANYL COMBINATIONS NOT LISTED ABOVE	15	604
TOTAL	25	2,150
BTMPS: full name bis(2,2,6,6-tetramethyl-4-piperidyl) sebacate (BTMPS)		

OTHER PILLS - PILL QUANTITY		
DRUG	CASES	QUANTITY
METHANDROSTENOLONE (STEROID)	2	1,059
PHENAZOLAM (BENZODIAZEPINE)	16	933
HEROIN (OPIOID)	1	910
TAMOXIFEN (ESTROGEN ANTAGONIST)	1	809
BROMAZOLAM (BENZODIAZEPINE)	14	541
METHANDROSTENOLONE (STEROID)	1	495
CLONAZEPAM (BENZODIAZEPINE)	24	410
METHAMPHETAMINE/CAFFEINE	31	267
GABAPENTIN (ANTICONVULSANT)	14	245
OXYMETHOLONE (STEROID)	2	224
OTHER PILLS NOT LISTED ABOVE	177	1,995
TOTAL	283	7,888



New Jersey Drug Environment – Cocaine



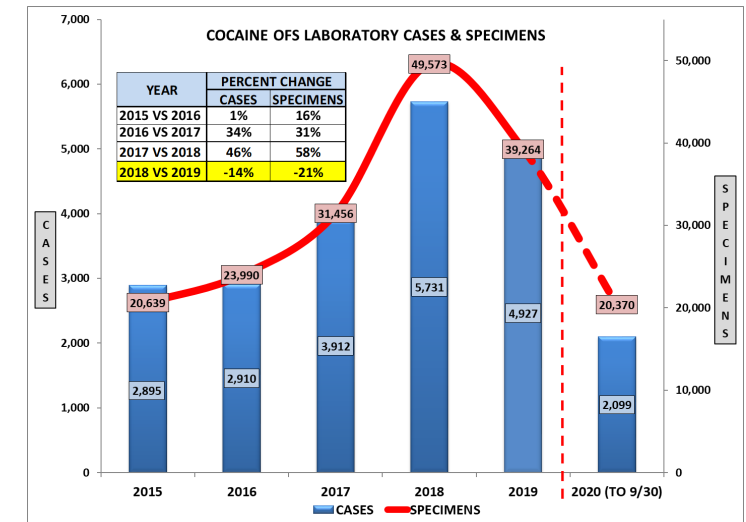
Projected Year End Totals:
 54,253 Specimens
 6,126 Cases

82% of suspected cocaine cases: cocaine with no other

COCAINE OFS LAB CASES: ANALYZED 7/1/2025 - 9/30/2025		
CONTENT	CASES	
COCAINE - ONLY	1,404	82%
COCAINE/PHENACETIN	166	10%
COCAINE/NORCOCAINE	24	1%
COCAINE/LIDOCAINE	17	1%
COCAINE/FENTANYL COMBINATIONS	36	2%
COCAINE/OTHER DRUG COMBINATIONS	70	4%
TOTAL	1,717	

88% of suspected cocaine specimens: cocaine, no other

COCAINE OFS LAB SPECIMENS: ANALYZED 7/1/2025 - 9/30/2025		
CONTENT	SPECIMENS	
COCAINE - ONLY	10,514	88%
COCAINE/PHENACETIN	927	8%
COCAINE/NORCOCAINE	118	1%
COCAINE/LEVAMISOLE	65	1%
COCAINE/FENTANYL COMBINATIONS	169	1%
COCAINE/OTHER DRUG COMBINATIONS	169	1%
TOTAL	11,962	

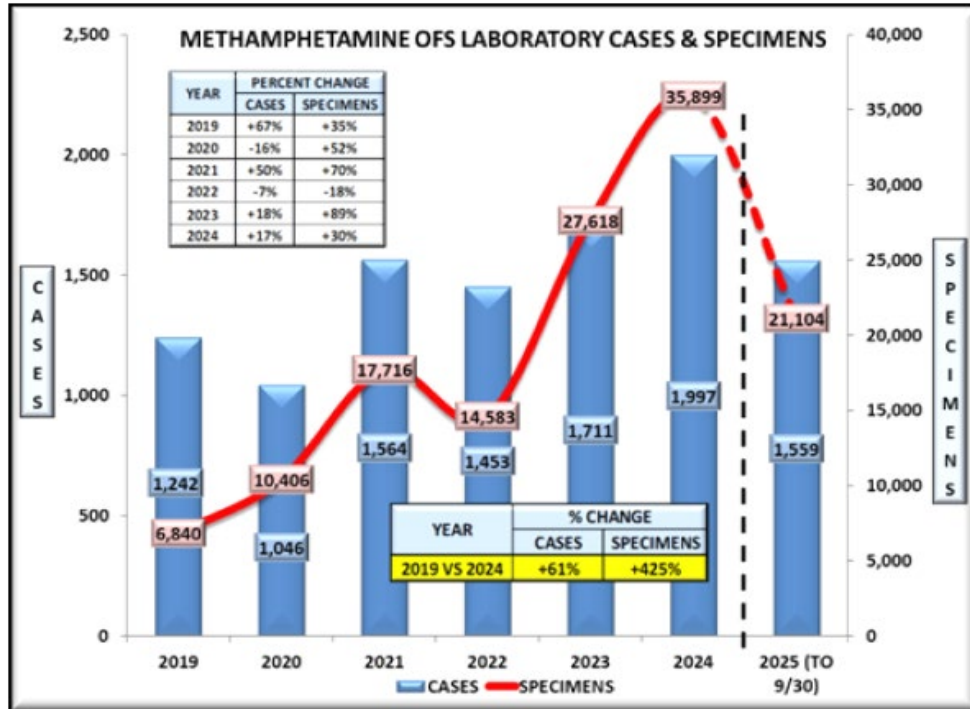


2015 Cases: 2,895
 2025 Projected Cases: 6,126

112% increase



New Jersey Drug Environment – Methamphetamine

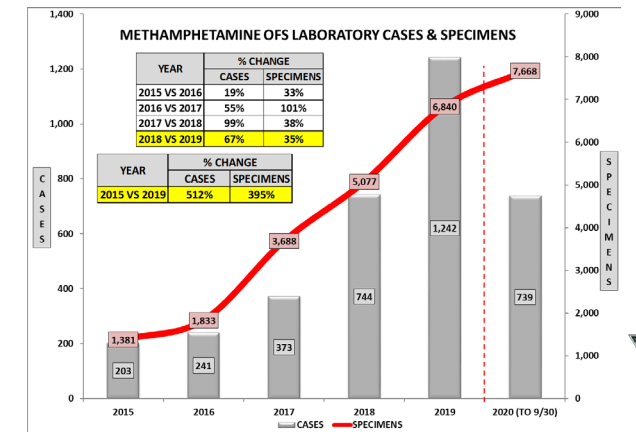


Projected Year End Totals:
 28,139 Specimens
 2,079 Cases

METH OFS LAB CASES & SPECIMENS: ANALYZED 7/1/2025 - 9/30/2025				
CONTENT	CASES		SPECIMENS	
METH ONLY	456	79%	4,109	82%
METH/FENTANYL COMBINATIONS	8	1%	192	4%
METH/OTHER DRUG COMBINATIONS	115	20%	716	14%
TOTAL	579		5,017	

2015 Cases: 203
 2025 Projected Cases: 2,079

924% increase



Retail Market: Kratom – 7OH



Kratom

WHAT IS KRATOM?

Kratom is a tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses), and can lead to psychotic symptoms, and psychological and physiological dependence. Kratom leaves contain two major psychoactive ingredients (mitragynine and 7-hydroxymitragynine). These leaves are crushed and then smoked, brewed with tea, or placed into gel capsules. Kratom has a long history of use in Southeast Asia, where it is commonly known as thang, kakuam, thom, ketum, and biak. In the U.S., the use of kratom has increased markedly in recent years.

How is it used?

Mostly used by oral ingestion in the form of a tablet, capsule, or extract. Kratom leaves may also be dried or powdered and ingested as a tea, or the kratom leaf may be chewed.

What are the effects?

At low doses, kratom produces stimulant effects with people reporting increased alertness, physical energy, and talkativeness. At high doses, people experience sedative effects. Kratom consumption can lead to addiction.

Several cases of psychosis resulting from use of kratom have been reported, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion.

What does it do to the body?

Kratom's effects on the body include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite. Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations.

What is its legal status?

Kratom is not controlled under the Controlled Substances Act; however, there may be some state regulations or prohibitions against the possession and use of kratom. FDA has not approved kratom for any medical use. In addition, DEA has listed kratom as a Drug and Chemical of Concern.



Kratom tree



Leaf of kratom tree



Kratom capsules

Street Names: Thang, kakuam, thom, ketum, and biak

Kratom leaves contain two major psychoactive ingredients (mitragynine and 7-hydroxymitragynine).

Low doses: stimulant effects

High doses: sedative effects.

Kratom consumption can lead to addiction.

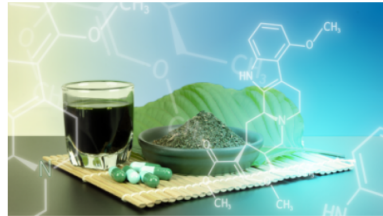
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Retail Market: Kratom – 7OH

FDA and Kratom

Kratom is a tropical tree (*Mitragyna speciosa*) that is native to Southeast Asia. Products prepared from kratom leaves are available in the U.S. online and in brick-and-mortar stores. Kratom is often used to self-treat conditions such as pain, coughing, diarrhea, anxiety and depression, opioid use disorder, and opioid withdrawal, with regular kratom users self-reporting using less than 6g of botanical kratom per consumption, per several [recent](#) studies. An estimated 1.7 million Americans aged 12 and older used kratom in 2021, according to the Substance Abuse and Mental Health Services Administration's [National Survey on Drug Use and Health](#).



Of note, 7-hydroxymitragynine (7-OH) is a naturally occurring alkaloid in the kratom plant, but only a minor constituent that comprises less than 2% of the total alkaloid content in natural kratom leaves. However, 7-OH demonstrates substantially greater mu-opioid receptor potency than kratom's primary alkaloid constituent mitragynine, as well as other classical opioids such as morphine. For more information about the agency's efforts regarding 7-OH, see [Hiding in Plain Sight: 7-OH Products](#).

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Retail Market: Kratom – 7OH

Risk of serious adverse events, including liver toxicity, seizures, and substance use disorder (SUD).

Rare cases, deaths have been associated with kratom use, as confirmed by a medical examiner or toxicology reports - usually used in combination with other drugs.

Kratom-related SUD have also been observed. In these cases, individuals met certain criteria for SUD, including using kratom for longer than intended, using more kratom than intended, having cravings for kratom, continuing to use kratom despite adverse consequences (either physically or in their personal life), increasing the amount of kratom used to produce the same effect (tolerance), and experiencing withdrawal symptoms when kratom use was stopped (physical dependence).

FDA is also aware of cases involving neonatal abstinence syndrome:

jitteriness, irritability, and muscle stiffness following prolonged exposure to kratom prior to birth.



Retail Market: 2018 Agricultural Impact Act (Farm Bill)

Governor DeWine Declares Consumer Product Emergency for Intoxicating Hemp

October 08, 2025

(COLUMBUS, Ohio)— Ohio Governor Mike DeWine today signed an executive order declaring an Adulterated Consumer Product Emergency for consumable items containing intoxicating hemp. The order requires Ohio retailers to cease the sale of all intoxicating hemp products by Tuesday, October 14, 2025.

According to Ohio Revised Code 3715.74, the governor has the authority to declare an Adulterated Consumer Product Emergency if there is reason to believe a product has been adulterated and presents a threat to public health and safety.

Clandestine chemists have created intoxicating hemp by manipulating compounds found in the legal, non-intoxicating hemp plant and creating intoxicating compounds, including delta-8-THC and delta-9-THC that are found in marijuana. The products create a high similar to marijuana, but unlike marijuana, intoxicating hemp is not regulated and is legal for anyone, including children, to purchase. Intoxicating hemp products have no quality control and are sold in a variety of stores marketed as candy, cookies, gummy candy, and other products that are attractive to youth.

Share this



Retail Market: 2018 Agricultural Impact Act (Farm Bill)

how much thc is good for beginners

AI Overview

For beginners, it is recommended to start with a low dose of THC to gauge tolerance and avoid overwhelming effects. [🔗](#)

Recommended Dosage:

- **1-2.5 mg THC:** This is a suitable microdose for those new to cannabis or with low tolerance. [🔗](#)
- **2.5-5 mg THC:** A moderate dose that can provide noticeable effects without being too intense. [🔗](#)

Additional Tips: [🔗](#)

- Start slow and increase gradually as needed.
- Wait at least 2 hours before consuming more THC.
- Consider the potency of the product you are consuming.
- Consult a healthcare professional if you have any underlying medical conditions or are taking medications.
- Always consume cannabis in a safe and responsible manner.

Remember, everyone's tolerance is different, so it's important to listen to your body and adjust the dose accordingly. [🔗](#)

is 10mg of thc too much for a beginner

AI Mode All Shopping Short videos Forums Images Videos More ▾ Tools ▾

AI Overview

Yes, 10mg of THC can be considered too much for a beginner. [🔗](#)

Recommended Dosage for Beginners: [🔗](#)

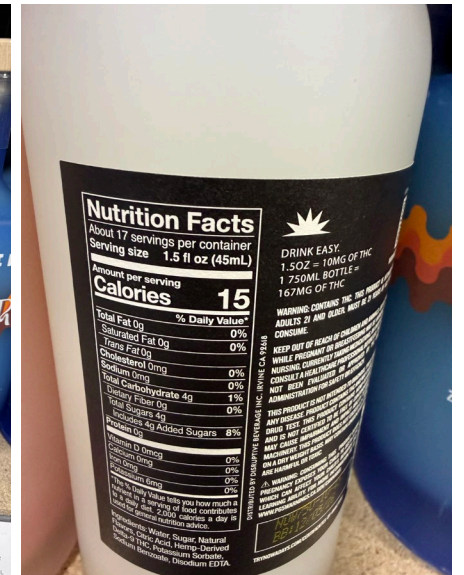
- For first-time users, it is recommended to start with a low dose of 2.5mg to 5mg of THC. [🔗](#)
- This allows individuals to gauge their tolerance and avoid experiencing adverse effects. [🔗](#)

Reasons Why 10mg May be Too Much: [🔗](#)

- **Intense Effects:** 10mg of THC can produce strong psychoactive effects, such as euphoria, anxiety, and paranoia, which may be overwhelming for beginners. [🔗](#)
- **Prolonged Duration:** The effects of edibles can last for several hours, so consuming a high dose can lead to a long-lasting and potentially uncomfortable experience. [🔗](#)
- **Increased Risk of Adverse Reactions:** Higher doses of THC can increase the risk of adverse reactions, such as increased heart rate, dizziness, and confusion. [🔗](#)



Retail Market: 2018 Agricultural Impact Act (Farm Bill)



Cannabis and Driving



Cannabis and Public Health

EXPLORE THIS TOPIC ▾

Cannabis and Driving

For Everyone
FEBRUARY 22, 2024 • ESPAÑOL

KEY POINTS

- Driving under the influence (DUI) laws are not just for alcohol. Driving under the influence of drugs, including cannabis, is also dangerous and illegal.
- Driving is a complex task that requires your full attention to stay safe and alert.

Fast facts

- Cannabis is the most commonly used drug that is illegal at the federal level in the United States. [\[4\]](#)
- In 2021, an estimated 52.5 million people used cannabis in the past year. [\[5\]](#)
- After alcohol, cannabis is the substance most often associated with impaired driving. [\[6\]](#)

What you need to know about cannabis use and driving

Cannabis affects areas of the brain that control your body's movements, balance, coordination, memory, and judgment. [\[1\]](#) [\[2\]](#) Cannabis use can impair important skills required for safe driving by: [\[1\]](#) [\[2\]](#)

- slowing your reaction time and ability to make decisions,
- impairing coordination, and
- distorting perception.

Studies have shown an association between acute cannabis use and car crashes, but more research is needed. [\[1\]](#) [\[2\]](#) It is difficult to connect the presence of cannabis or concentration of tetrahydrocannabinol (THC), the compound responsible for cannabis's psychoactive properties (the "high"), to impairment in driving performance for an individual person. [\[2\]](#) Studies have shown that the use of multiple substances (such as cannabis and alcohol) at the same time can increase impairment. [\[3\]](#)

<https://www.cdc.gov/cannabis/health-effects/driving.html>



Drug Recognition Expert Evaluations

Drug Recognition Expert Evaluations Total Evaluations By Year

Category	2019	2020	2021	2022	2023	2024	2025*
Depressant	404	495	486	357	298	337	221
Stimulant	358	303	276	254	241	435	148
Hallucinogen	2	12	5	8	5	4	9
Dissociative	48	39	48	38	27	77	24
Narcotic	665	720	590	530	415	678	247
Inhalant	4	6	5	8	13	16	5
Cannabis	277	394	415	384	379	527	244
Totals	1758	1969	1825	1579	1378	2074	898

Drug Recognition Expert Evaluations Percentages By Year

Depressant	23%	25%	27%	23%	22%	16%	25%
Stimulant	20%	15%	15%	16%	17%	21%	16%
Hallucinogen	0%	1%	0%	1%	0%	0%	1%
Dissociative	3%	2%	3%	2%	2%	4%	3%
Narcotic	38%	37%	32%	34%	30%	33%	28%
Inhalant	0%	0%	0%	1%	1%	1%	1%
Cannabis	16%	20%	23%	24%	28%	25%	27%

* 2025 is partial data



New Jersey Drug Environment: Opioids – Treatment Trends

New Jersey Substance Abuse Monitoring System Substance Abuse Treatment Admission Records January -June						
Category	Sub Category	2012	2015	2018	2020	2024
	Total Admissions	40,438	35,059	44,365	43,893	41,525
	Unduplicated Clients	31,463	27,515	32,563	28,066	26,033
Gender	Male	67.3%	67.8%	66.9%	68.7%	70.0%
	Female	32.5%	32.1%	33.1%	31.2%	29.9%
Age	Under 18	5.6%	3.0%	1.5%	0.5%	1.4%
	18-21	11.7%	7.7%	5.0%	3.0%	2.4%
	22-24	12.0%	11.2%	8.2%	5.5%	3.6%
	25-29	16.4%	18.8%	18.6%	14.3%	10.1%
	30-34	13.1%	16.1%	16.7%	18.3%	15.9%
	35-44	18.9%	19.7%	22.6%	26.8%	29.7%
	45-54	16.8%	16.9%	17.4%	18.1%	19.2%
	55 and over	5.5%	6.7%	10.0%	13.6%	17.7%
Race / Ethnicity	White (non-Hispanic)	62.2%	61.1%	60.0%	60.4%	55.7%
	Black (non-Hispanic)	21.6%	21.7%	22.9%	23.6%	27.0%
	Hispanic Origin	13.1%	1.3%	14.3%	14.4%	15.9%
	Other	1.0%	1.4%	1.5%	1.6%	1.4%
	Not Assessed	1.2%	0.2%	0.0%	0.0%	0.0%
Primary Drug	Alcohol	29.7%	23.6%	27.5%	35.5%	41.1%
	Heroin	31.9%	37.8%	44.0%	38.3%	29.6%
	Other Opiates	11.4%	6.8%	6.4%	7.2%	7.1%
	Cocaine/Crack	5.9%	4.9%	5.4%	4.8%	8.8%
	Marijuana	16.5%	14.7%	12.8%	8.2%	6.7%
	Other Drugs	4.5%	12.0%	3.8%	5.7%	6.5%

January – June 2025

Alcohol - 43.8%

Heroin - 25.5%

Other Opiates – 7.6%

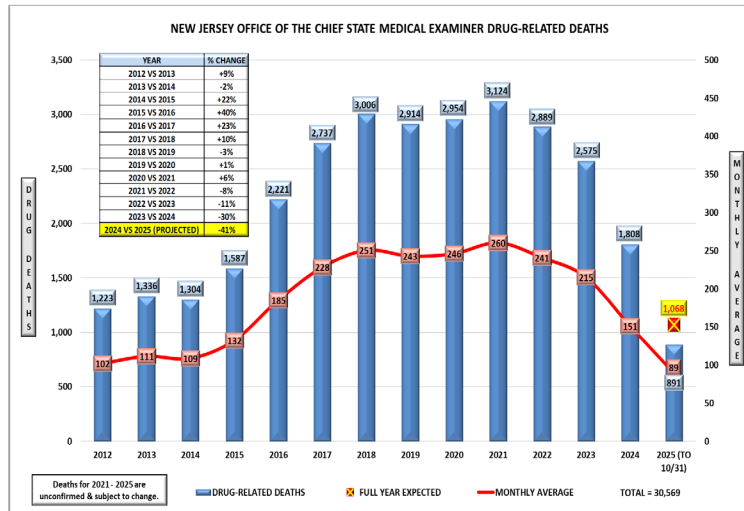
Cocaine/Crack – 9.6%

Marijuana – 6.7%

Other Drugs – 6.6%



New Jersey Efforts to Reduce Drug Harm



- [Department of Human Services | Governor Murphy Announces Allocation of \\$95 Million from New Jersey's Opioid Recovery and Remediation Fund](#)
- [Department of Human Services | Governor Murphy Announces Over \\$25 Million in Additional Opioid Response Investments](#)
- [AG Platkin Issues a Directive Formalizing the Office of Alternative and Community Responses Within Department of Law and Public Safety - New Jersey Office of Attorney General](#)

Legislative Actions

- Harm Reduction Centers authorized in every county (DOH's milestone of 50 authorized Harm Reduction Centers (<https://x.com/NJDeptofHealth/status/1827023079182139691>))
- Expansion of MOUD
- Naloxone available at almost 700 pharmacies across the state
- Drug paraphernalia laws updated exclude harm reduction supplies
- Limits on opioid prescribing
- Naloxone leave behind kits legislation

Naloxone Saturation: NJ Dept. of Human Services - Naloxone Direct and Naloxone 365

- [Department of Human Services | New Jersey Human Services Gave Out More than 132,000 Doses of Opioid Overdose Antidote During First Year of Free Naloxone Pharmacy Program](#)
- NJSP Operation RISE over 480,000 naloxone doses distributed

LAW ENFORCEMENT REPORTED: OTHER NALOXONE ADMINISTRATIONS		
YEAR	TOTAL	PERCENT
2024 (TO 12/2)	882	18%
2023	1,102	15%
2022	961	13%
2021	737	11%
2020	733	10%
2019	550	8%



Reexamining the Opioid Crisis: 2025 - A Year in Review

Captain Jason Piotrowski

Executive Officer
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Bloomberg School of Public Health

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Physicians, physician assistants, nurses, nurse practitioners, dentists, pharmacists, other: knockoutday.drugfreenj.org/dec4

EMT: KnockOutDay.DrugFreeNJ.org/EMT

Athletic Trainers: KnockOutDay.DrugFreeNJ.org/Trainers

UPCOMING WEBINAR

Opioids and Synthetics: What We Need to Know

11 a.m. Thursday, January 29

Register at KnockOutDay.DrugFreeNJ.org/events

