Tennessee State Unintentional Drug Overdose Reporting System (SUDORS) Report 2025

Tennessee Department of Health

Office of Informatics and Analytics

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Contents

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1 Executive Summary

In Tennessee, 16,182 individuals died from an unintentional or undetermined drug overdose between 2019 and 2023 and met the State Unintentional Drug Overdose Reporting System (SUDORS) case definition. In 2023, 3,648 drug overdose deaths were reported through SUDORS. In 2023, SUDORS deaths declined for the first time since 2019, with a 4% decrease from 2022. While this trend is encouraging and expected to continue in 2024, overdose deaths in 2023 remain 82% higher than in 2019.

Key Findings

- The age-specific death rate was highest among SUDORS decedents aged 35-44 in 2023.
- Age-adjusted death rates decreased across all racial groups from 2022 to 2023, but Black SUDORS decedents continued to experience higher rates than White SUDORS decedents and other racial groups.
- Illicit opioids (78%) and stimulants (66%) were the most common substances involved in 2023 deaths. Fentanyl remained the most frequently detected substance on toxicology reports.
- Around 70% of fatal drug overdoses occurred at home in Tennessee. The presence of a potential bystander present who could have intervened increased from 23% to 30% from 2022 to 2023, respectively.
- Evidence of naloxone administration increased for the first time since tracking began in 2019, with a change of 24% in 2022 to 28% in 2023.
- Data linkage, a core strategy of the OD2A-S grant, linked SUDORS data with Prescription Drug Monitoring Program (PDMP), Hospital Discharge Data System (HDDS) data, and Drug-Related Arrest data.

Despite the decrease in 2023, overdose deaths in Tennessee remain significantly higher than pre-pandemic levels. The exact causes behind the recent decline are not yet fully understood, and continued public health surveillance and response efforts are essential. The SUDORS team is conducting additional analyses to better understand the factors contributing to the recent decline in overdose fatalities.

Continued focus is needed on populations disproportionately affected by overdose deaths, particularly among different racial and ethnic groups. Tailored and culturally relevant harm reduction and treatment efforts are crucial for addressing these disparities. As fentanyl continues to be the most prevalent substance found on toxicology and listed as the cause of death, naloxone training and distribution should continue to ensure family members, friends, and the public can recognize and respond to an overdose.

2 Introduction: What is SUDORS?

To address the escalating opioid epidemic, the Centers for Disease Control and Prevention (CDC) launched the Enhanced State Opioid Overdose Surveillance (ESOOS) grant in 2016 to improve overdose surveillance and prevention efforts. The Tennessee Department of Health (TDH) began participating in ESOOS in 2018, collecting data on all unintentional and undetermined fatal opioid overdoses through the State Unintentional Drug Overdose Reporting System (SUDORS).

In 2019, TDH was awarded the CDC's Overdose Data to Action (OD2A) grant, which expanded SUDORS to include all drug overdoses—not just opioid deaths. In 2023, TDH was awarded renewed funding under the Overdose Data to Action in States (OD2A-S) grant, continuing SUDORS activities for another five years. SUDORS collects comprehensive information on fatal overdoses using multiple data sources. Death certificate data is required for all cases, and coroner/medical examiner reports, including autopsy and toxicology findings, are required for more than 75% of cases. Prescription Drug Monitoring Program Data (PDMP) is linked when available. All available reports are abstracted to collect over 600 variables related to each overdose and decedent. SUDORS is a subset of the National Violent Death Reporting System (NVDRS), which collects similar data for all violent deaths. SUDORS and NVDRS share all undetermined drug overdose cases and utilize a shared web-based platform for data collection and storage. Despite these overlaps, SUDORS is a unique strategy for fatal overdose surveillance under the OD2A-S grant.

2.1 SUDORS Data

SUDORS data is collected in six-month periods from January-June, then July-December and reported to the CDC biannually. Because SUDORS uses data from autopsy and toxicology reports, there is a delay in the availability of finalized data. Tennessee has a decentralized medical examiner system that includes five regional forensic centers, with the state serving as an advisor.

Autopsies available for SUDORS are limited to those sent from the five centers to the state agency. Data is first abstracted into Research Electronic Data Capture (REDCap), a secure platform used by the SUDORS team for preliminary management and quality checks. Once cases are verified, data is entered into the CDC's NVDRS database.

2.2 Case Definition

To be included in SUDORS, cases must meet three criteria:

1. Cause of Death

The death certificate and/or coroner medical examiner (CME) report must indicate that acute drug toxicity (poisoning or overdose) directly caused the death. SUDORS defines a drug as:

"Any chemical compound that is chiefly used by or administered to humans or animals as an aid in the diagnosis, treatment, or prevention of disease or injury, for the relief of pain or suffering, to control or improve any physiologic or pathologic condition, or for the feeling it causes"

Deaths where the only substances listed as the cause of death are alcohol or inhalants (e.g., 1-1, difluoroethane) are excluded.

Cases are identified using an algorithm that searches death certificate data for ICD-10 codes related to poisoning and overdose (X40-X44, Y10-Y14, T36-T50), and for drugs listed in the cause of death text. The algorithm was designed to over-identify potential SUDORS cases to ensure none are missed. Abstractors then manually review each case and exclude those that do not meet the criteria.

2. Manner of Death

The manner of death must be certified as unintentional or undetermined. In Tennessee, however, deaths occurring in a hospital and certified by a physician must be categorized as "Natural", even if caused by an accidental overdose. These deaths are included in SUDORS.

3. Location of Death

The death must have occurred in Tennessee, regardless of where the injury occurred or where the decedent resided. In some cases, a decedent may have overdosed in another state and been taken to a hospital in Tennessee where death was pronounced. In those cases, since the death was pronounced in Tennessee, it is considered a TN SUDORS case.

Note: SUDORS shares all undetermined overdose deaths with the TNVDRS team each year. With different reporting deadlines, the total number of cases is subject to change after our submission deadline at the discretion of the CDC.

2.3 How SUDORS Data Differs from other Fatal Data Sources

SUDORS data differs from other death data sources in several ways. First, SUDORS data is often more comprehensive than other sources because it include information beyond the death certificate. SUDORS using information from death certificates, coroner/medical examiner (CME) reports (which include scene evidence, witness reports, autopsy reports, sometimes additional reports such as hospital discharge notes or EMS records), and postmortem toxicology reports. While not every SUDORS case is autopsied or sent for toxicology testing, in Tennessee, at least 75% of all SUDORS cases have complete information. Because of the amount of information collected for each case, SUDORS provides one of the best sources on the circumstances surrounding overdose deaths and the specific substances that caused or contributed to the death. SUDORS data allows us to detect newly emerging drug threats earlier and to better understand polysubstance overdose trends as the drug overdose epidemic continues to evolve. Additionally, SUDORS has a narrative tab which provides the who, what, when, where, and why of the overdose, and is essentially a summary of the case written by the abstractors that allows for a more complete explanation of the case. Because SUDORS data is so rich, it can be used for action, by directing resources to the most needed areas of Tennessee.

SUDORS Data Collection Process

TN Department of Health

1. The medical examiner's office is contacted regarding a death, and after an investigation, an autopsy may be ordered.

within 24-48 Hours

2. An autopsy is conducted at a regional forensic center.

within 60-90 days+

3. Autopsy findings are used to finalize the death certificate. The autopsy report and ROI are sent to the OSCME for archival purposes.

Steps 4-8 take 1-6 months

4. SUDORS deaths are queried using a death certificate database. Autopsy reports are requested from OSCME.

5. Autopsy reports and ROIs are received, if available, and cases are imported into the REDCap database. If an autopsy report is unavailable, the death certificate is used for abstraction.

6. SUDORS Case data is linked to the Controlled Substance Monitoring Database.

7. SUDORS data is abstracted into REDCap for the demographics, injury/death, circumstances, overdose, toxicology, and narrative tabs.

8. After all available data is entered into SUDORS/NVDRS, it is validated. After validation, data is submitted to the CDC by deadline and the QC report is completed.

CDC will send the QC report back within 2 months

9. The CDC completes the QC report and sends back to SUDORS team for final review and completion.

KEY

QC - Quality Control

SUDORS - State Unintentional Drug Overdose Reporting System

ROI - Report of Investigation

OSCME - Office of the State Chief Medical Examiner

NVDRS - National Violent Death Reporting System

REDCap- Research Electronic Data Capture

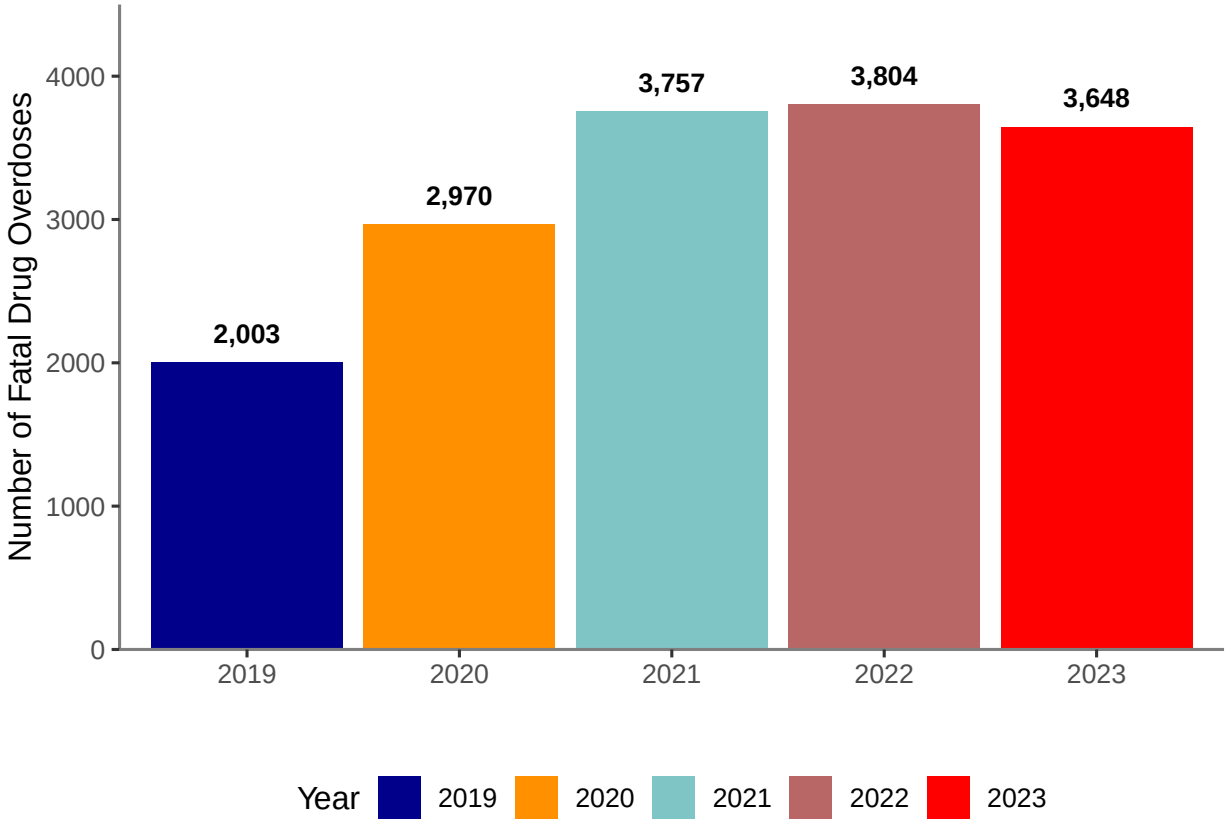
This infographic was prepared by the Office of Informatics and Analytics and OSCME in October 2022.

3 Demographic Distribution among SUDORS Deaths in Tennessee, 2019 - 2023

SUDORS collects comprehensive demographic information for each decedent, including age, race, sex, marital status, education level, occupation, industry, location of residence, and indicators of housing instability or homelessness. Most demographic data come from death certificates and, when available, is confirmed through medical examiner reports. This information is crucial for tailoring prevention strategies to the populations most affected by fatal overdoses.

Overdose death rates in the graphs below are calculated per 100,000 Tennessee residents, providing a standardized measure to compare trends across demographic groups. This is the method used in past reports produced by Tennessee as well as the CDC. This method aligns with how rates were presented in past years. Although the rates are calculated using the Tennessee resident population as the denominator, it is important to remember SUDORS includes all fatal overdoses that occurred in Tennessee, regardless of where the decedent resided. After careful review, the number of non-resident cases was determined to be minimal and did not significantly impact overall trends or rates.

3.1 Total SUDORS Overdoses in Tennessee by Year

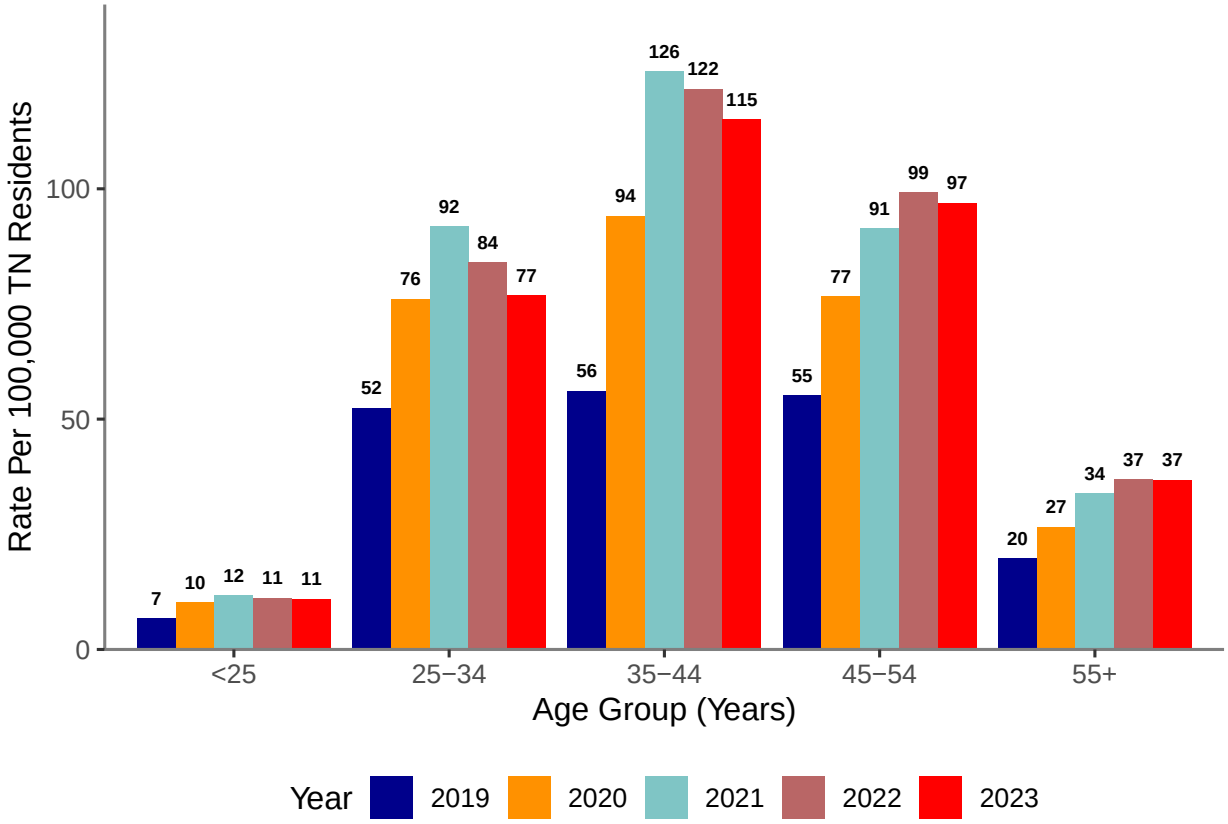


Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

Between 2019 and 2023, a total of 16,182 overdose deaths met the SUDORS case definition in Tennessee. From 2019 to 2022, the state experienced a steady rise in fatal drug overdoses, peaking at 3,804 deaths in 2022. In 2023, overdose deaths declined by 4% to 3,648, marking the first decrease since SUDORS began tracking overdose fatalities.

Preliminary numbers suggest a continued decrease in overdose deaths in 2024 both in Tennessee and based on national estimates from the CDC. The CDC estimates a 26.9% decrease in overdose deaths between 2023 and 2024 using provisional data. **https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2025/20250514.htm**

3.2 Age-Specific SUDORS Death Rate in Tennessee

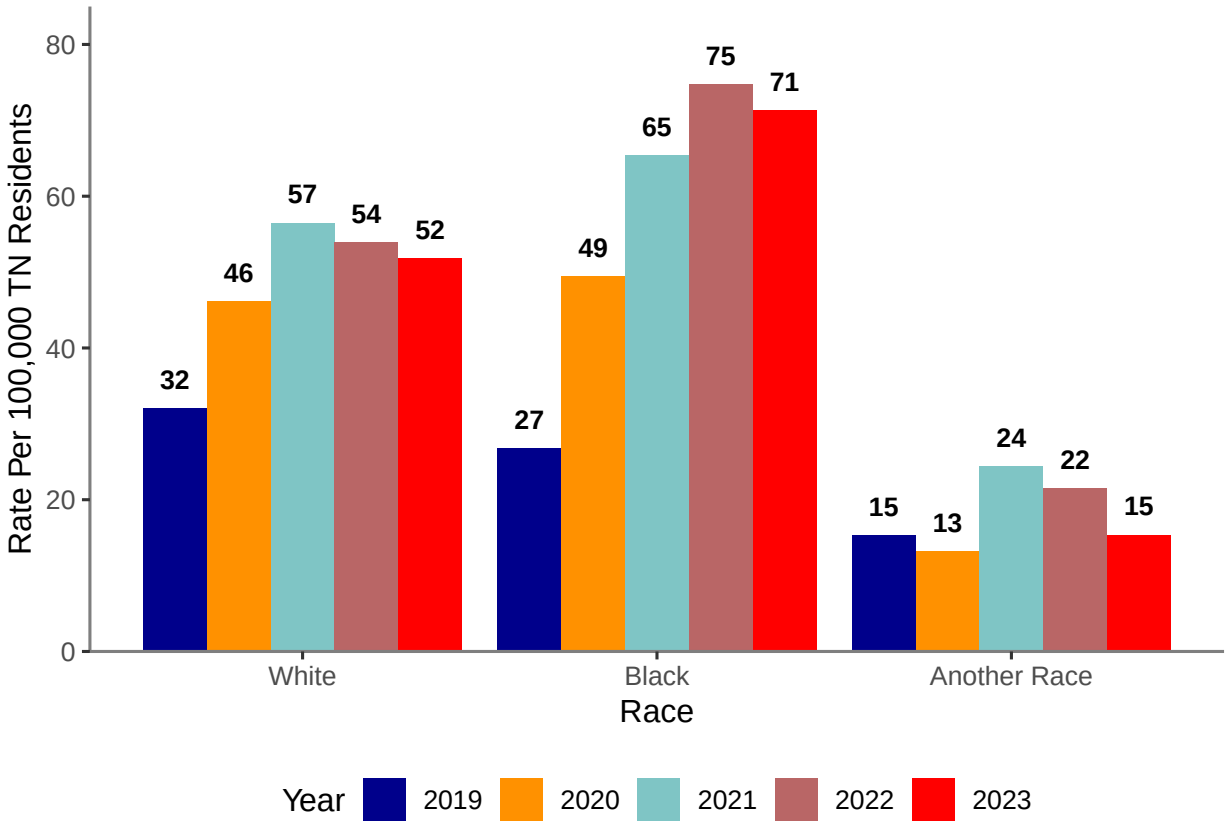


Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

From 2022 to 2023, overdose death rates decreased across all age groups expect for individuals under 25 years and age 55 years and older, where the rate remained stable. Despite the overall decline, individuals aged 35-44 continued to have the highest overdose death rate in 2023, highlighting this group as a key priority for intervention.

The 55 and older age group is the only group to consistently increase each year from 2019 until stabilizing this year. This is an often-overlooked population in overdose prevention efforts, as older adults are not typically associated with high rates of illicit drug use.

3.3 Age-Adjusted SUDORS Death Rate by Race in Tennessee

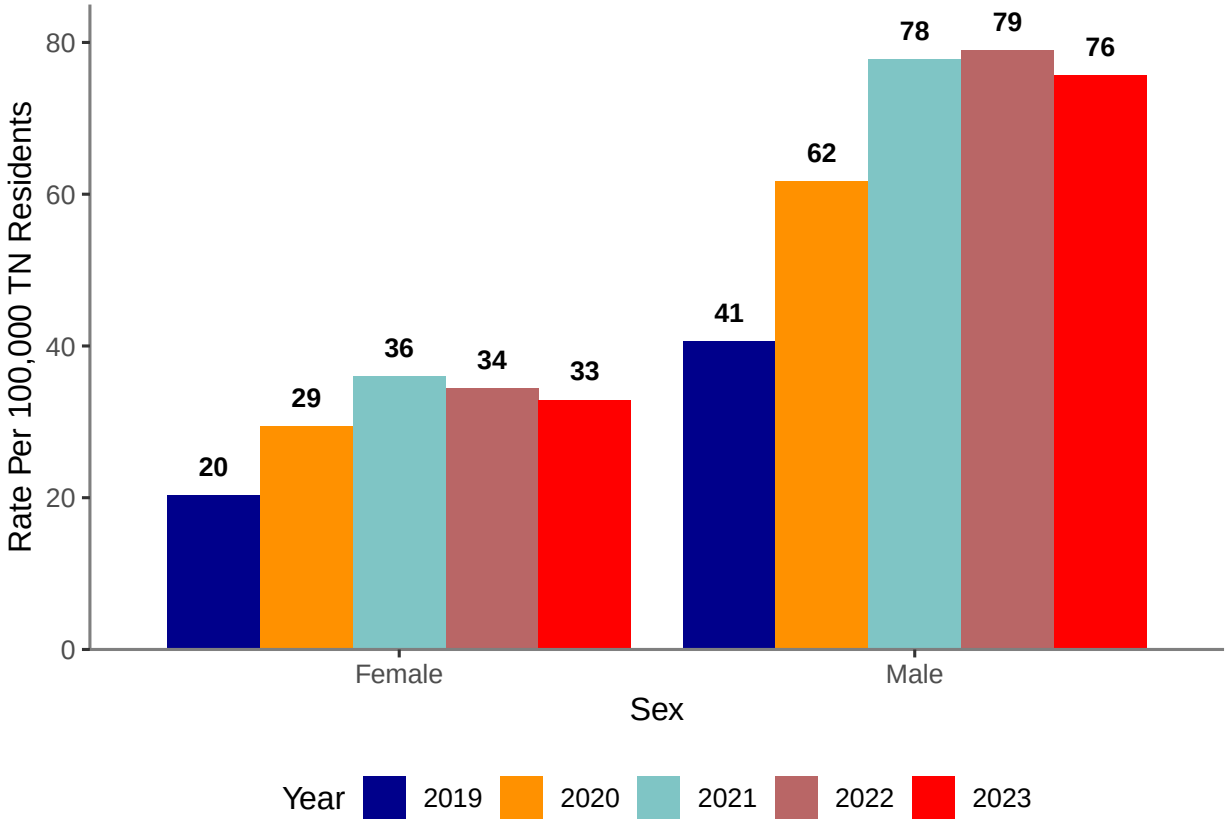


Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

While age-adjusted overdose death rates decreased across all racial groups from 2022 to 2023, Black individuals continued to experience the highest rate in 2023, at 71 per 100,000 residents. This remains significantly higher than the rates for White individuals (52 per 100,000), and individuals classified as Another Race (15.4 per 100,000).

Although this decline from 75 per 100,000 in 2022 to 71 per 100,000 in 2023 for Black individuals is encouraging, this population has experienced a persistently higher burden of overdose deaths since 2020, compared to other races. This disparity in deaths for Black individuals highlights the need for targeted prevention and intervention efforts specific for this population.

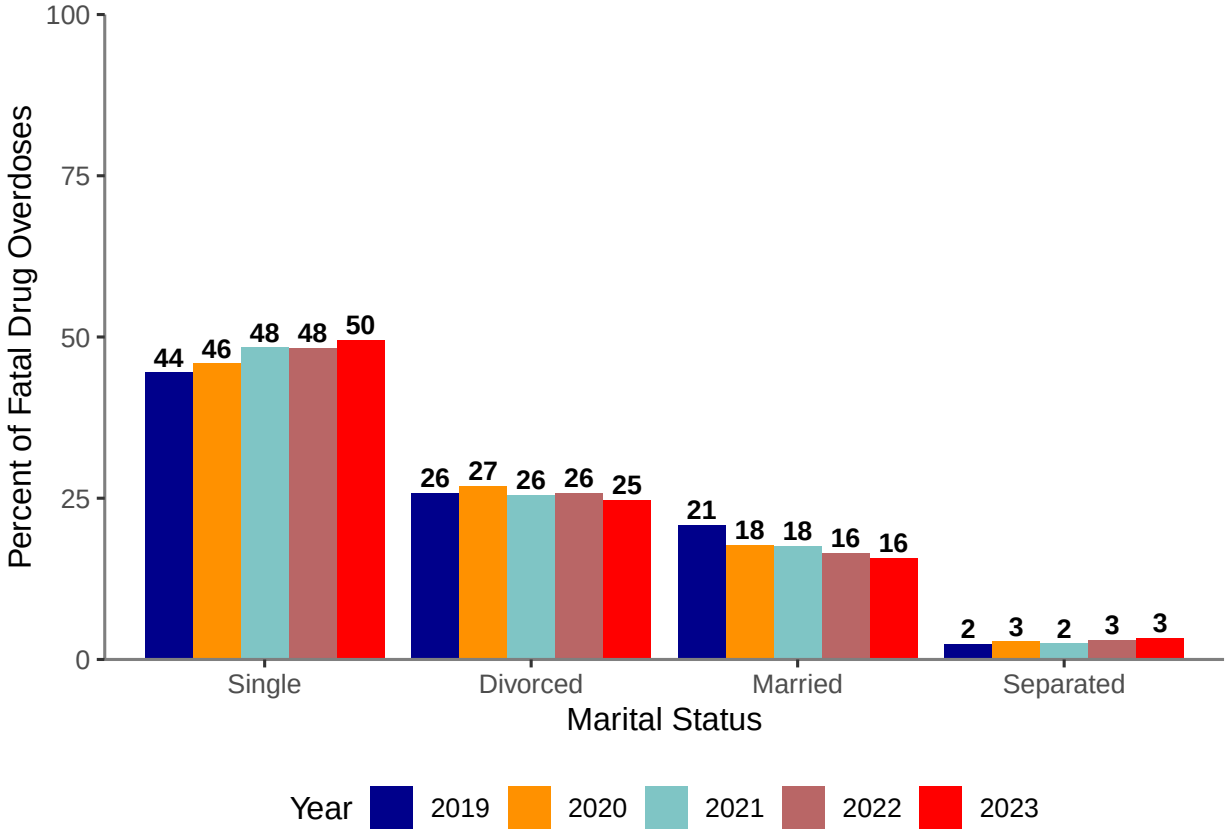
3.4 Age-Adjusted SUDORS Death Rate by Sex in Tennessee



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

Males experienced a higher age-adjusted overdose death rate than females every year from 2019 to 2023. From 2022 to 2023, rates declined for both sexes. The male overdose death rate decreased by 4% from 79 to 76 per 100,000 residents, while the female rate decreased by 3% from 34 to 33 per 100,000 residents.

3.5 Marital Status among SUDORS Deaths in Tennessee



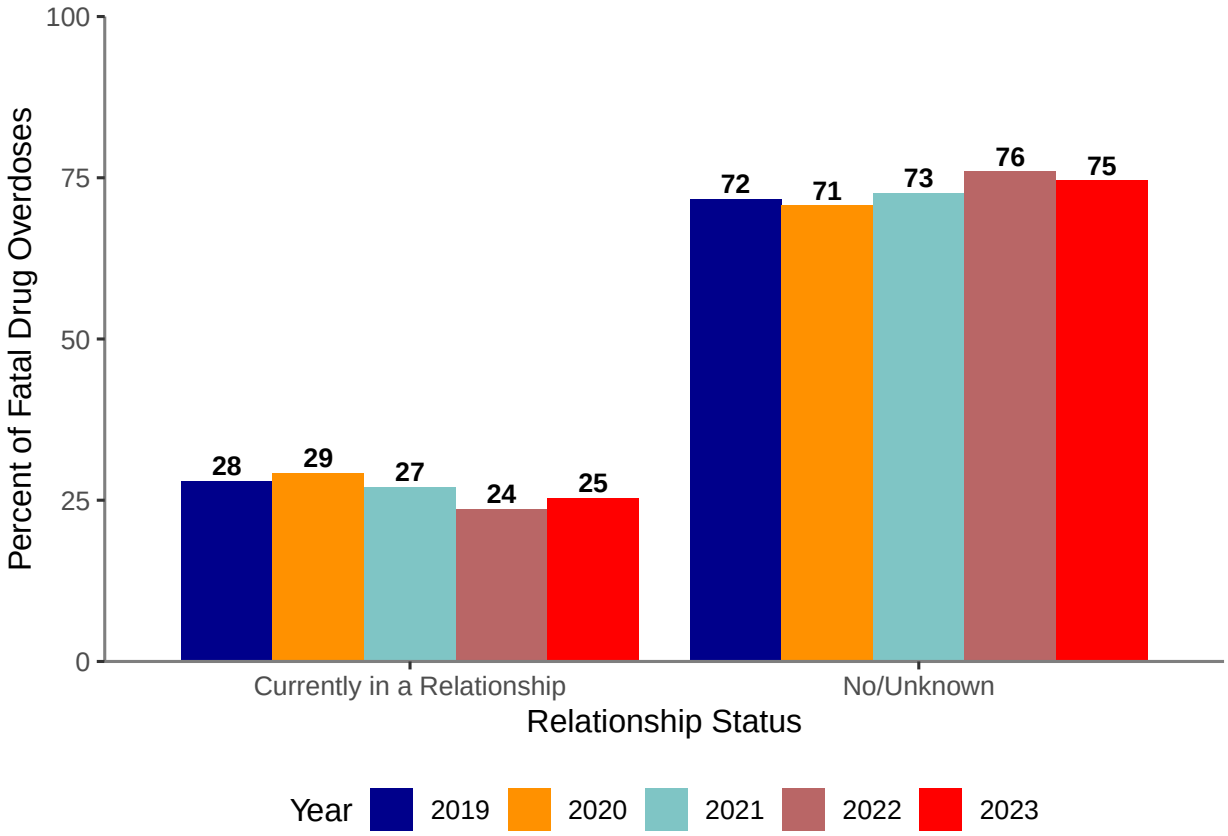
Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

From 2019 to 2023, the most common marital status was 'Not Married or Single" across all five years. The proportion of decedents who were single at the time of death increased steadily over this period rising from 44% in 2019 to 50% in 2023. Divorced decedents accounted for the second largest group, staying relatively stable from 2019 to 2023. The percentage of decedents currently married at the time of their death declined steadily over time, dropping from 21% in 2019 to 16% by 2023. These trends suggest that individuals who are single or divorced may be at greater risk of overdose, highlighting the need to consider social support systems when designing prevention and intervention strategies.

The "Unknown" category, which accounted for approximately 2% of cases, was excluded from the graph and analysis. Across all years, individuals who were classified as single or divorced consistently accounted for the largest share of fatal overdoses, emphasizing a potential increased vulnerability among these groups.

Note: "Single" refers to individuals not currently in a legal marriage. Some decedents classified as single may have been in relationships at the time of death.

3.6 Relationship Status among SUDORS Deaths in Tennessee

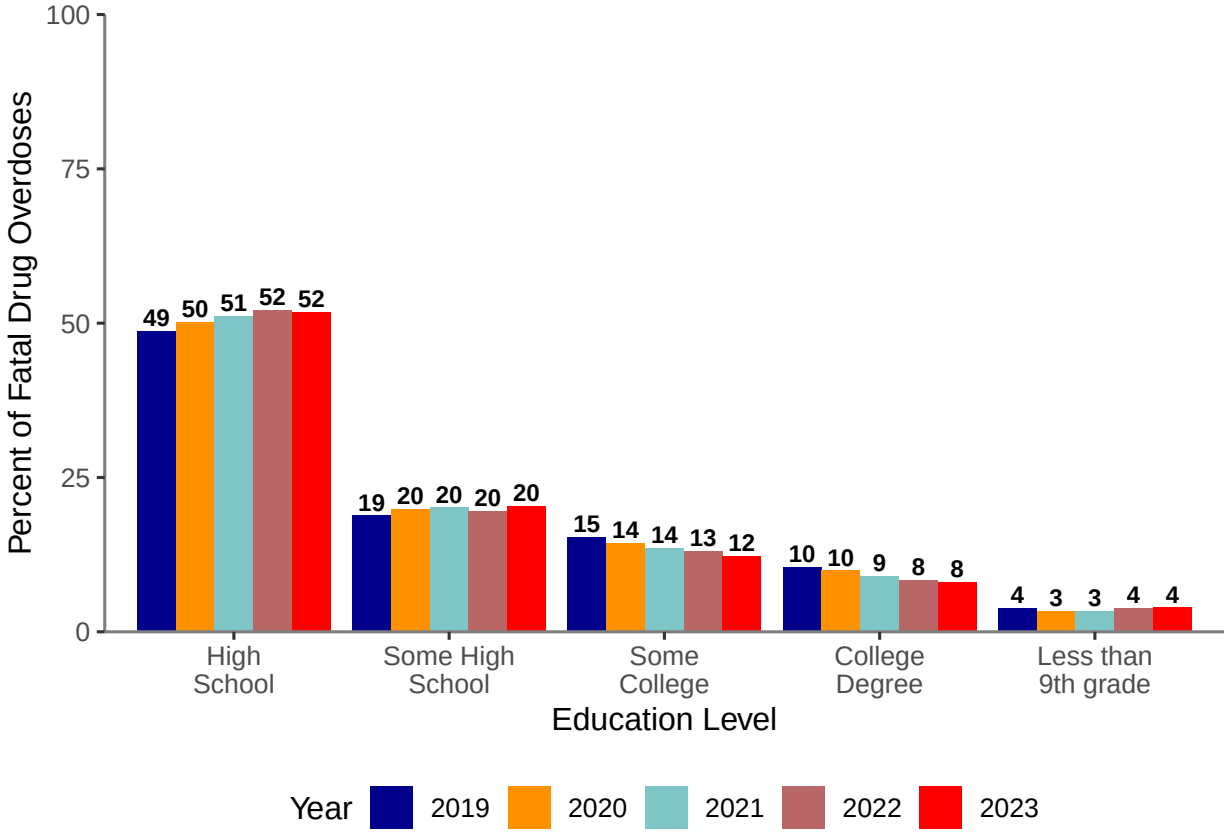


Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

The relationship status variable differs from marital status because it attempts to identify if a decedent was in a committed relationship, regardless of legal marital status. Individuals are considered in a relationship if source documents explicitly state that the decedent is in a relationship or if they are legally married and living with their partner at time of injury.

The number of decedents in a relationship increased from 2022 (24%) to 2023 (25%), a trend not seen since 2019 (28%) and 2020 (29%). The overall trend suggests that those who are in not in a relationship may be at greater risk of overdose, highlighting the need to consider social support systems when designing prevention and intervention strategies.

3.7 Highest Education Level among SUDORS Deaths in Tennessee

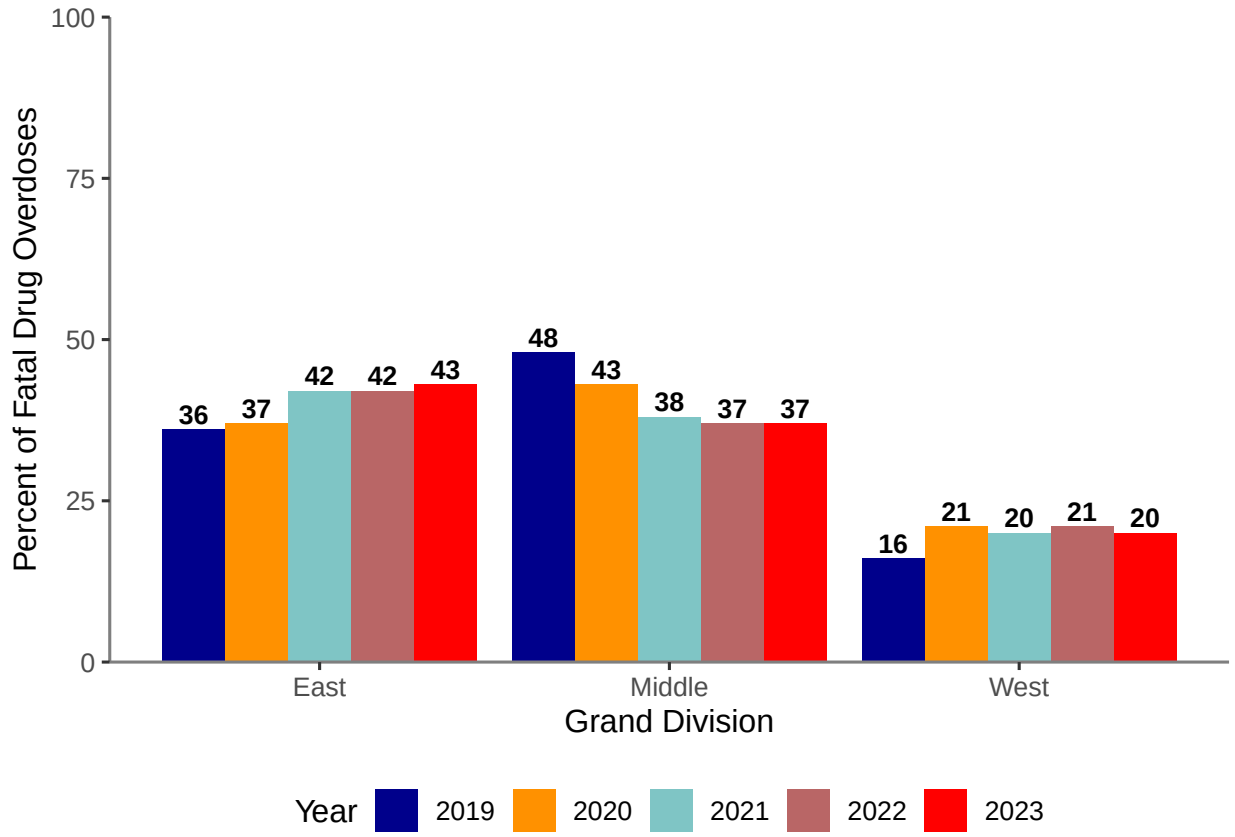


Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

Most SUDORS decedents from 2019 to 2023 had at least a high school diploma or General Educational Development (GED) equivalent as their highest level of education. The percentage of cases with a high school education steadily increased over time, reaching 52% in both 2022 and 2023. In contrast, the proportion of decedents with education beyond high school decreased slightly, while those with less than a 9-grade education consistently made up a small proportion (3-4%) of overdose deaths.

The “Unknown” category, representing approximately 3% of cases, was excluded from the graph and analysis.

3.8 SUDORS Deaths by Tennessee Grand Division



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

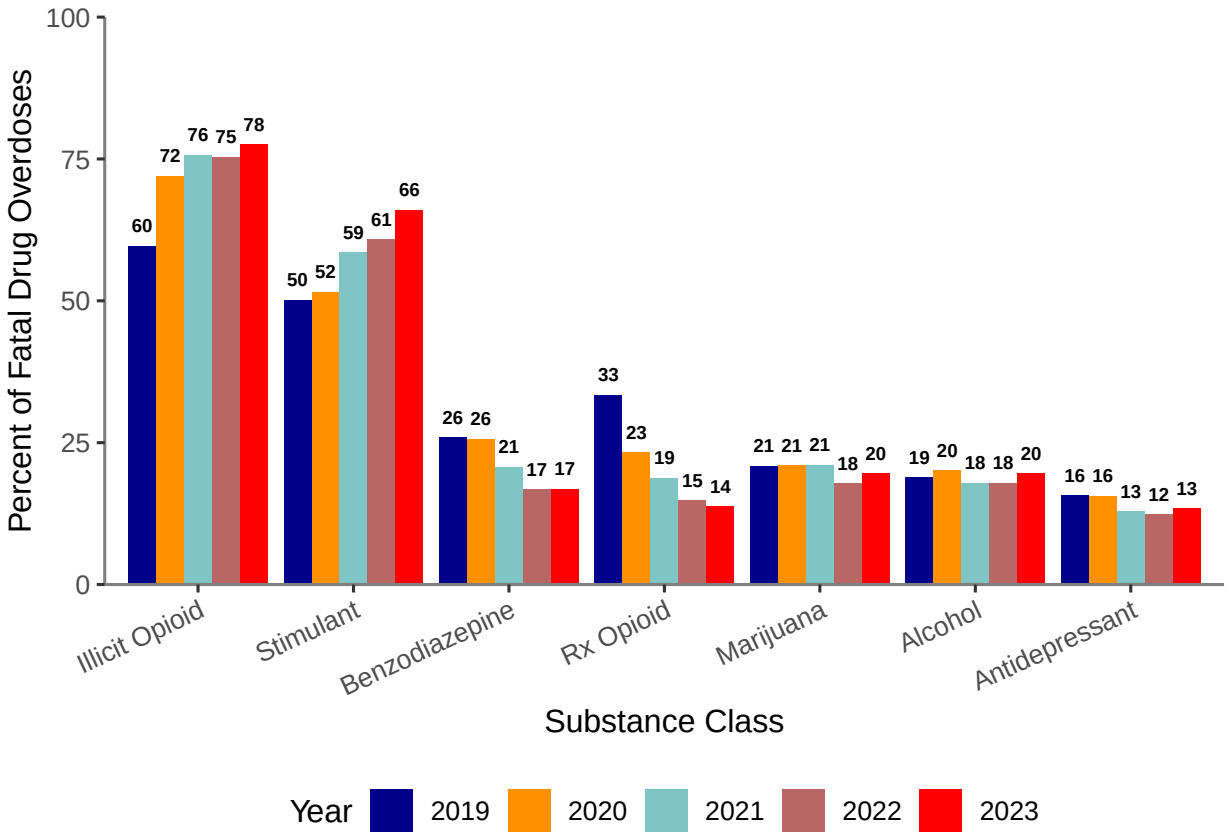
From 2019 to 2023, the distribution of fatal overdose injury locations across Tennessee's Grand Divisions remained relatively stable, with notable regional patterns. Middle Tennessee accounted for the highest percentage of fatal overdoses in 2019 (48%) and 2020 (43%), but deaths in this region declined to 37% by 2023. Meanwhile, East Tennessee had an opposite trend with a steady increase in percentage of overdose deaths from 2019 to 2023. West Tennessee accounted for the smallest percentage of deaths each year, ranging from 16% to 21%, and remaining relatively stable over time. During these five years there was a gradual shift in the burden of fatal overdoses from Middle Tennessee to East Tennessee.

The "Unknown" and "Outside of Tennessee" categories, representing approximately 4% of cases, were excluded from the graph and analysis.

4 Toxicology among SUDORS Deaths in Tennessee, 2019 - 2023

Toxicology reports are a key component of data collected for SUDORS. Toxicology reports generally accompany an autopsy report and give detailed information about all substances an individual had in their system at the time of death. If a toxicology report is not available, substances from the death certificate are used to determine substances involved in a death. The following figures show the most common drug classes and individual substances present in SUDORS data from 2019 to 2023.

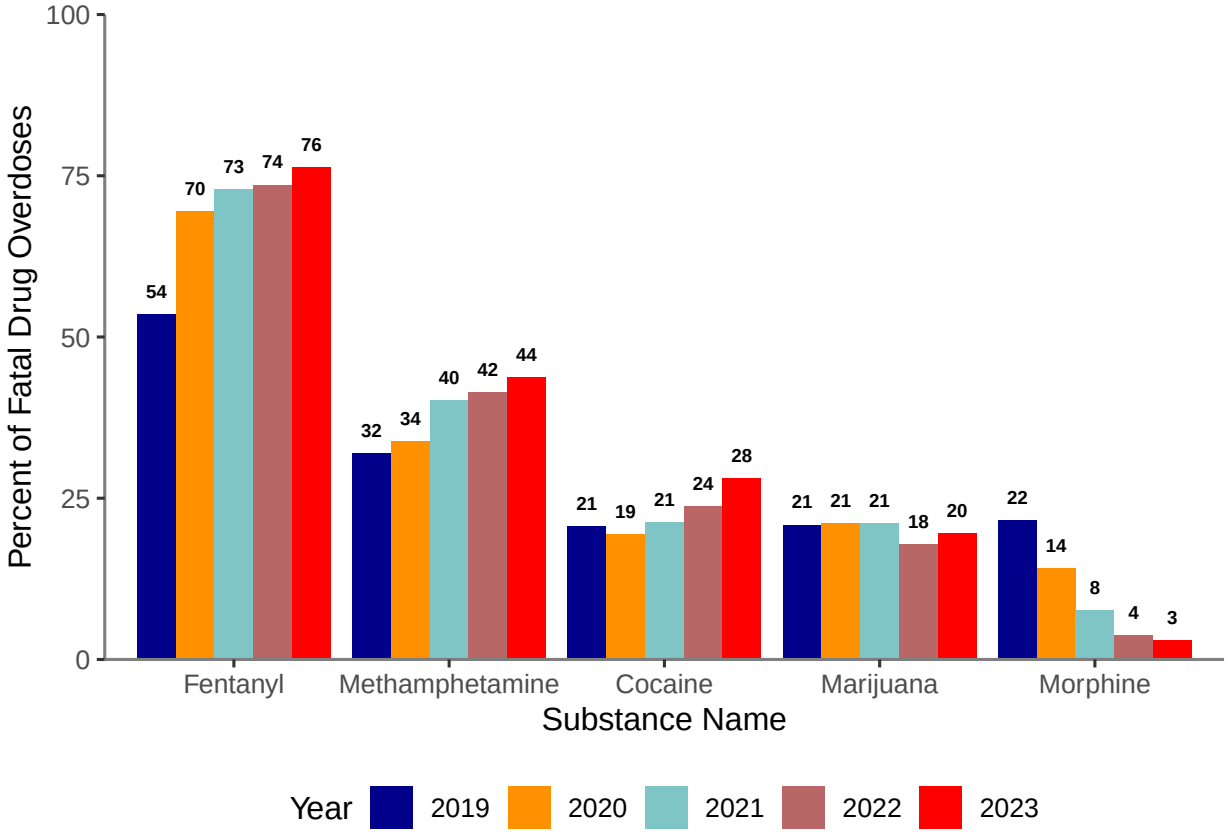
4.1 Drug Classes among SUDORS Decedents in Tennessee



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

The graph above shows the most common drug classes for substances found in toxicology reports for Tennessee SUDORS deaths between 2019 and 2023. In 2023, the most common drug class detected was illicit opioids (78%). The pattern from the most common drug class found in SUDORS decedents to the least common remained relatively consistent throughout these years.

4.2 Individual Substances among SUDORS Decedents in Tennessee



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

The graph above shows the most prevalent substances detected in toxicology reports for Tennessee SUDORS deaths between 2019 and 2023. Fentanyl was the most common substance detected in SUDORS deaths (76%). Detected morphine decreased from 2019 to 2023 likely due to the decrease in heroin involvement. Xylazine was not within the top substances detected however the prevalence of this emerging substance has increased in Tennessee from 1% in 2019 to 7% in 2023.

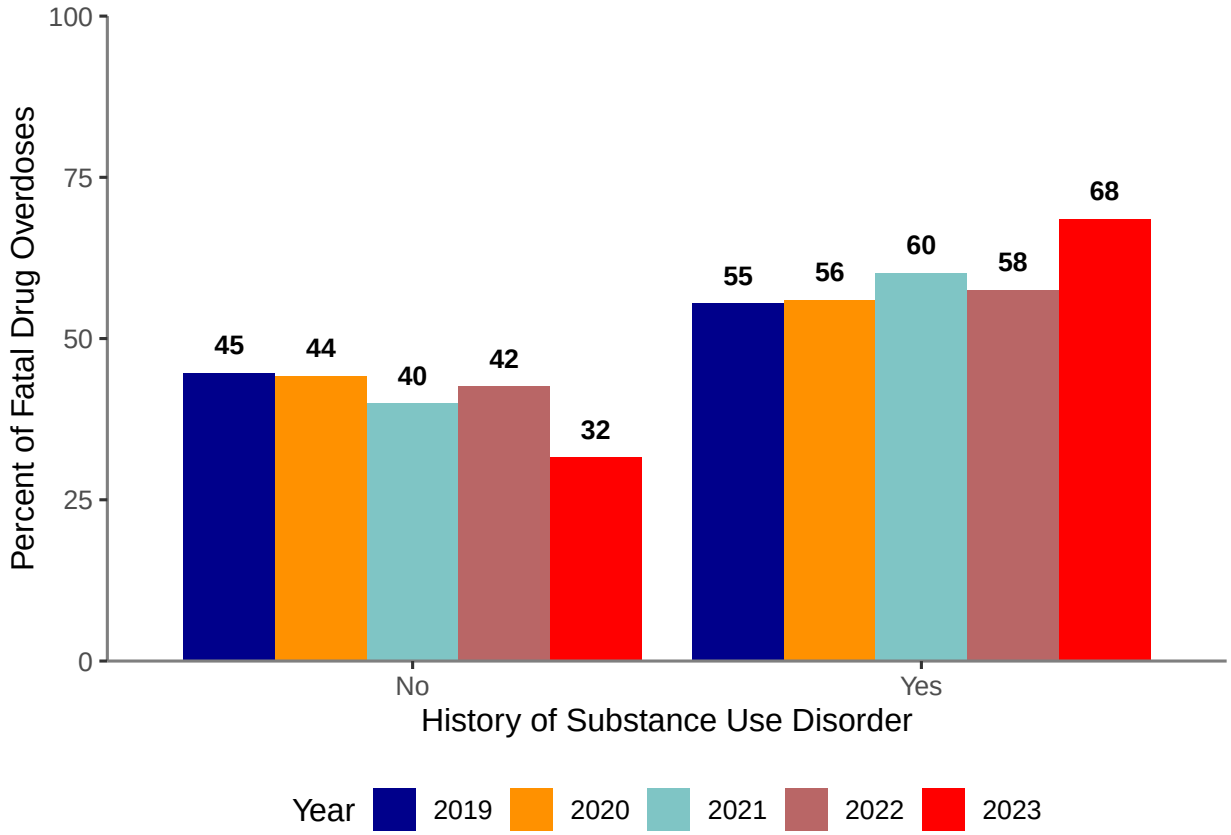
5 Circumstances among SUDORS Deaths in Tennessee, 2019 - 2023

A key strength that makes SUDORS data unique is its ability to capture detailed information on the circumstances surrounding each fatal overdose. These variables provide important context for understanding risk factors and identifying opportunities for intervention.

Circumstance-related variables come primarily from investigative summaries found within autopsy reports or within reports of investigation for non-autopsied cases. Each period, around 20-25% of SUDORS cases have only a death certificate available for abstraction by the submission deadline.

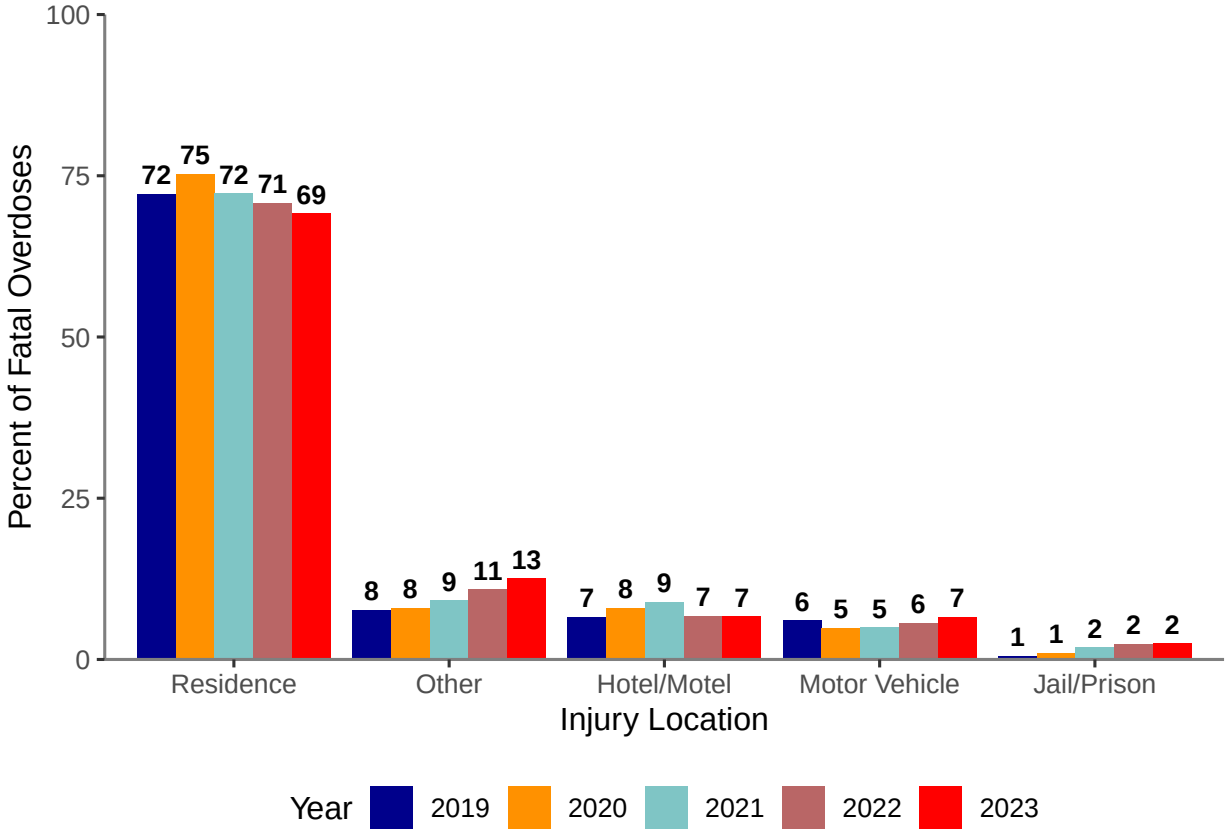
Due to the lack of detailed information in some autopsies and reports of investigation, these data can be underestimated or limited for some decedents. The SUDORS team generally receives autopsies for 70-80% of cases. However, since the statewide introduction of the case management system MDILog, the SUDORS team has more information available for abstraction for each death. Overall, due to the availability of data in 2023, some of the circumstances that have increased may not represent actual increases.

5.1 Evidence of Substance Use Disorder History among SUDORS Decedents in Tennessee



SUDORS defines substance use disorder (SUD) as any previous history of drug use or misuse, relapse after abstinence, current or past treatment for substance use, prior overdose, recent emergency department visits and/or involvement with the criminal justice system relating to a substance. Among the 16,182 overdose deaths in Tennessee between 2019 and 2023, 59% of decedents had a history of SUD. The percentage of cases with a history of SUD increased 15% from 2022 to 2023. While this is a large increase, it may be due to the fact we had a greater percentage of cases with data available than in previous years.

5.2 Injury Location of SUDORS Decedents in Tennessee

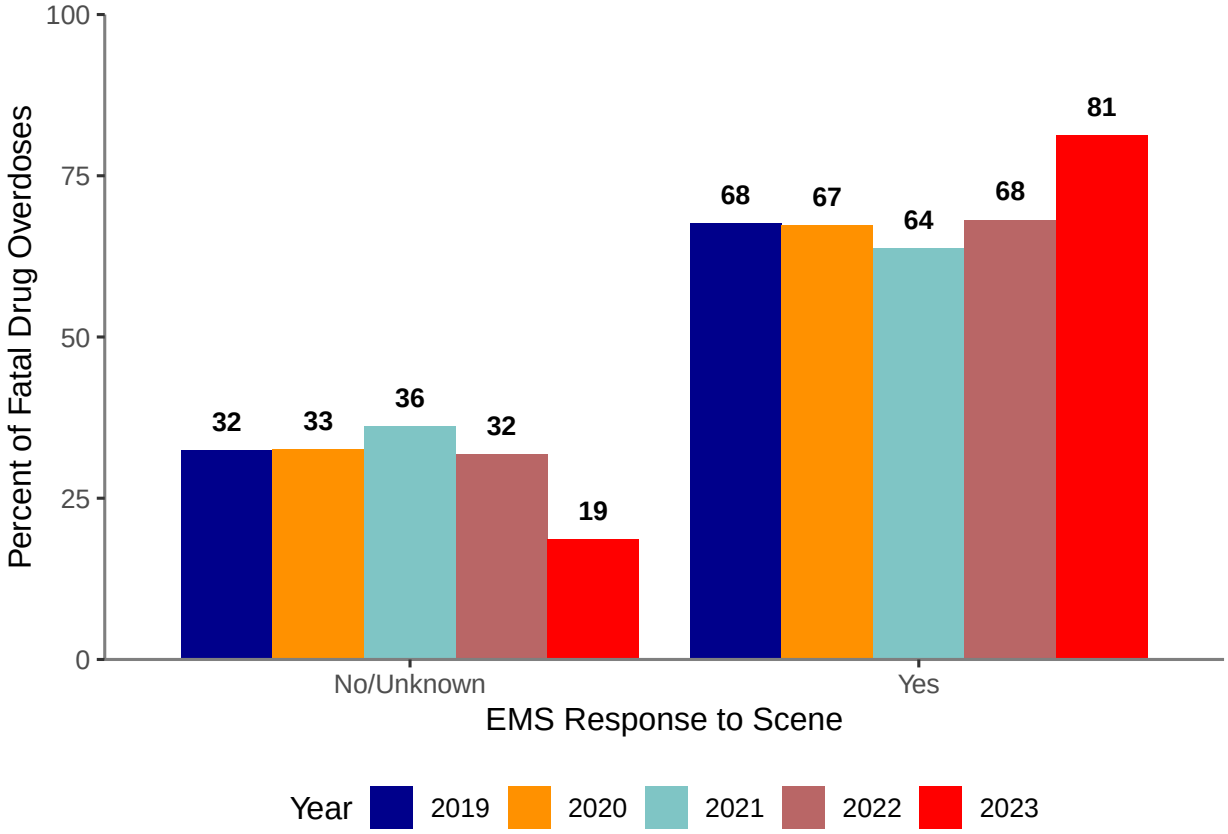


Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

In Tennessee, the majority of fatal overdoses from 2019 to 2023 occurred at a residential location, such as a house or apartment, accounting for approximately 73% of all cases. Other injury locations, including hospital, street or alley, outside in a natural area, or commercial establishments, such as grocery stores, laundromats, or parking lots, accounted for the second most common injury location. Overdoses occurring at a hotel or motel were the third highest among injury locations reported in Tennessee. (Note: injury locations classified as “Unknown” are excluded from this graph.)

Given that residences are consistently the most common location where fatal overdoses begin, expanding naloxone access and providing harm reduction education to household members remains a critical priority. While jail and prison settings account for a relatively small percentage of overdose deaths, the increasing pattern in these settings is concerning. This trend highlights the need to improve overdose prevention strategies, drug access issues, and harm reduction efforts within correctional facilities.

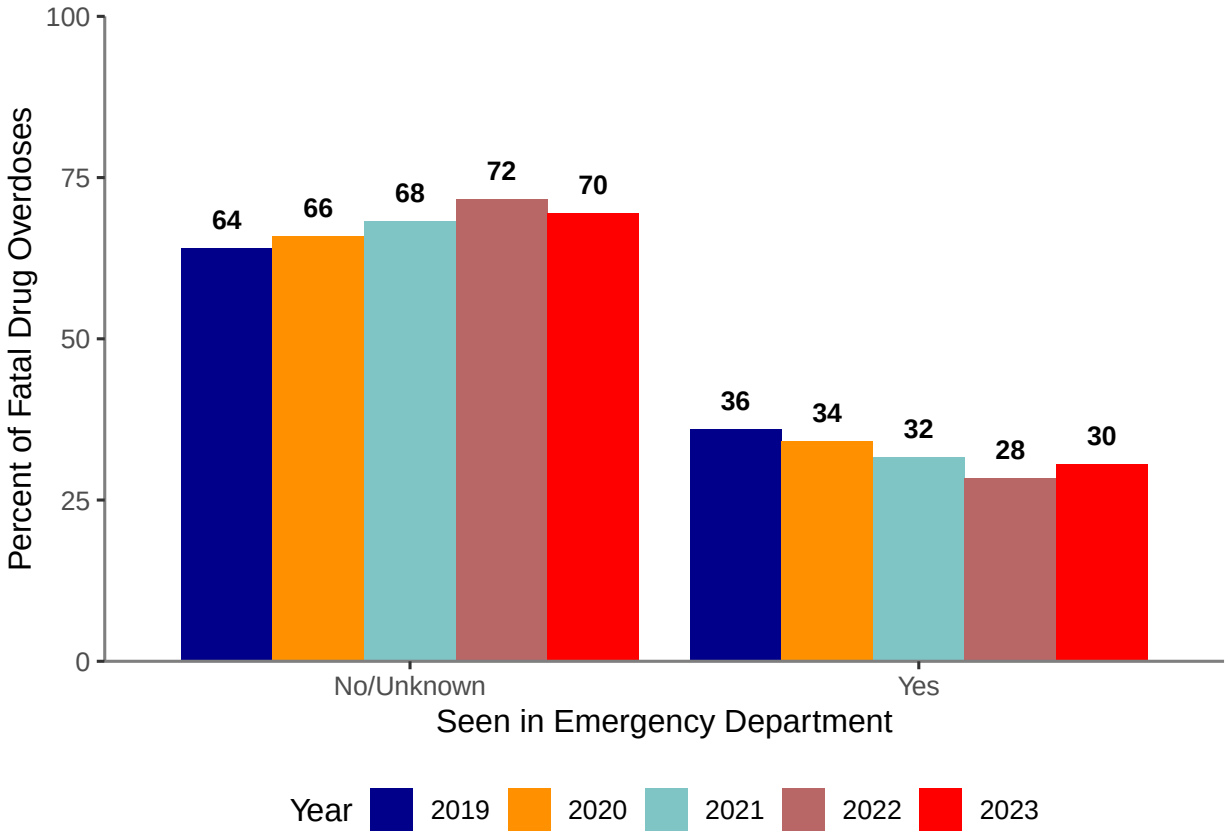
5.3 EMS Presence at Scene for SUDORS Deaths in Tennessee



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

In 2023, emergency medical personnel (EMS) responded to 81% of fatal drug overdoses in Tennessee, the highest proportion recorded over the five-year period. This represents a notable increase from previous years where EMS response averaged only 67% across all five years. The reason for increased EMS response is unknown, but it could represent an increase in autopsies and other scene information received by the state. Continued emphasis on timely EMS response and bystanders available to call 911 immediately are essential to reducing overdose fatalities.

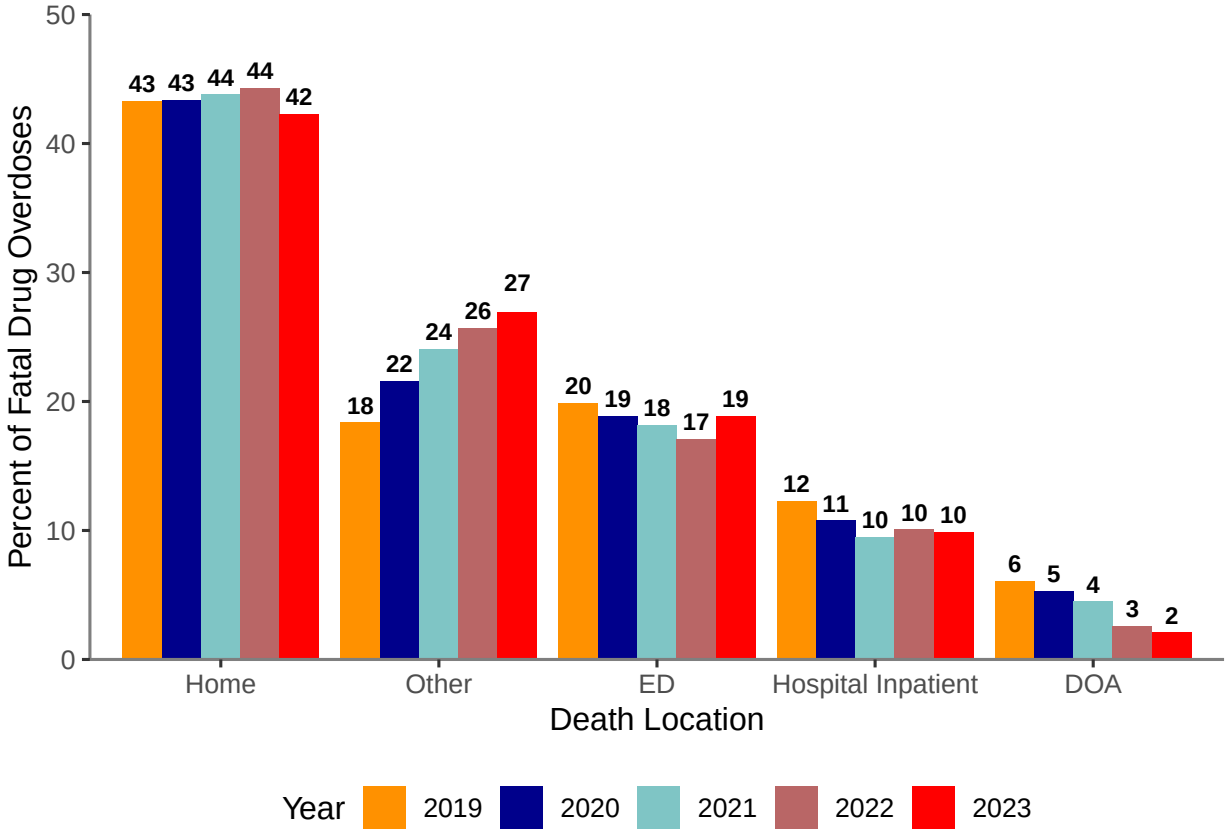
5.4 SUDORS Decedents Treated in the Emergency Department in Tennessee



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

From 2019 to 2023, the majority of fatal overdose cases in Tennessee were not seen in the emergency department (ED), meaning death was pronounced on scene. This includes cases where the decedent was transported to the ED by private vehicle or EMS but was already deceased upon arrival. In most instances where the decedent was not seen in the ED, they had been deceased for some time before being found. In 2023, 70% of individuals who died of a drug overdose were not seen in the ED or had unknown ED involvement. While the percentage of fatal overdose cases seen in the ED increased slightly from 28% in 2022 to 30% in 2023, this remains below the peak in 2019 of 36%. These findings underscore the need for preventative and community-based harm reduction strategies, including the presence of a bystander able to intervene by calling 911 and administering naloxone.

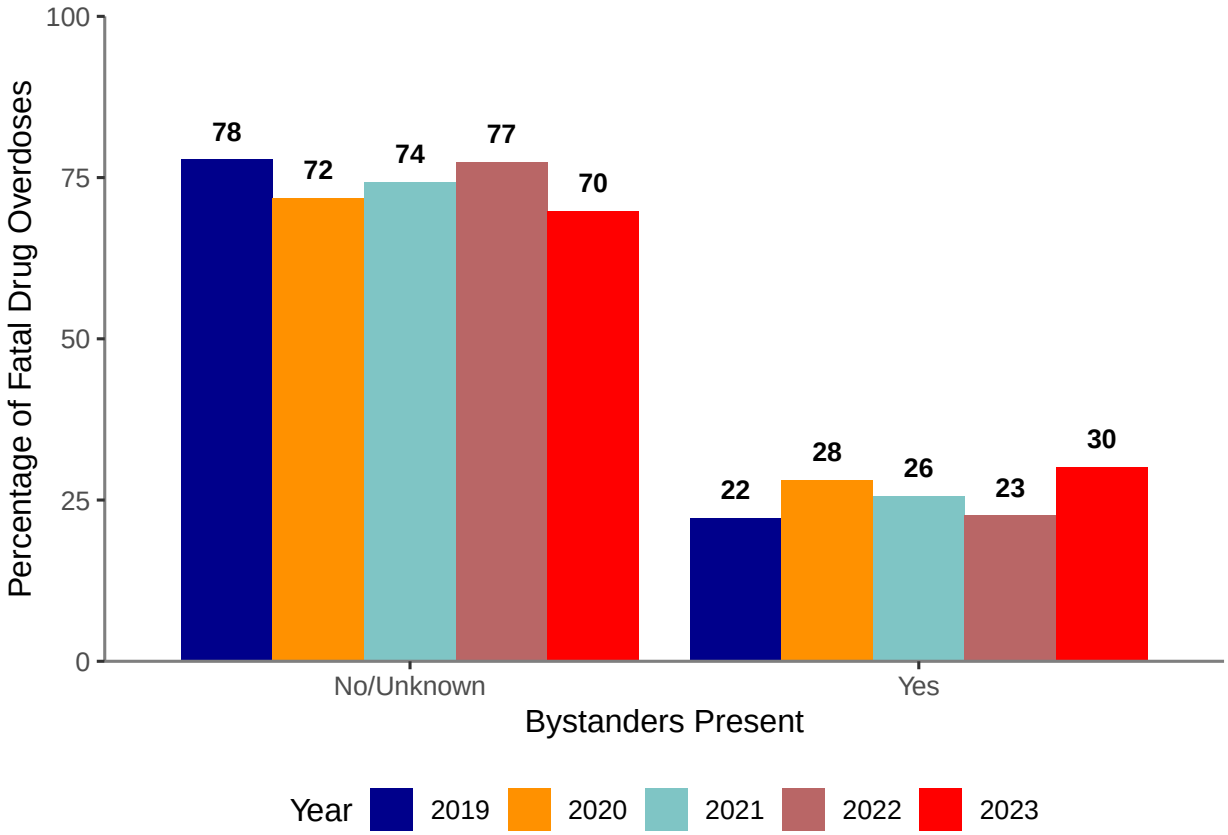
5.5 Death Location of SUDORS Decedents in Tennessee



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

Death location is defined as the place where the death was pronounced. This is typically the place where the injury occurred, but not always. From 2019 to 2023, home was consistently the most common location where fatal drug overdoses occurred, accounting for approximately 42-44% of cases annually. However, fatal overdoses occurring in 'Other' locations has increased steadily over the past three years. 'Other' location predominately refers to another residence, hotels or motels, or motor vehicles. Unknown locations are not pictured in this graph. These trends underscore the increasing number of overdose deaths occurring outside of clinical settings, emphasizing the need for community-based interventions and rapid response efforts in non-medical environments.

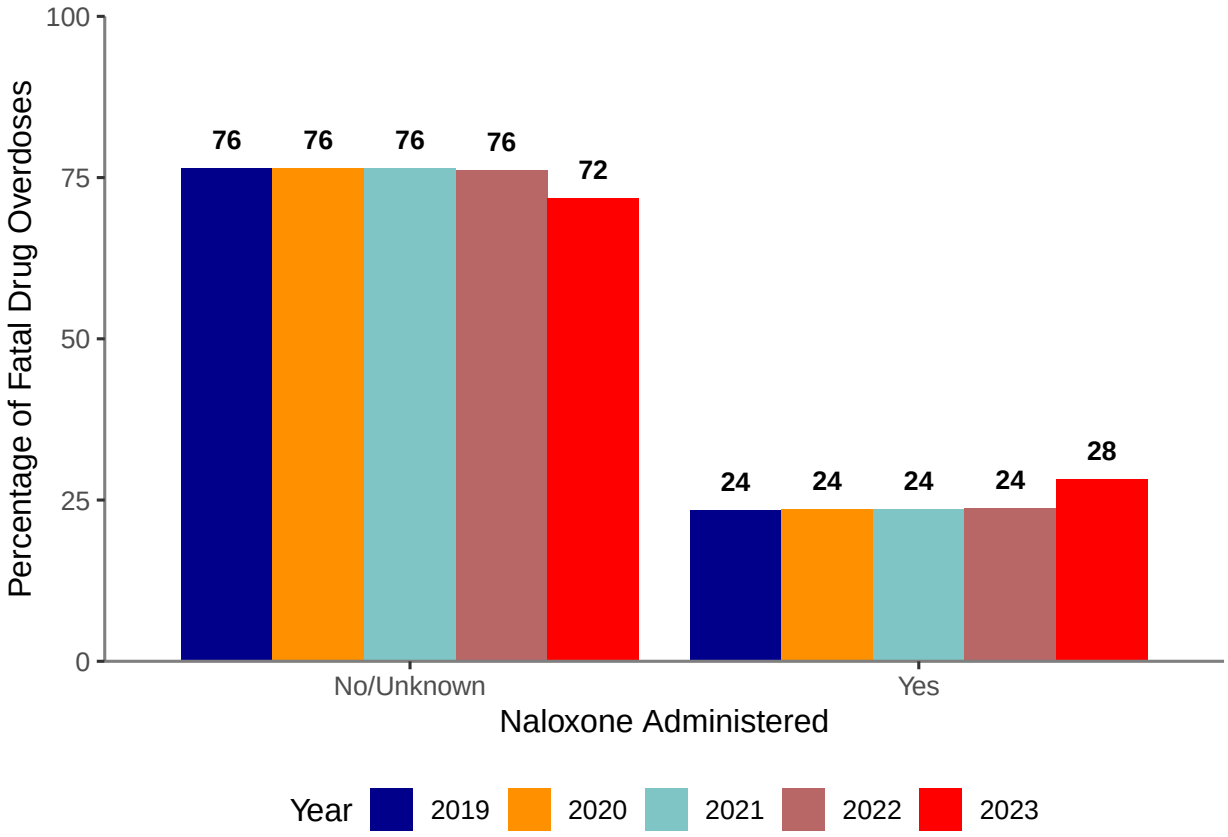
5.6 Bystander Presence at Time of Overdose for SUDORS Deaths in Tennessee



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

According to the CDC's definition, a bystander is "a person who was physically nearby or in the same location either during or shortly preceding a drug overdose and could have potentially intervened." First responders or medical professionals called to the scene are not considered bystanders. People who arrive to the scene after the fatal overdose has already occurred are not considered bystanders either. A bystander may or may not be aware that a person is using drugs nearby. From 2019 to 2023, the majority of fatal drug overdoses in Tennessee occurred without a known bystander present. In 2023, 30% of decedents had a bystander documented at the scene, the highest rate observed over the past five years and an increase from the lowest of 22% in 2019. Despite the increase, 70% of overdose deaths still occurred without anyone known to be present who could have intervened. These findings point to the critical importance of educating people who use drugs to never use alone. Many times, in residential settings, there may be a bystander in another room or asleep, who did not know the decedent was using drugs.

5.7 SUDORS Deaths with Evidence of Naloxone Administration in Tennessee



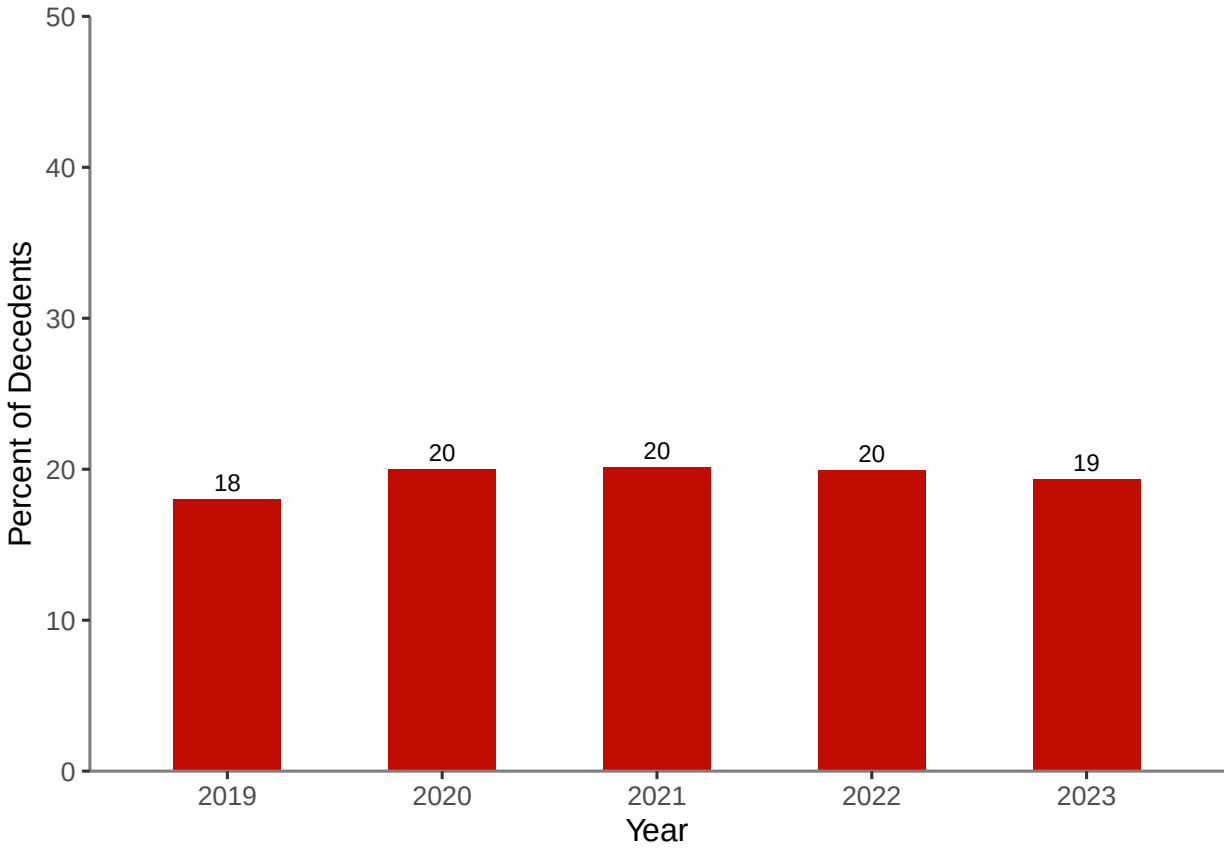
Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

Naloxone is a life-saving medication that can reverse the effects of an opioid-involved overdose. From 2019 to 2022, only 24% of individuals who died from a drug overdose in Tennessee had documentation of naloxone administration prior to death. In 2023, this increased to 28%, marking the first time naloxone administration has increased over the past five years. This increase is likely a result of prevention and harm reduction teams in increasing the availability of naloxone in the community. Still, the vast majority of fatal overdoses either did not receive naloxone or the administration was unknown. These findings highlight ongoing challenges in timely intervention and availability of a bystander to intervene.

6 Circumstances in the Year before Death for SUDORS Decedents in Tennessee, 2019 - 2023

This section highlights linkage of Hospital Discharge Data System data, Drug-Related Arrest data, and Controlled Substances Monitoring Program Data with SUDORS to enhance the quality of surveillance data.

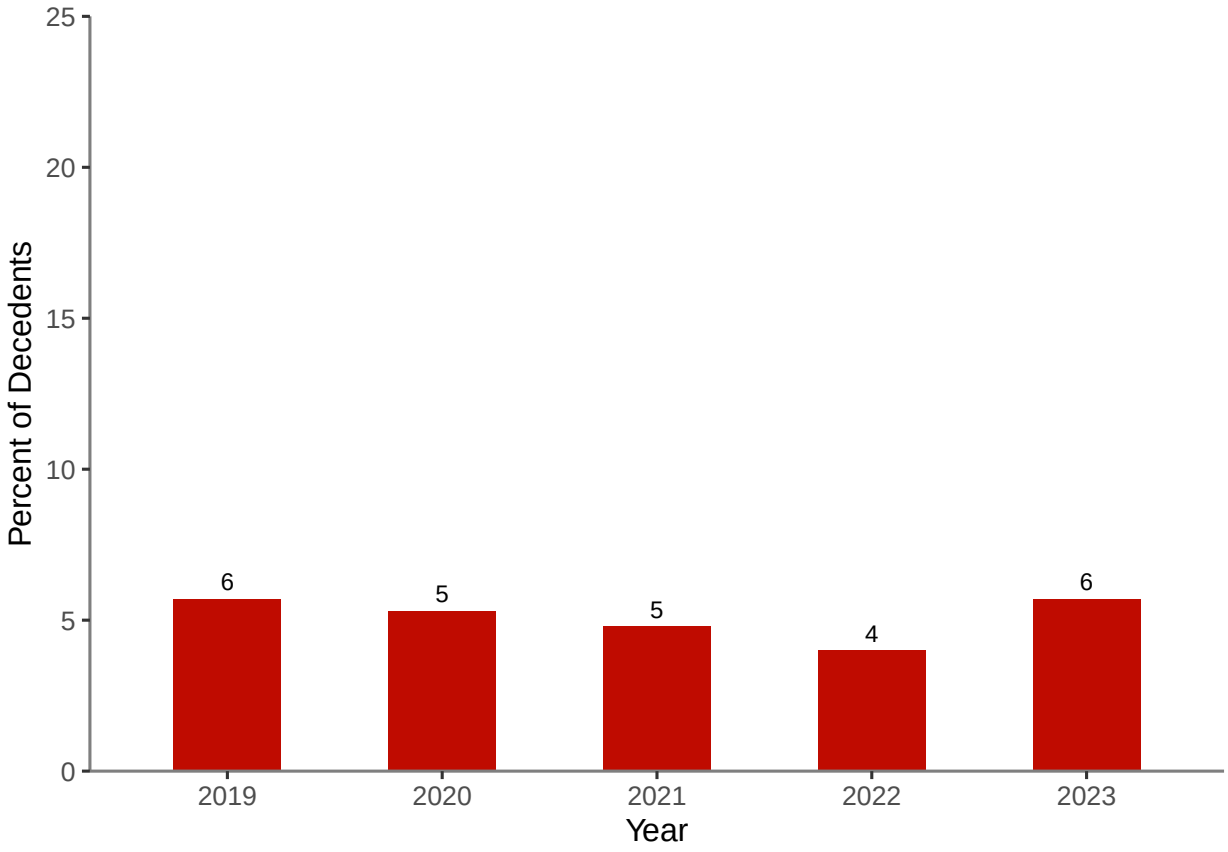
6.1 Previous Overdoses in the Year Prior to Death among SUDORS Decedents in Tennessee



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

The graph above shows the proportion of overdose decedents who experienced a nonfatal overdose treated in a hospital setting in the year prior to death. Since 2019, the proportion of decedents experiencing a previous nonfatal overdoses has remained around 20%.

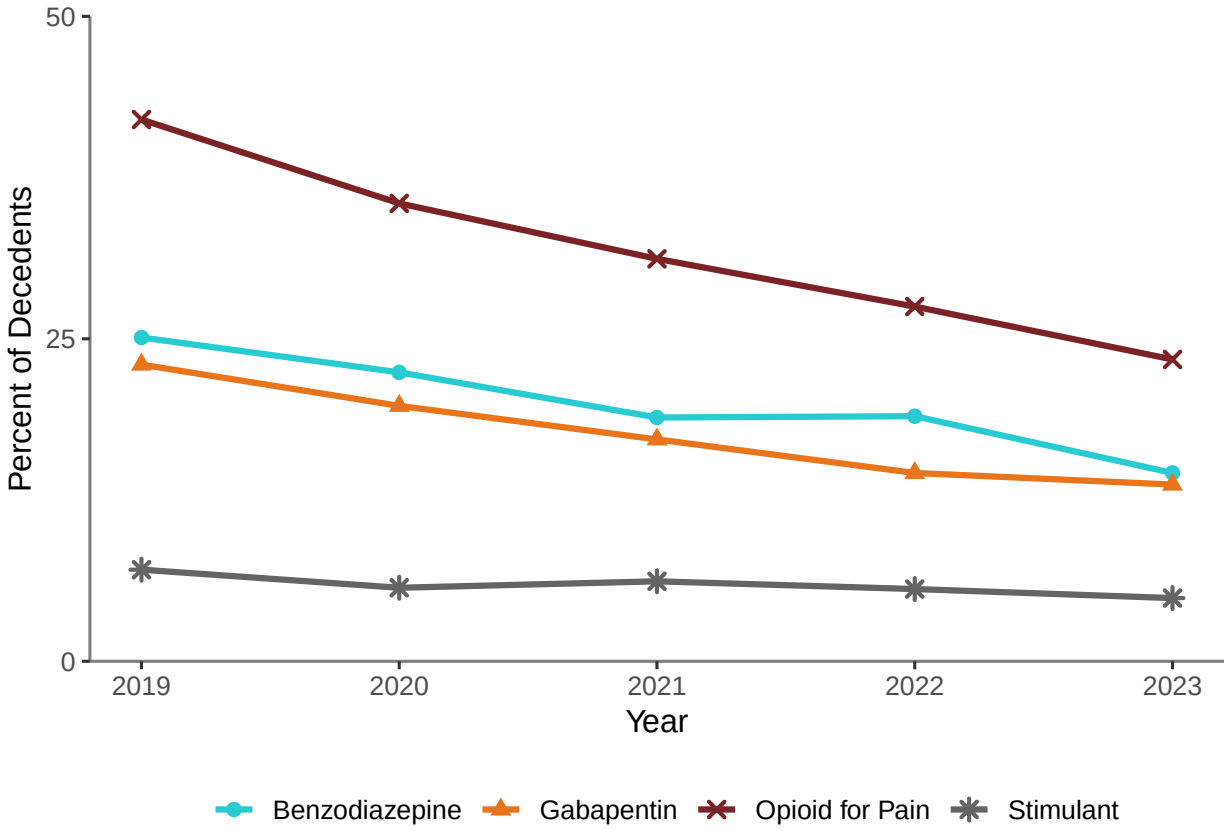
6.2 Previous Drug-Related Arrest in the Year Prior to Death among SUDORS Decedents in Tennessee



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

The above graph shows the proportion of overdose decedents who experienced a drug-related arrest in the year prior to death. The proportion of drug-related arrests was consistently low between 2019 and 2023.

6.3 Prescription History in the Year Prior to Death among SUDORS Decedents in Tennessee



Analysis by the Office of Informatics and Analytics, TDH (last updated June 4, 2025). Data Source: TN SUDORS, 2019-2023.

The graph above shows the proportion of overdose decedents who filled a prescription at any time within the 365 days prior to their death. The proportion of decedents filling an opioid, benzodiazepine, gabapentin, or stimulant prescription decreased from 2019 to 2023.

7 Conclusion

SUDORS is a powerful surveillance system that captures many details surrounding a decedent's fatal drug overdose. Between 2019 and 2023, 16,182 fatal drug overdoses in Tennessee met the SUDORS case definition. SUDORS deaths increased 90% from 2019 to 2022, and for the first time, SUDORS overdoses decreased 4% from 2022 to 2023. However, overdose deaths remain higher than in 2019, and are still higher than the national average underscoring the need for continued public health efforts. Increases in the age-adjusted rate of overdose deaths in Black Tennesseans and number of overdose cases with fentanyl involvement are of particular concern.

In 2023, 70% of SUDORS decedents did not have a potential bystander present who could have intervened instilling the importance of outreach and education to not use substances alone. Naloxone administration increased for the first time in 2023 to 30% of deaths receiving naloxone. With the increase in fentanyl involvement, naloxone administration training and fentanyl test strip distribution are critical to decrease fatal overdoses. Family, friends, and the public should know how to administer naloxone to better help individuals during a drug overdose. Research on prevention and intervention strategies should continue to focus on trends in demographic groups to help determine culturally relevant treatment and prevention options. The SUDORS team is conducting analyses to determine if treatment options are available for people who need it most.

8 Additional Data Resources

8.1 Data Resources

The Office of Informatics and Analytics offers a variety of reports on its Facts & Figures page on the TDH website (**https://www.tn.gov/health/health-program-areas/pdo/pdo/facts-figures.html**)

The TDH has curated a TDH Health Data Portal website. This platform allows you to search, explore, download, and share public health data. (**https://healthdata.tn.gov/**)

For data not available in this report or on the TDH website, please submit a request through the TDH Data Request System on the TDH data portal(**https://healthdata.tn.gov/stories/s/puqi-g78j**)

8.2 Resources for Treatment and Prevention

- The Overdose Response Coordination Office (ORCO) supports the Department's overdose prevention and response efforts, oversees grant-funded activities and cultivates and expands partnerships to strengthen the state's public health response to the overdose crisis. ORCO oversees public health interventions across the continuum of care including provider education, community overdose prevention education, coordinating overdose monitoring and response, harm reduction and navigation to treatment and recovery resources from local health departments, correctional settings and emergency departments. For more information on ORCO programs and efforts, see **https://www.tn.gov/health/orco.html**.
- Find Help Now is a national platform where individuals can locate substance use disorder treatment options in their communities, see **https://findhelpnow.org/tn**.
- The Tennessee REDLINE is a 24/7/365 resource for Substance Use Disorder treatment referrals. Anyone can call or text 800-889-9789 for confidential referrals.
- The Tennessee Statewide Crisis Line, available 24 hours a day/365 days a year, is a free resource for anyone experiencing a mental health crisis. All calls are routed to a trained local crisis counselor who provides support and guidance and will work to connect the caller with appropriate community support. Call 855-CRISIS-1 (855-274-7471).
- The 988 Suicide & Crisis Lifeline is also available 24 hours a day/365 days a year and provides one-on-one assistance with a trained counselor. Call 988.
- For Tennesseans actively in recovery from substance use disorder or for those looking for more information about its prevention, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) offers the TN Recover App. This app is available for download in the Apple Store, the Google Play store, or by texting 'SAVE' to 30678.

- For overdose prevention training, tools and resources, the Regional Overdose Prevention Specialists (ROPS) are located throughout the state as a point of contact for overdose prevention and tools such as naloxone and testing strips. To learn more about the ROPS work or to contact your local ROPS, see **https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html**
- Naloxone, commonly known as Narcan, is a lifesaving medication used to reverse the effects of opioids, including fentanyl. Naloxone is available at local health departments, see **https://www.tn.gov/health/health-program-areas/localdepartments.html**.
- TDMHSAS has developed resources about overdose and naloxone for individuals and agencies. Find this at **https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/naloxone-training-information.html**.
- In counties and communities across Tennessee, substance use prevention coalitions are working to reduce dependence on harmful and potentially lethal substances, such as prescription drugs, alcohol, and tobacco. These local efforts, funded by the State of Tennessee since 2008, help spread the word about the dangers and consequences of substance use. To connect with a local coalition, see **https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/anti-drug-coalition.html**.
- Fentanyl and fentanyl-involved overdoses are a significant concern across the state of Tennessee. While fentanyl is dangerous, overdoses involving fentanyl are preventable with the right knowledge and tools. To learn about fentanyl, TDMHSAS has created fentanyl specific resources and trainings available for all Tennesseans. Find these at **https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/fentanyl.html**.
- The drug supply is constantly changing and staying informed about the current landscape can be lifesaving. TDMHSAS has created resources about xylazine and provides information about emerging trends throughout the year. Current training opportunities and resources can be found at **https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/emerging-substances.html**.
- Syringe Services Programs (SSPs) provide comprehensive harm reduction services including providing free sterile needles, syringes, and other injection equipment; safe disposal containers; HIV and viral hepatitis testing and linkage to treatment; overdose prevention and education; referrals to substance use disorder treatment, medical providers, and social services; and HIV, STIs, and viral hepatitis prevention education. To learn more about SSP's and where they are located in Tennessee, see **https://www.tn.gov/health/health-program-areas/std/std/syringe-services-program.html**.