TN Department of Health

MAY 2026

2024 Tennessee Drug Overdose Deaths

ANNUAL REPORT

Table of Contents

Contents

Table of Contents **2**

Key Takeaways **5**

Key Trends in Drug Overdoses in 2024 5

Purpose and Definitions **6**

Purpose 6

Definitions 6

Comparing Tennessee to Nationwide Trends **7**

Comparing Age-Adjusted Rates of Overdose Deaths Among Tennessee Residents to Nationwide Trends, 2014-2024 7

Table: Age-Adjusted Rates* of Overdose Deaths Among Tennessee Residents and United States, 2014 - 2024 7

State-level Overview 2020 – 2024 ..... **8**

Drug Overdose Deaths Among TN Residents, 2020-2024 8

Table: Drug Overdose Deaths Among TN Residents, 2020-2024 8

Drug Overdose Deaths by Drug Class Among TN Residents, 2020-2024 9

Table: Number of Overdose Deaths by Drug Class Among TN Residents 9

Number of Opioid Overdose Deaths Among TN Residents, 2020-2024 10

Table: Number of Opioid Overdose Deaths Among TN Residents by Drug Type 10

Number of Stimulant Overdose Deaths Among TN Residents, 2020-2024 11

Table: Number of Stimulant Overdose Deaths Among TN Residents by Drug Type 11

Number of Opioid and Stimulant Overdose Deaths Among TN Residents, 2020-2024 12

Table: Number of Opioid and Stimulant Overdose Deaths Among TN Residents by Drug Type 12

Demographic Patterns of Overdose Deaths in Tennessee **13**

Number of All Drug Overdose Deaths by Age Among TN Residents, 2020-2024 13

Table: Number of Overdose Deaths Among TN Residents by Age Category 13

Number of All Drug Overdose Deaths by Race Among TN Residents, 2020-2024 14

Table: Number of Overdose Deaths Among TN Residents by Race 14

Age Adjusted Rate of All Drug Overdose Deaths by Race Among TN Residents, 2020-2024 15

Table: Age Adjusted Rate of Overdose Deaths Among TN Residents by Race 15

Number of All Drug Overdose Deaths by Ethnicity Among TN Residents, 2020-2024....16
Table: Number of Overdose Deaths Among TN Residents by Ethnicity....16
Number of All Drug Overdose Deaths by Sex Among TN Residents, 2020-2024....17
Table: Number of Overdose Deaths Among TN Residents by Sex....17
Geographic Patterns of Overdose Deaths in Tennessee....18
Number of All Drug Overdose Deaths by Grand Division Among TN Residents, 2020-2024....18
Table: Number of Overdose Deaths among TN Residents by Grand Division....18
Number of Overdose Deaths by Drug Type and Grand Division Among TN Residents, 2020-2024 19
Table: Number of Overdose Deaths by Drug Type* and Grand Division Among TN Residents, 2024....19
2024 County Level Data....20
Map: 2024 Age-Adjusted Rate of All Drug Overdose Deaths by TN Public Health Region Based on Decedent Residence....23
Table: Age-Adjusted Rate* of All Drug Overdose Deaths by Public Health Region, 2024....23
Map: 2024 All Drug Overdose Deaths by TN County of Residence....24
Map: Percent change of All Drug Overdose Deaths by TN County of Residence from 2023 to 2024....25
Linking Fatal Drug Overdose Data to Hospital Discharge Data System Data and Controlled Substances Monitoring Program Data....26
Previous Nonfatal Overdoses Among TN Residents in the 365 days Prior to a Drug Overdose Death, 2020-2024....26
Prescription History among TN Residents in the 365 Days Prior to a Drug Overdose Death, 2020-2024....27
Table: Percent of Deaths with an Active Prescription in the 365 Days Before Death....27
State Unintentional Drug Overdose Reporting System Data (SUDORS)....28
What is SUDORS?....28
How Does SUDORS Compare to Death Certificate Data?....28
SUDORS Data Sources....29
Circumstances of People Experiencing a Fatal Drug Overdose Using SUDORS Data....30
Overdose Location of SUDORS Deaths in Tennessee, 2020-2024....30
Table: Percent of SUDORS Deaths by Overdose Location, 2020 - 2024....30
Death Location of SUDORS Deaths in Tennessee, 2020-2024....31
Table: Percent of SUDORS Deaths by Death Location, 2020-2024....31

Route of Administration for Drug Use among SUDORS Deaths in Tennessee, 2020-2024 32
Table: Percent of SUDORS Deaths with Evidence of Different Routes of Administration, 2020 - 2024 32
Scene Elements Present Among SUDORS Deaths in Tennessee, 2020-2024 33
Table: Percent of SUDORS Deaths with Scene Elements, 2020-2024 33
Toxicology among SUDORS Deaths in Tennessee 34
Drug Classes Among SUDORS Deaths in Tennessee, 2020-2024 34
Table: Percent of SUDORS Deaths with Each Drug Class, 2020-2024 34
Individual Substances among SUDORS Deaths in Tennessee, 2020-2024 35
Table: Percent of SUDORS Deaths with Individual Substances, 2020-2024 35
Emerging Substances Present on Toxicology among SUDORS Deaths in Tennessee, 2020-2024 ... 36
Table: Percent of SUDORS Deaths with Emerging Substances, 2020-2024 36
Drug Overdose Data and Prevention Resources in Tennessee 37
Data Resources 37
Resources for Treatment and Prevention 37
Technical Notes 39
Tennessee Death Certificate Data Notes 39
Tennessee Drug Overdose Death Indicator Definitions 39
Acknowledgements 41
Appendix 42
Important Note for Race Variable Calculation 42

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Key Takeaways

In 2024, **2,499 Tennesseans died from a fatal drug overdose, a 31% decrease** from the previous year. The decrease in Tennessee aligns with national trends showing an overall reduction in fatal drug overdoses between 2023 and 2024 for most states. This decrease is encouraging and may be attributed to widespread naloxone distribution, changes in the drug supply, linkage to care and education efforts. Continued investment in overdose surveillance and prevention is needed to maintain the downward trend and save lives.

Key Trends in Drug Overdoses in 2024

- **Between 2023 and 2024 drug overdose deaths decreased 31%.**
- **In 2024, overdoses due to opioids, stimulants, benzodiazepines, and antidepressants decreased.**
- **Fentanyl deaths decreased 40% between 2023 and 2024. Fentanyl was involved in every two out of three deaths in 2024.**
- **In 2024, 69.4% of deaths had more than one substance listed as a cause of death.**
- **The rate of drug overdose deaths in Tennessee remains higher than the national death rate (35.2 per 100,000 vs 23.1 per 100,000). Tennessee has the 8th highest overdose rate in the nation.**
- **All demographic groups experienced a decrease in overdose deaths between 2023 and 2024. However, the age-adjusted rate of drug overdose deaths among Black Tennesseans continues to be higher than White Tennesseans in 2024 (48.3 per 100,000 vs 33.2 per 100,000).**
- **About 1 in 7 Tennesseans who died from a drug overdose had a nonfatal overdose treated in a Tennessee hospital in the year before their death. This indicates the importance of linkage to care efforts in Tennessee hospitals.**

Purpose and Definitions

Purpose

The purpose of this report is to:

- Describe drug overdose deaths among Tennessee (TN) residents in 2024.
- Compare these trends to prior years.
- Provide useful data to inform prevention activities throughout the state.

Vital Statistics death certificate data is used to identify fatal drug overdoses and describe demographic and geographic trends among Tennessee residents. Vital Statistics data is linked to Hospital Discharge Data System (HDDS) data and Controlled Substances Monitoring Program Database (CSMD) data to provide information on previous nonfatal overdoses treated in Tennessee hospitals and prescription history. Data from the State Unintentional Drug Overdose Reporting System (SUDORS) is used to provide further circumstantial information on unintentional drug overdose deaths and those of unknown (undetermined) intent.

Definitions

What is a fatal drug overdose?

A fatal drug overdose, or death resulting from a drug poisoning, is identified from death certificate records where the underlying cause of death is coded as a drug poisoning. The following International Classification of Diseases, Tenth Revision (ICD-10) codes identify deaths due to drug poisonings.*

- X40-X44, Y10-Y14, X60-X64, X85

How are the types of drugs involved in the death classified?

- Drugs involved in deaths are identified from corresponding ICD-10 codes assigned from the cause of death text fields. Substances without ICD-10 codes are identified using a text search of the cause of death text fields.

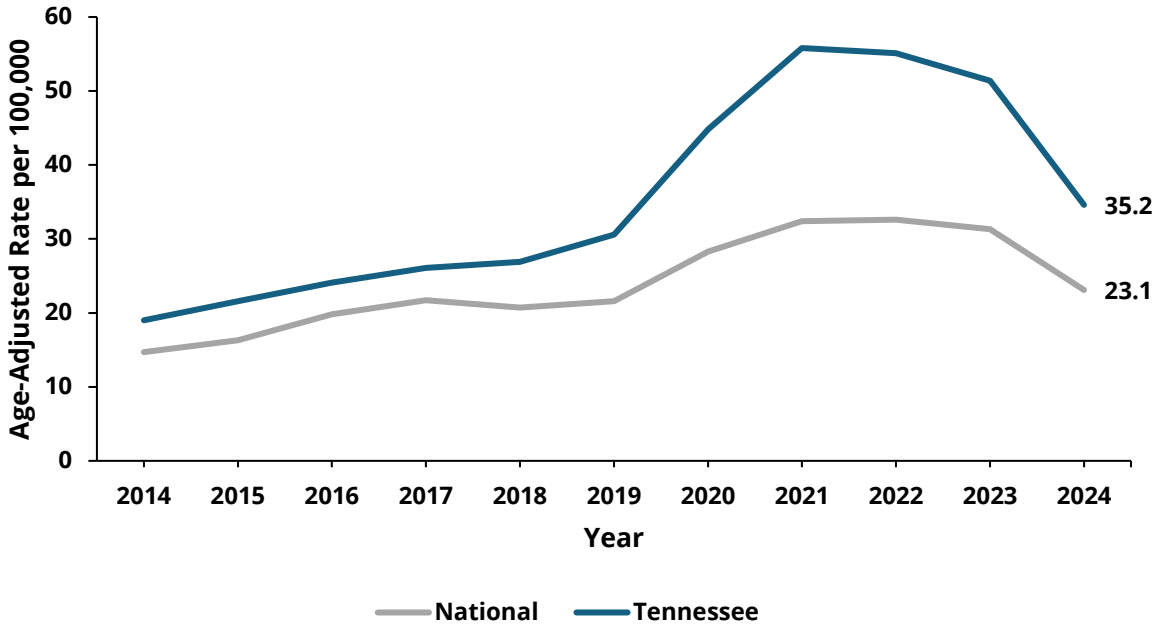
How are demographic and geographic information classified?

- Demographic and geographic information comes directly from the death certificate. This information is usually provided by a family member or other individual reporting to the funeral home, physician, or medical examiner completing this portion of the certificate.

*See the Technical Notes section for more information on definitions.

Comparing Tennessee to Nationwide Trends

Comparing Age-Adjusted Rates of Overdose Deaths Among Tennessee Residents to Nationwide Trends, 2014-2024



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Limited to TN residents. Data Source: Tennessee Death Statistical File, 2014-2024, Division of Vital Records and Statistics. National Trends from https://www.cdc.gov/nchs/data/databriefs/db549.pdf

Table: Age-Adjusted Rates* of Overdose Deaths Among Tennessee Residents and United States, 2014 - 2024

Geography	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Tennessee	19.4	22.1	24.6	26.6	27.4	31.2	45.6	56.6	56.0	52.3	35.2
United States	14.7	16.3	19.8	21.7	20.7	21.6	28.3	32.4	32.6	31.3	23.1

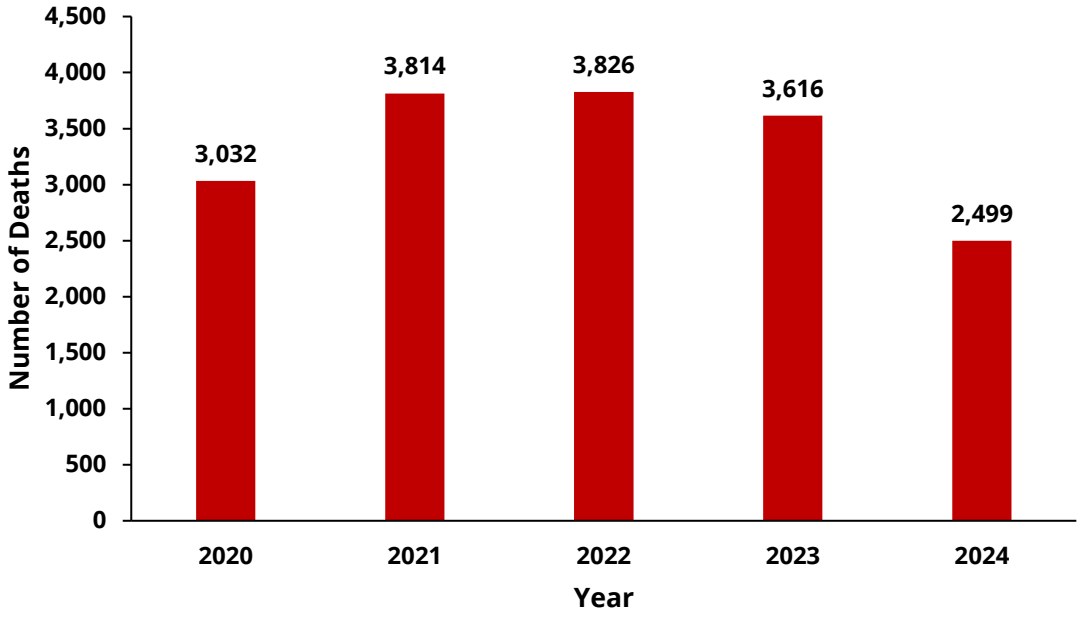
**Rates are per 100,000 residents*

The age-adjusted rate of overdose deaths in Tennessee has remained consistently higher than national trends over the past 10 years. In 2024, Tennessee had the 8th highest rate of fatal overdose in the nation based on data from CDC WONDER. While the rate of drug overdose deaths decreased between 2023 and 2024, Tennessee continues to have rates above other jurisdictions highlighting the ongoing need for sustained funding for surveillance and prevention activities.

State-level Overview 2020 – 2024

In 2024, **2,499 drug overdose deaths** occurred among Tennesseans. This is a **31% decrease** from the previous year.

Drug Overdose Deaths Among TN Residents, 2020-2024



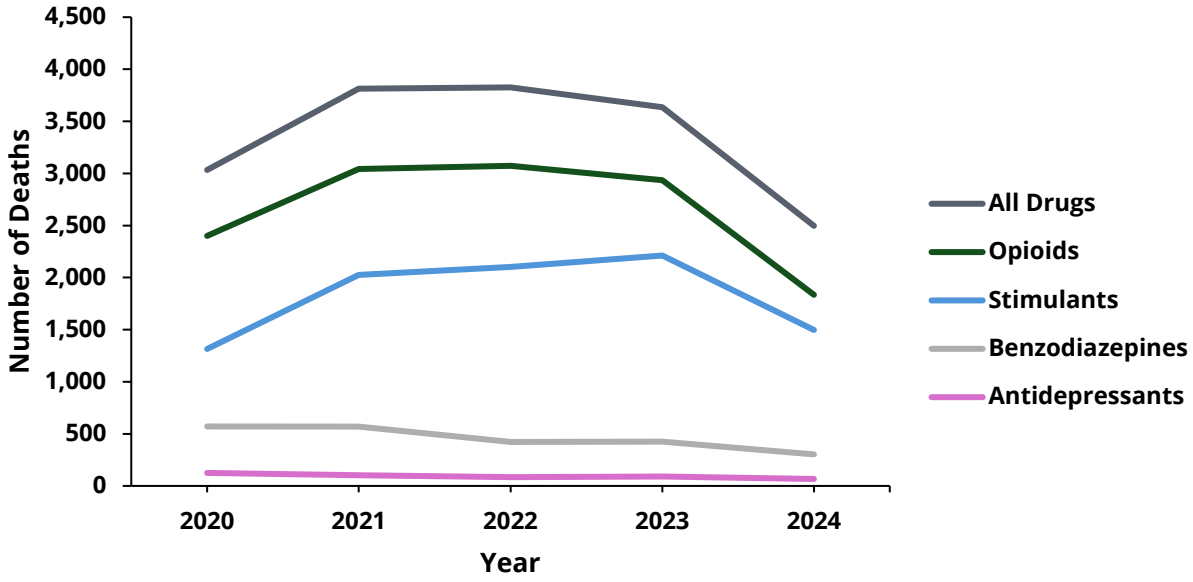
Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Limited to TN residents. Data Source: Tennessee Death Statistical File, 2020-2024, Division of Vital Records and Statistics.

Table: Drug Overdose Deaths Among TN Residents, 2020-2024

Year	Drug Overdose Deaths
2020	3,032
2021	3,814
2022	3,826
2023	3,616
2024	2,499

When looking at manner of death, most overdose deaths (94.8%) were unintentional. A small percentage were intentional (3.8%), and in 1.4% of cases, the manner of death could not be determined. Fewer than 1% of overdose deaths were classified as homicide.

Drug Overdose Deaths by Drug Class Among TN Residents, 2020-2024



Graph Note:
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Table: Number of Overdose Deaths by Drug Class Among TN Residents

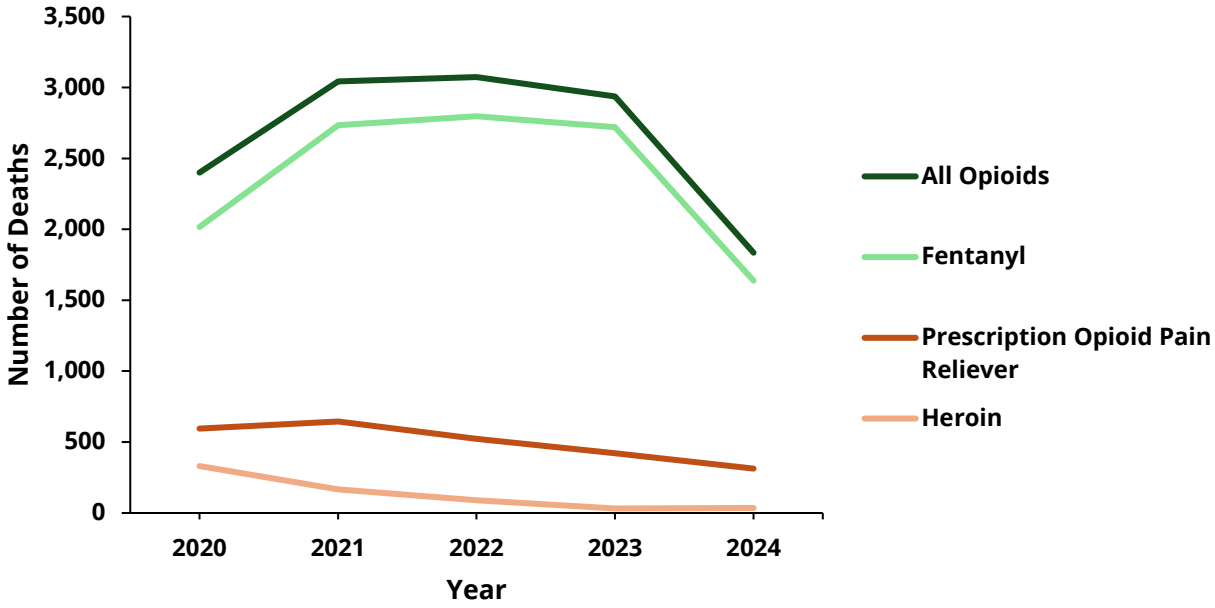
Drug Class*	2020	2021	2022	2023	2024
All Drug	3,032	3,814	3,826	3,636	2,499
Opioids	2,400	3,043	3,073	2,936	1,835
Stimulants	1,315	2,025	2,103	2,212	1,498
Benzodiazepines	571	570	423	426	303
Antidepressants	125	102	85	92	67

**Drug class categories are not mutually exclusive*

In 2024, fatal overdoses involving opioids, stimulants, benzodiazepines, and antidepressants decreased. The majority of drug overdose deaths in TN are caused by opioids and stimulants.

Most fatal overdose deaths in TN involved multiple substances. In 2024, 69.4% of deaths had more than one substance listed as a cause of death.

Number of Opioid Overdose Deaths Among TN Residents, 2020-2024



Graph Note:
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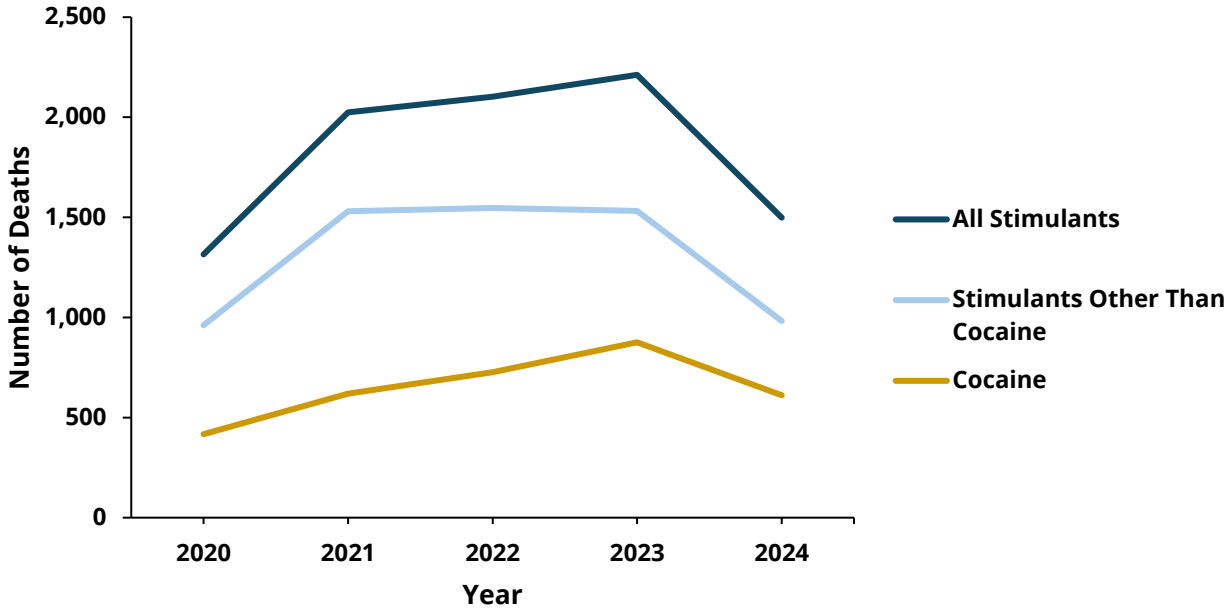
Table: Number of Opioid Overdose Deaths Among TN Residents by Drug Type

Type*	2020	2021	2022	2023	2024
All Opioids	2,400	3,043	3,073	2,936	1,835
Fentanyl	2,016	2,734	2,797	2,720	1,638
Prescription Opioid Pain Reliever	595	645	522	422	313
Heroin	331	167	89	32	36

**Drug categories are not mutually exclusive*

Opioid overdose deaths decreased 38% from 2023 to 2024, mainly due to a large reduction in fentanyl-related deaths. Deaths involving prescription opioid pain relievers have continued to decline over time. In 2024, heroin was involved in just 2% of opioid deaths, compared to 89% involving illicit fentanyl.

Number of Stimulant Overdose Deaths Among TN Residents, 2020-2024



Graph Note:
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Table: Number of Stimulant Overdose Deaths Among TN Residents by Drug Type

Drug Type*	2020	2021	2022	2023	2024
All Stimulants	1,315	2,025	2,103	2,212	1,498
Stimulants Other Than Cocaine	961	1,530	1,547	1,532	983
Cocaine	417	620	727	876	611

**Drug categories are not mutually exclusive*

In 2024, 60% of overdose deaths involved a stimulant. Stimulant overdose deaths decreased 32% between 2023 and 2024. Deaths involving stimulants other than cocaine, a category that primarily includes methamphetamine, experienced a 36% decrease while deaths involving cocaine experienced a 30% decrease.

Number of Opioid and Stimulant Overdose Deaths Among TN Residents, 2020-2024

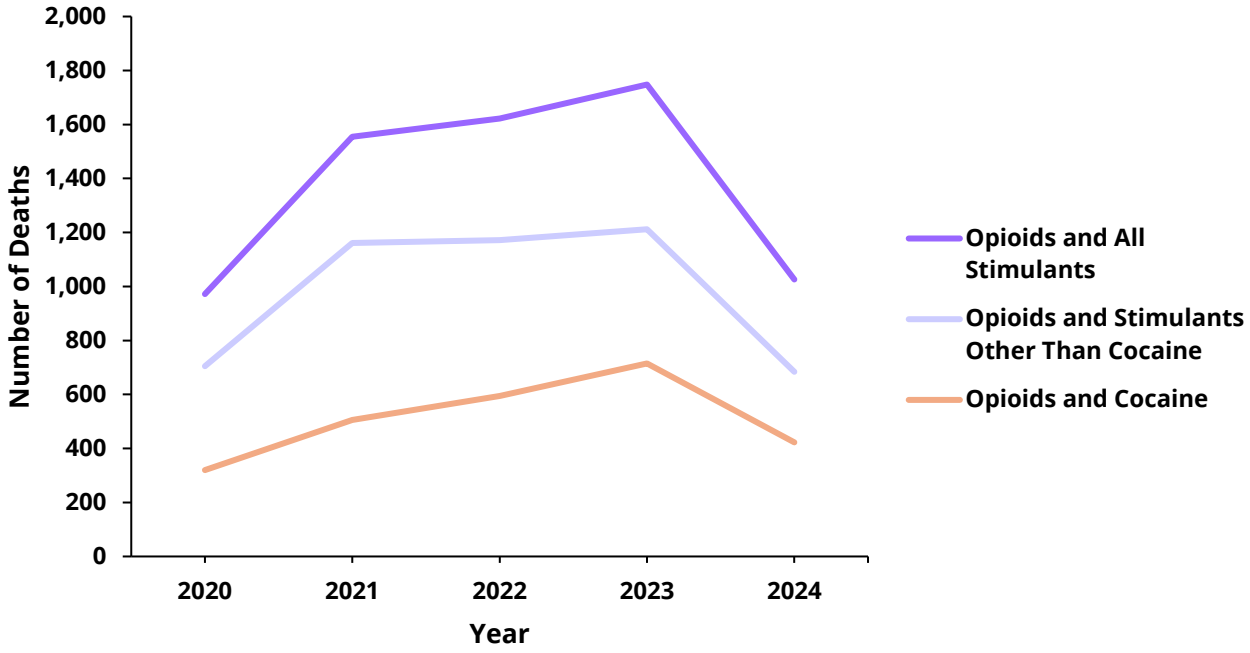

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Table: Number of Opioid and Stimulant Overdose Deaths Among TN Residents by Drug Type

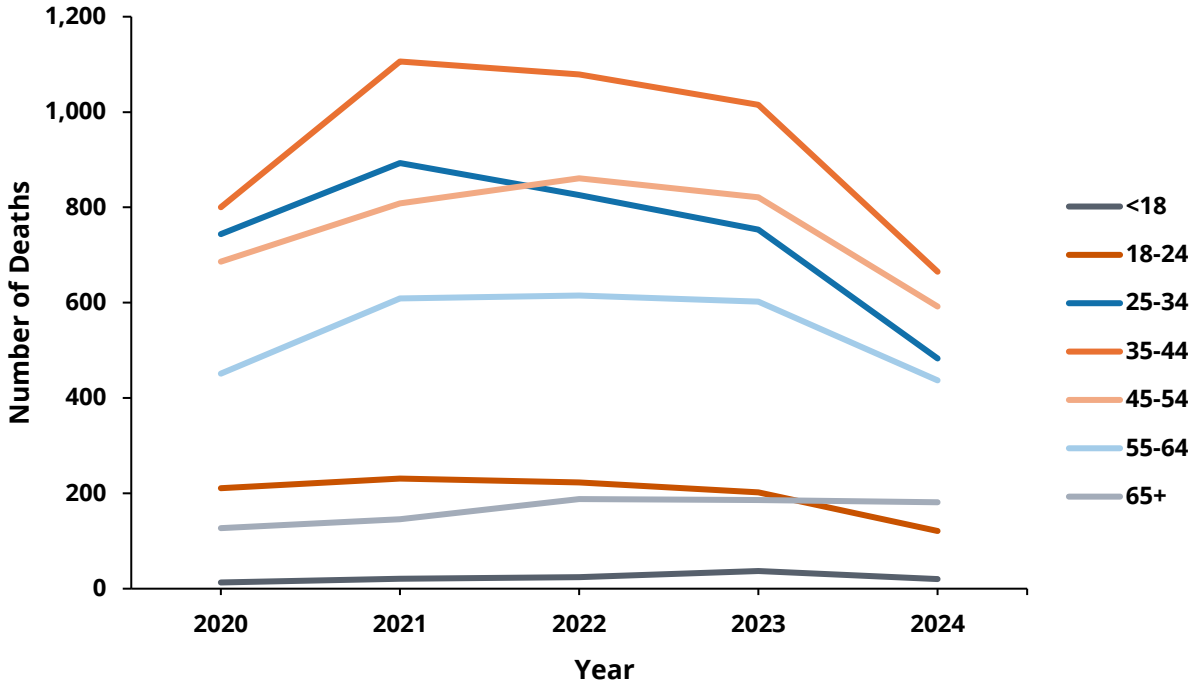
Drug Type*	2020	2021	2022	2023	2024
Opioids and All Stimulants	972	1,555	1,622	1,748	1,026
Opioids and Stimulants Other Than Cocaine	705	1,161	1,172	1,212	684
Opioids and Cocaine	320	506	595	715	423

**Drug class categories are not mutually exclusive*

In 2024, 41% of drug overdose deaths involved both an opioid and a stimulant. Deaths involving stimulants and opioids experienced a 42% decrease between 2023 and 2024. The largest percent decrease (44%) occurred among opioids and stimulants other than cocaine, a category that mainly includes methamphetamine. Deaths involving opioids and cocaine experienced a 41% decrease.

Demographic Patterns of Overdose Deaths in Tennessee

Number of All Drug Overdose Deaths by Age Among TN Residents, 2020-2024



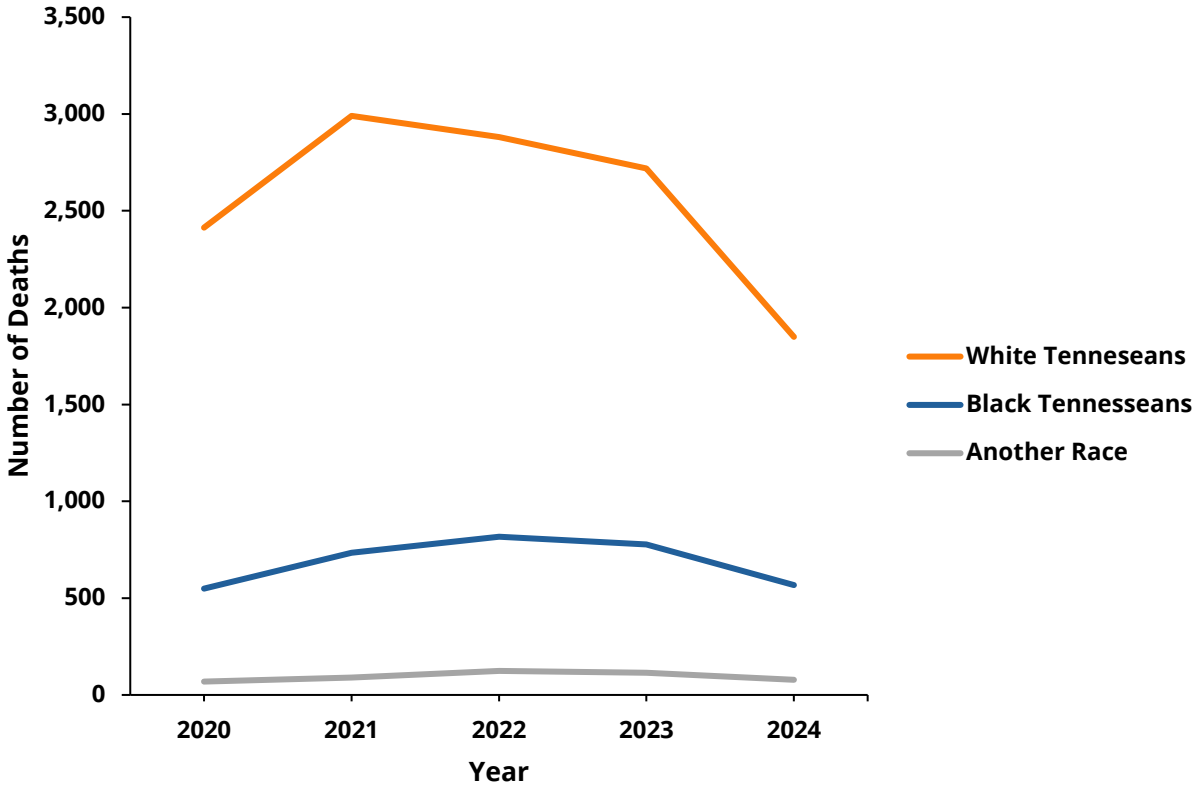
Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Limited to TN residents. Data Source: Tennessee Death Statistical File, 2020-2024, Division of Vital Records and Statistics.

Table: Number of Overdose Deaths Among TN Residents by Age Category

Age Category	2020	2021	2022	2023	2024
<18	13	21	24	37	20
18-24	211	231	233	202	121
25-34	744	893	826	753	483
35-44	800	1,106	1,079	1,015	665
45-54	686	808	861	821	592
55-64	451	609	615	602	437
65+	127	146	188	186	181

In 2024, drug overdose deaths decreased for all age groups. TN residents aged 65+ experienced the smallest percent decrease (3%) between 2023 and 2024. The largest proportion of overdose deaths continues to occur among TN residents between ages 35 and 54.

Number of All Drug Overdose Deaths by Race Among TN Residents, 2020-2024



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Limited to TN residents. Data Source: Tennessee Death Statistical File, 2020-2024, Division of Vital Records and Statistics.

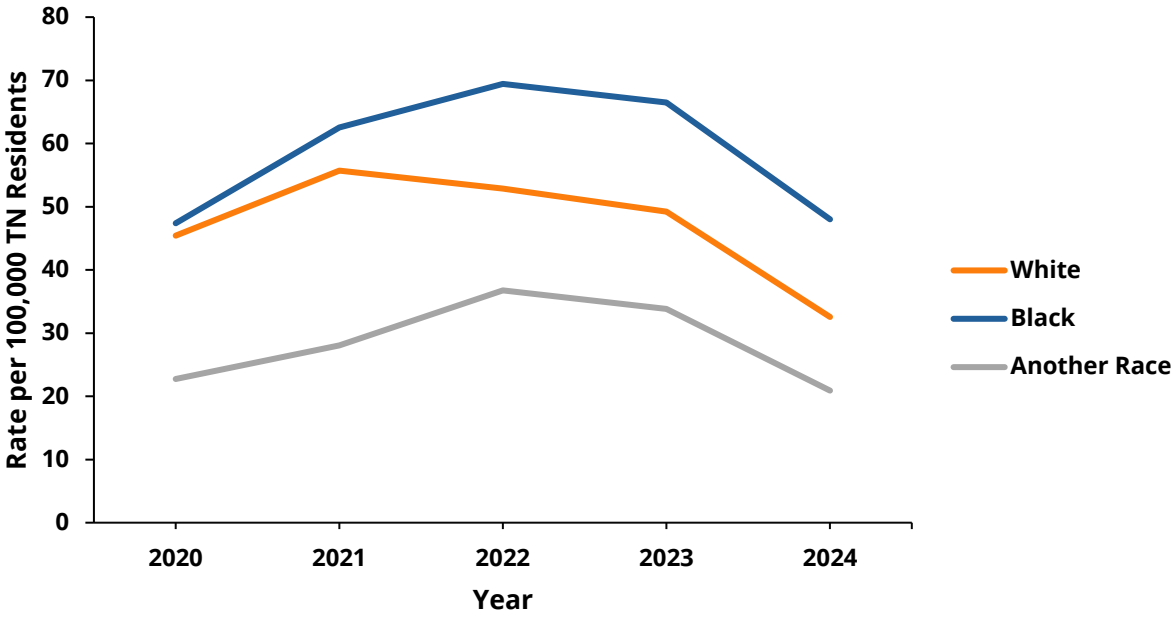
Table: Number of Overdose Deaths Among TN Residents by Race

Race Category*	2020	2021	2022	2023	2024
Another Race	69	89	124	115	79
Black	549	735	817	777	568
White	2,413	2,990	2,881	2,718	1,849

**The 'Another Race' category includes all races other than Black and White. Those races were combined due to small numbers.*

In 2024, drug overdose deaths decreased for all racial groups. Drug overdose deaths among White Tennesseans decreased 32% between 2023 and 2024, while deaths among Black Tennesseans decreased 27%, and deaths among Tennesseans of another race decreased 31%.

Age-Adjusted Rate of All Drug Overdose Deaths by Race Among TN Residents, 2020-2024



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Limited to TN residents. Data Source: Tennessee Death Statistical File, 2020-2024, Division of Vital Records and Statistics. Population data is from the Population Health Assessment Division.

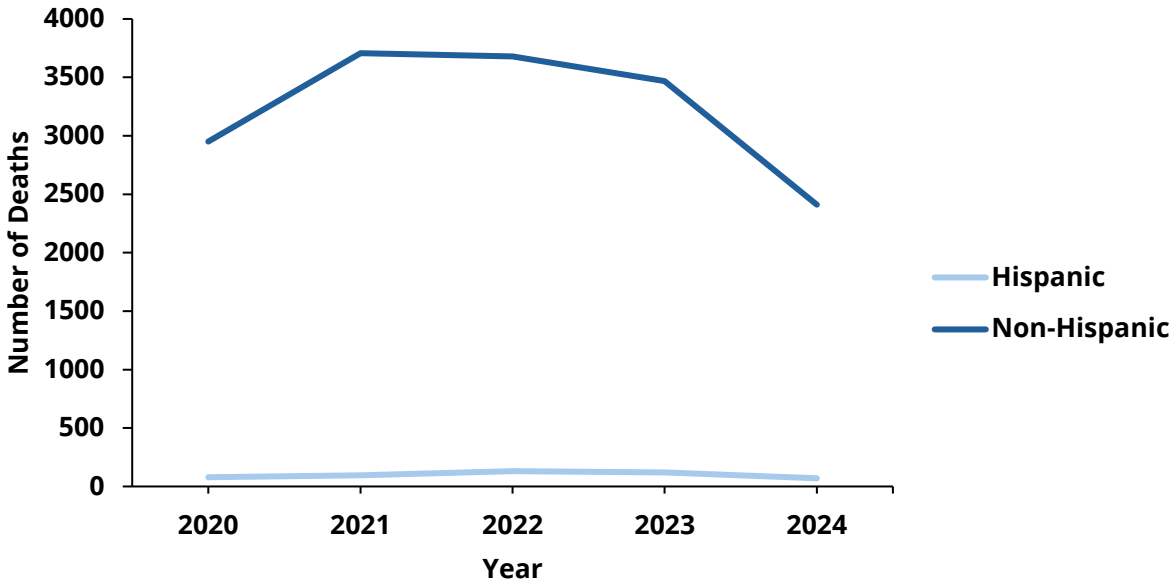
Table: Age Adjusted Rate of Overdose Deaths Among TN Residents by Race

Race Category*	2020	2021	2022	2023	2024
Another Race	23.1	28.4	37.1	34.2	21.1
Black	47.8	63.1	70.1	67.1	48.3
White	46.3	56.7	53.8	50.0	33.2

**The 'Another Race' category includes all races other than Black and White. Those races were combined due to small numbers. Rates are calculated per 100,000 residents.*

The age-adjusted rate of drug overdose deaths decreased for all racial groups between 2023 and 2024; however, the age-adjusted rate of Black Tennesseans continues to remain higher than White Tennesseans.

Number of All Drug Overdose Deaths by Ethnicity Among TN Residents, 2020-2024



Graph Note:
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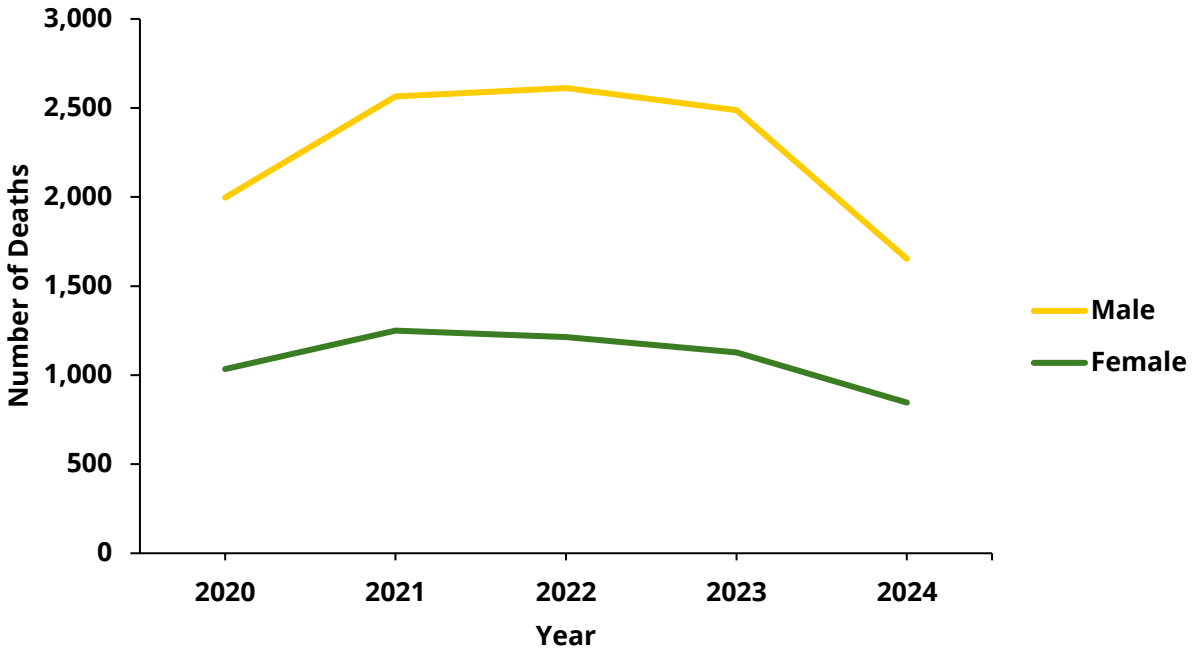
Table: Number of Overdose Deaths Among TN Residents by Ethnicity

Ethnicity	2020	2021	2022	2023	2024
Hispanic	79	95	131	120	70
Non-Hispanic	2,952	3,707	3,678	3,469	2,411

In 2024, drug overdose deaths among Hispanic Tennesseans decreased 42% while drug overdose deaths among non-Hispanic Tennesseans decreased 30%.

Number of All Drug Overdose Deaths by Sex Among TN Residents, 2020-2024



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Limited to TN residents. Data Source: Tennessee Death Statistical File, 2020-2024, Division of Vital Records and Statistics.

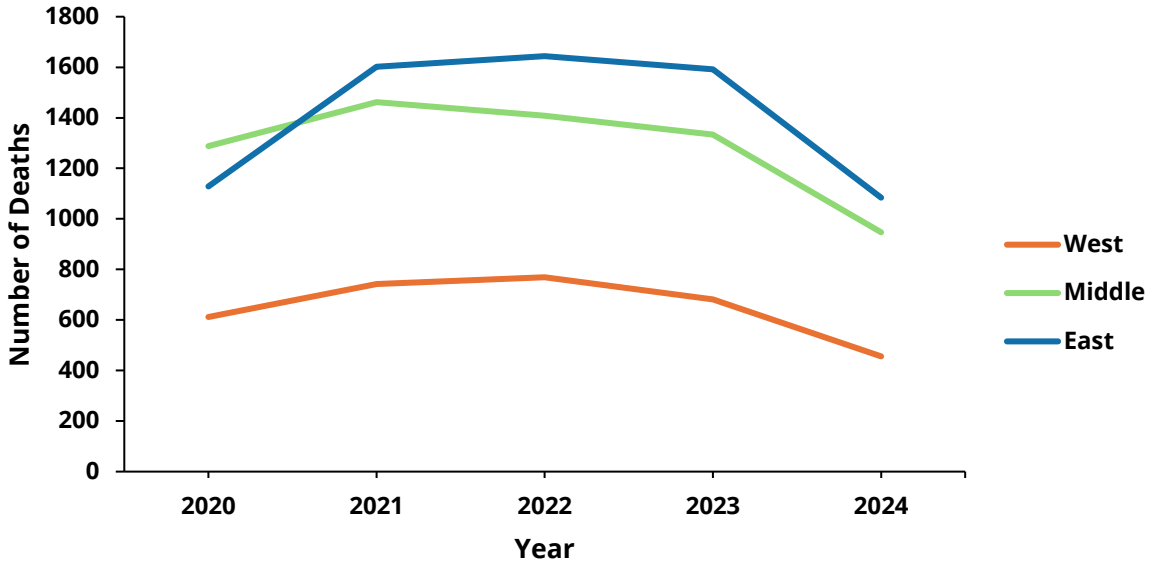
Table: Number of Overdose Deaths Among TN Residents by Sex

Sex Category	2020	2021	2022	2023	2024
Male	1,997	2,564	2,612	2,488	1,653
Female	1,035	1,250	1,214	1,128	846

Overdose deaths decreased for both males and females in 2024. Males have consistently accounted for about two-thirds of deaths, including in 2024, when 66% of overdose deaths were among males and 34% were among females.

Geographic Patterns of Overdose Deaths in Tennessee

Number of All Drug Overdose Deaths by Grand Division Among TN Residents, 2020-2024



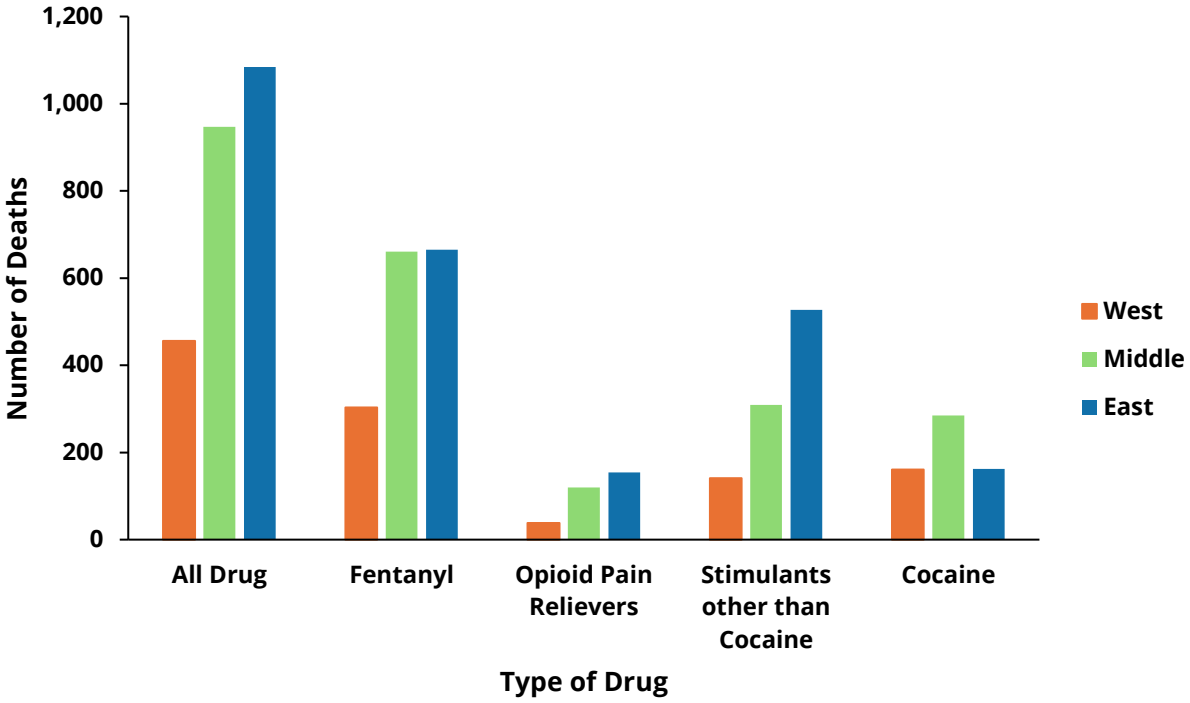
Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Limited to TN residents. Data Source: Tennessee Death Statistical File, 2020-2024, Division of Vital Records and Statistics.

Table: Number of Overdose Deaths among TN Residents by Grand Division

Grand Division	2020	2021	2022	2023	2024
West	612	742	769	681	456
Middle	1,288	1,462	1,408	1,333	947
East	1,129	1,602	1,644	1,592	1,084

In 2024, drug overdose deaths decreased in all Grand Divisions. The number of drug overdose deaths remains higher in the East Grand Division followed by the Middle Grand Division. Rates of overdose follow a similar pattern as counts in the Grand Divisions.

Number of Overdose Deaths by Drug Type and Grand Division Among TN Residents, 2020-2024



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Limited to TN residents. Data Source: Tennessee Death Statistical File, 2020-2024, Division of Vital Records and Statistics.

Table: Number of Overdose Deaths by Drug Type* and Grand Division Among TN Residents, 2024

Grand Division	All Drug	Fentanyl	Opioid Pain Reliever	Stimulants other than Cocaine	Cocaine
West	456	303	38	141	161
Middle	947	661	120	309	285
East	1,084	665	154	527	162

**Drug categories are not mutually exclusive*

East TN had the most overdose deaths in 2024, followed by Middle and West TN. Fentanyl was involved in most deaths in every region. East TN had the highest number of deaths involving stimulants other than cocaine (a category that is primarily methamphetamine), while Middle TN had the highest number involving cocaine.

2024 County Level Data

The following pages include county data on the number of overdose deaths in 2024 by a subset of drug types. Contributing drugs are not mutually exclusive and the counts of the sub-categories of overdose deaths will not necessarily sum to the total overdose deaths.

County	All Drug	Change from 2023	All Opioids	Fentanyl	Opioid Pain Relievers	Stimulants other than Cocaine	Cocaine
Anderson	48	-23	33	30	5	25	3
Bedford	15	-6	9	8	1	10	2
Benton	3	-3	2	2	1	1	0
Bledsoe	7	4	3	3	1	6	0
Blount	46	-18	32	29	8	15	7
Bradley	33	-4	18	16	2	8	1
Campbell	24	-6	19	12	6	12	1
Cannon	8	2	6	6	1	5	4
Carroll	5	-3	4	2	2	2	0
Carter	14	-19	8	6	2	12	1
Cheatham	19	-7	18	18	1	7	5
Chester	2	-1	1	0	1	0	0
Claiborne	13	-19	9	9	0	1	0
Clay	3	0	2	2	1	0	0
Cocke	22	-17	14	11	4	16	1
Coffee	23	-4	13	11	2	10	5
Crockett	3	2	1	0	0	1	0
Cumberland	30	-16	21	19	3	19	0
Davidson	394	-139	316	302	42	96	181
DeKalb	12	-2	9	9	2	8	0
Decatur	2	-4	0	0	0	2	0
Dickson	14	-11	11	11	4	8	3
Dyer	10	5	9	8	1	7	0
Fayette	8	-5	8	7	1	3	1
Fentress	3	-8	3	2	0	2	0
Franklin	10	-2	5	5	1	6	0
Gibson	7	-3	3	3	0	4	0
Giles	9	0	5	3	3	3	1
Grainger	5	-11	3	2	2	3	0
Greene	28	-19	22	19	5	18	3
Grundy	8	1	4	4	0	5	1
Hamblen	37	-2	25	21	5	14	8
Hamilton	136	-38	98	89	13	61	30
Hancock	8	0	5	5	1	5	3
Hardeman	3	-9	2	2	0	3	0
Hardin	5	-3	5	5	0	3	1
Hawkins	14	-3	11	7	4	9	1
Haywood	4	0	2	2	1	3	1
Henderson	8	1	5	4	1	3	0

Henry	10	2	7	5	2	4	1
Hickman	10	-10	7	7	0	6	1
Houston	3	0	3	3	0	1	0
Humphreys	9	0	7	7	0	5	0
Jackson	5	0	3	2	1	4	0
Jefferson	14	-21	10	5	3	7	1
Johnson	3	-6	1	0	0	3	0
Knox	280	-150	216	196	39	127	68
Lake	1	-5	0	0	0	1	0
Lauderdale	7	1	2	2	0	2	2
Lawrence	14	-6	7	4	3	7	0
Lewis	3	1	3	3	0	2	0
Lincoln	1	-4	0	0	0	0	0
Loudon	18	-19	12	9	3	11	1
Macon	10	0	8	6	2	3	1
Madison	14	-28	7	4	2	2	4
Marion	10	0	8	6	2	4	1
Marshall	3	-8	2	2	1	0	1
Maury	33	-5	29	26	6	14	2
McMinn	13	-14	7	7	1	6	1
McNairy	2	-3	1	1	0	1	0
Meigs	8	4	6	5	0	3	0
Monroe	23	-9	15	14	3	14	0
Montgomery	38	-38	30	26	9	14	9
Moore	1	0	1	0	0	0	0
Morgan	12	-8	8	7	2	9	2
Obion	4	-1	0	0	0	2	0
Overton	7	-2	6	4	2	5	1
Perry	2	0	1	1	0	2	0
Pickett	0	-1	0	0	0	0	0
Polk	1	-11	1	1	0	0	0
Putnam	20	-12	15	9	2	12	1
Rhea	21	8	18	18	4	11	0
Roane	42	-30	35	27	9	21	8
Robertson	13	-33	9	7	3	2	5
Rutherford	98	-16	79	72	14	15	29
Scott	3	-2	1	1	0	3	0
Sequatchie	6	1	5	4	1	3	0
Sevier	52	-1	36	33	5	19	2
Shelby	342	-157	256	244	2	93	150
Smith	8	4	7	6	2	2	2
Stewart	4	-1	3	3	0	0	0
Sullivan	57	-36	37	28	9	39	9
Sumner	48	-20	37	36	4	17	15
Tipton	10	-10	9	9	1	3	1
Trousdale	3	-2	3	3	1	1	0
UNKNOWN	12	2	11	9	1	6	3
Unicoi	9	3	7	5	4	5	0

Union	16	3	11	9	2	6	3
Van Buren	2	-1	1	0	1	0	0
Warren	18	3	9	6	6	8	1
Washington	37	-28	22	16	7	15	7
Wayne	6	-6	4	3	1	3	0
Weakley	6	-1	5	3	1	1	0
White	12	1	8	6	1	7	0
Williamson	20	-19	15	14	1	5	5
Wilson	32	-36	20	20	1	11	10
TENNESSEE	**2,499**	**-1,117**	**1,835**	**1,638**	**313**	**983**	**611**

Map: 2024 Age-Adjusted Rate of All Drug Overdose Deaths by TN Public Health Region Based on Decedent Residence

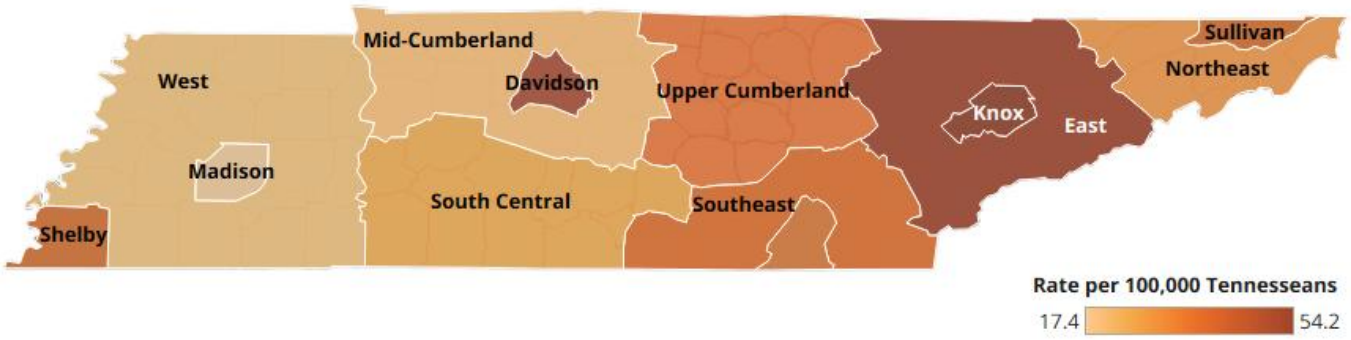


Table: Age-Adjusted Rate* of All Drug Overdose Deaths by Public Health Region, 2024

Public Health Region	Rate* of All Drug Overdose Deaths
East	49.1
Davidson	53.0
West	20.5
Northeast	30.2
Southeast	35.8
Hamilton	36.1
Knox	54.2
South Central	27.3
Madison	17.4
Mid-Cumberland	19.8
Upper Cumberland	40.0
Shelby	39.3
Sullivan	36.8

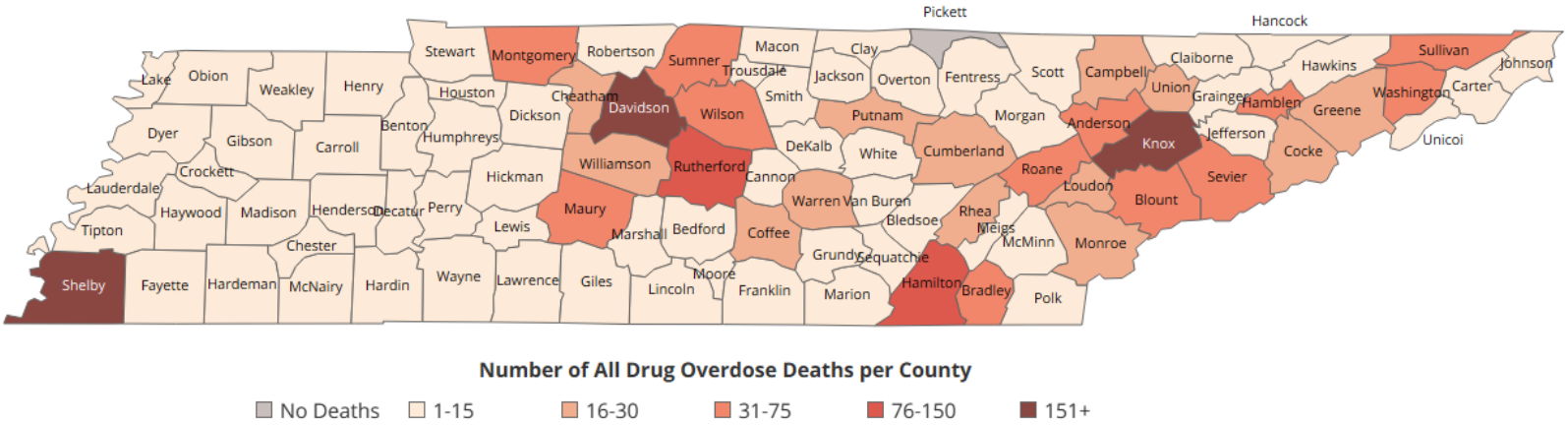
**Rates are per 100,000 residents*

All public health regions saw a decrease in overdose deaths in 2024. The Nashville-Davidson and Knox metro regions had the highest rates. Most regions had rates higher than the national rate, except for Mid-Cumberland, Madison, and West.

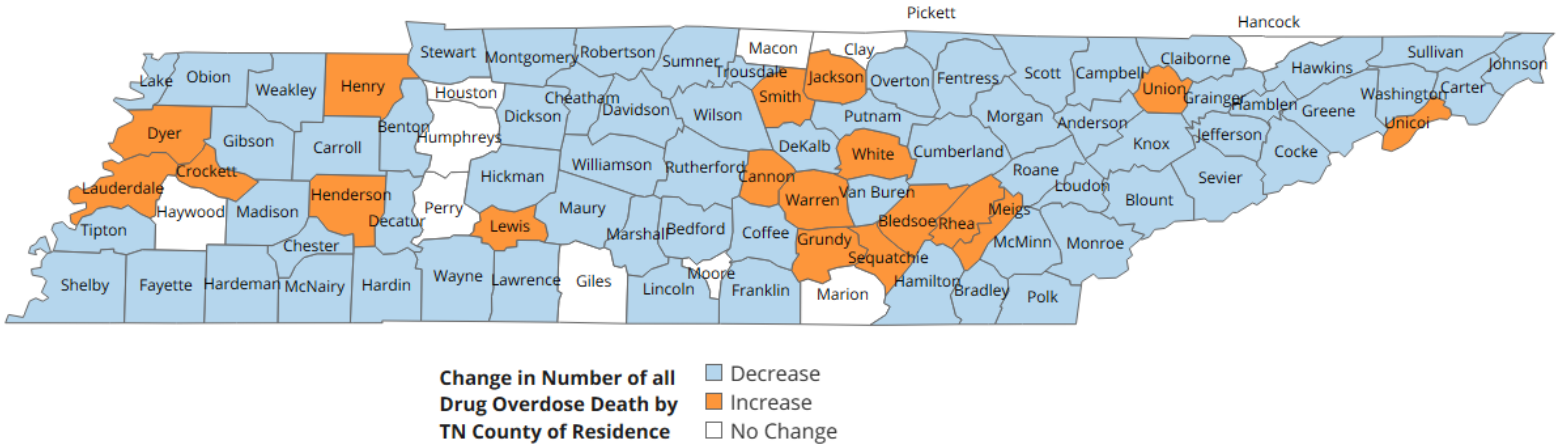
Map: 2024 All Drug Overdose Deaths by TN County of Residence

In 2024, every county in TN reported a drug overdose death except for Pickett County. The map below shows the counts occurring in each county.

We do not show rates for fatal overdoses on this map because when the count is less than 10, the rate becomes unstable and is not a reliable estimate. To see the rate information for counties where the estimate is reliable, please see our public-facing dashboard: https://www.tn.gov/health/odsurveillance.html



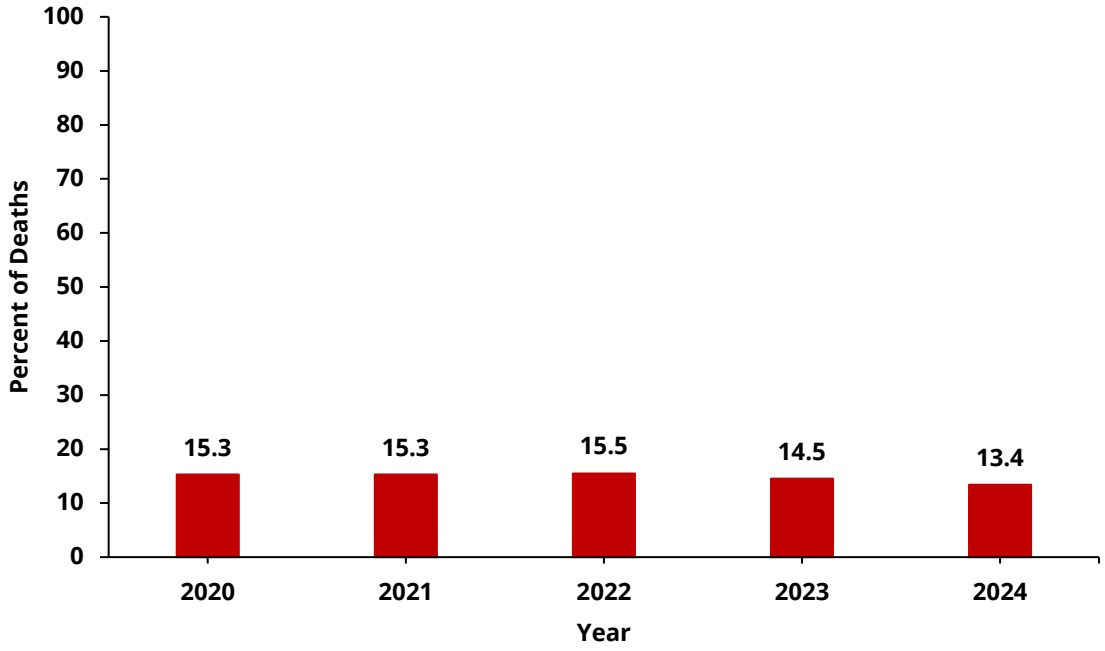
Map: Percent change of All Drug Overdose Deaths by TN County of Residence from 2023 to 2024



In 2024, most counties (67) experienced a decrease in the number of overdose deaths from 2023. Nineteen counties had an increase in the number of overdose deaths, and 10 saw no change.

Linking Fatal Drug Overdose Data to Hospital Discharge Data System Data and Controlled Substances Monitoring Program Data

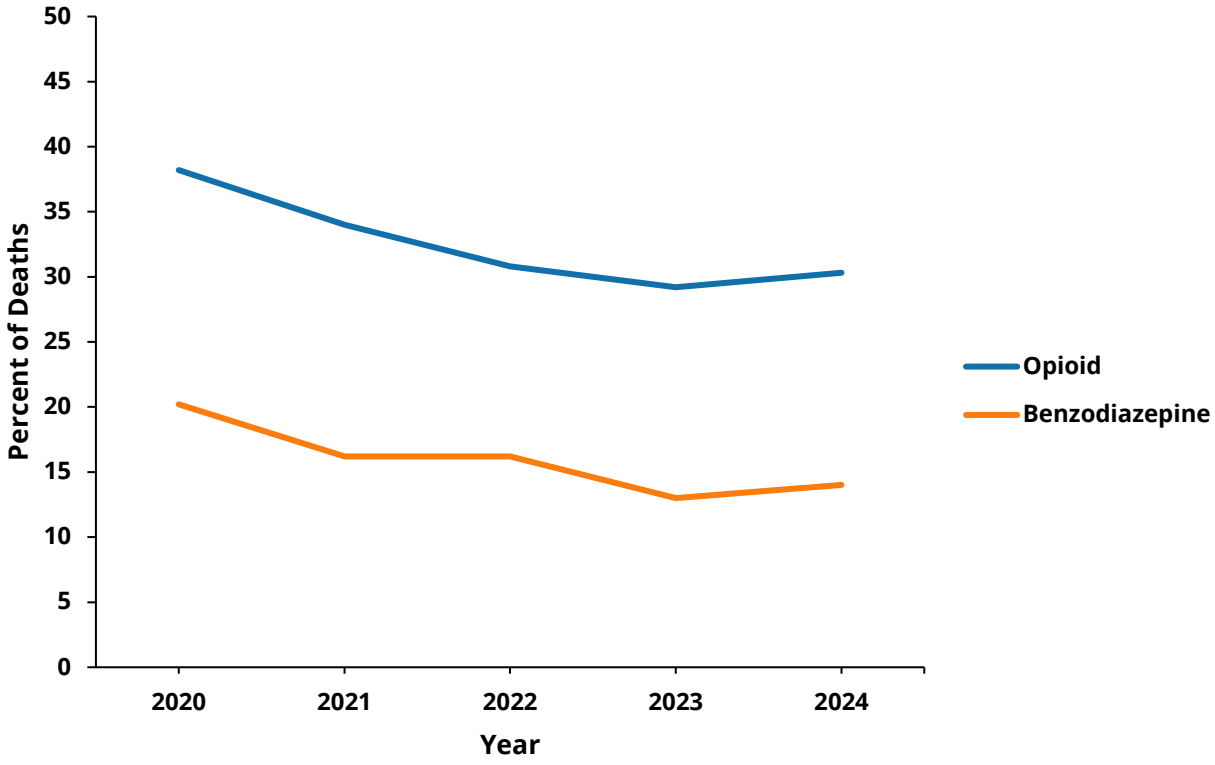
Previous Nonfatal Overdoses Among TN Residents in the 365 days Prior to a Drug Overdose Death, 2020-2024



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 26, 2026). Limited to TN residents. Data Source: Tennessee Death Statistical File, 2020-2024, Division of Vital Records and Statistics. Data linked to TN Hospital Discharge Data System (HDDS) Data. 92% of deaths were able to be linked to HDDS data. Improved linkage definitions and restrictions were implemented in 2026. Numbers from this year's report may not be the same as previous years.

In 2024, about 1 in 7 Tennesseans who died from a drug overdose had been treated in a hospital for a previous overdose in the year before their death (13.4%). This includes only overdoses treated in a Tennessee hospital and does not include those reversed by EMS, first responders, or peers. From 2020 to 2024, this pattern remained consistent, highlighting the importance of connecting people to care after a nonfatal overdose. At the Tennessee Department of Health, these efforts are led by the Overdose Response Coordination Office (ORCO) through the Overdose Data to Action in States (OD2A-S) grant. Learn more at https://www.tn.gov/health/orco.html.

Prescription History among TN Residents in the 365 Days Prior to a Drug Overdose Death, 2020-2024



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 26, 2026). Limited to TN residents. Data Source: Tennessee Death Statistical File, 2020-2024, Division of Vital Records and Statistics. Data linked to Controlled Substance Monitoring Program Database (CSMD) Data. 84% of deaths were able to be linked to CSMD data.

Table: Percent of Deaths with an Active Prescription in the 365 Days Before Death

Prescription Type*	2020	2021	2022	2023	2024
Opioid Prescription	38.2%	34.0%	30.8%	29.2%	30.3%
Benzodiazepine Prescription	20.2%	16.2%	16.2%	13.0%	14.0%

**Prescription categories are not mutually exclusive, meaning an individual may have had both an opioid and benzodiazepine prescription*

The proportion of drug overdose decedents filling opioid or benzodiazepine prescriptions in the 365 days prior to death decreased from 2020-2023. From 2023 to 2024, a small increase was noted.

State Unintentional Drug Overdose Reporting System Data (SUDORS)

What is SUDORS?

SUDORS is a surveillance system funded by the Centers for Disease Control and Prevention (CDC) to better understand and prevent overdose deaths. The Tennessee Department of Health began collecting SUDORS data for opioid overdose deaths in 2018 and expanded to include all drug overdose deaths in 2019.

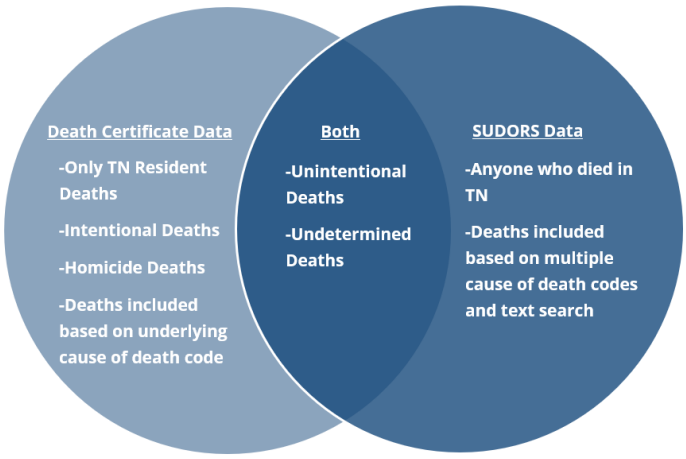
The TN SUDORS program collects information on fatal drug overdoses that are classified as unintentional or undetermined intent based on the manner of death. It includes all overdose deaths that occur in TN, regardless of where the person lived. The system uses a slightly different case definition than standard mortality data because it includes additional information to confirm whether a death involved drugs.

Potential overdose deaths are first identified using an algorithm that looks for patterns in cause-of-death codes and text. These cases are then reviewed using medical examiner reports, including autopsy and toxicology findings, to confirm whether they should be included.

For each confirmed death, staff collect more than 600 data elements. These include demographic information, where the overdose occurred, prior overdose history, substance use and medical history, details from the death scene, prescription history, and toxicology results.

How Does SUDORS Compare to Death Certificate Data?

While the case definition is different between SUDORS and using Vital Statistics death certificate data, there is quite a bit of similarity. The death certificate definition includes overdose deaths where an X40-X44 (unintentional), Y10-Y14 (undetermined), X85 (homicide), or X60-X64 (intentional) code was listed as the underlying cause of death and the person was a TN resident. SUDORS includes deaths in which an X40-X44, Y10-Y14, or T36-T50 code was listed in any cause of death field or a toxicity term and drug term were present in the cause of death or contributing cause text fields, the manner was unintentional or undetermined, and the death occurred in TN regardless of the person's residence.



SUDORS Data Sources

Death Certificates

(Available for 100% of deaths)

- Demographics
- Geographic information on overdose location
- Cause and manner of death
- Other significant conditions contributing to the death
- How the overdose occurred
- Place of death
- Date of death

Postmortem Toxicology

(Available for >75% of deaths)

- All drugs detected
- Drugs contributing to the death
- Date and time specimens were collected
- Source of specimen (blood, urine, vitreous fluid)
- Type of test conducted (presumptive or confirmatory)

Medical Examiner Reports

(Available for >75% of deaths)

- History of prior overdoses
- Treatment for substance use disorder
- Prescription drug misuse or illicit drug use history
- Routes of drug administration
- Presence of bystanders
- First responder intervention

Although SUDORS differs slightly from standard mortality reporting, it can be used on its own to examine overdose deaths with an unintentional or undetermined manner of death. It can also be used alongside Vital Statistics death certificate data to provide additional details about the circumstances of these deaths that are not available in administrative records.

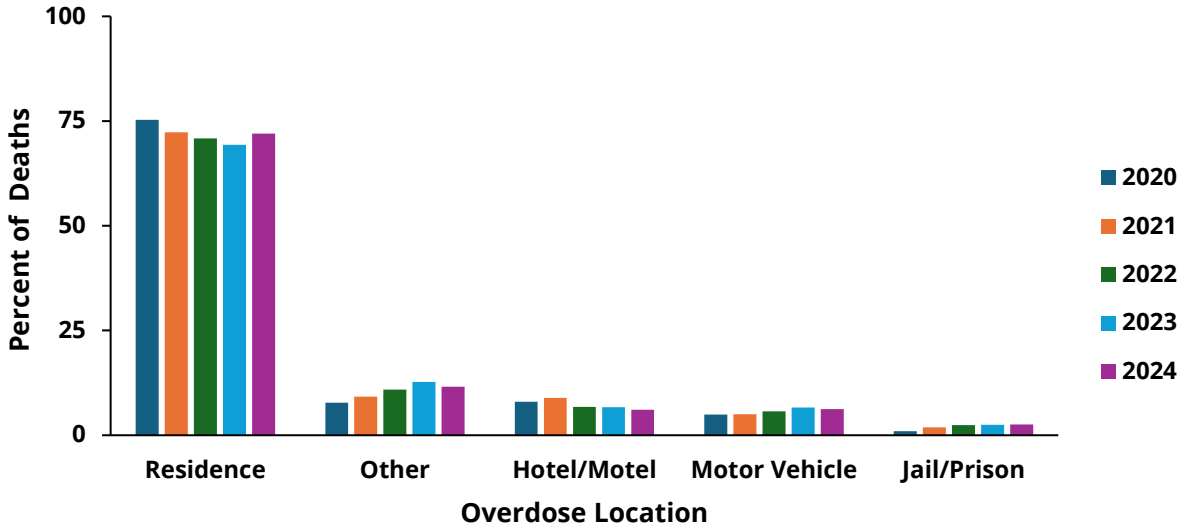
Each year, more than 75% of deaths included in SUDORS have both medical examiner reports and postmortem toxicology results. This allows SUDORS to provide detailed information about the circumstances surrounding overdose deaths, which can help guide prevention efforts. SUDORS can also help identify emerging drug threats and better understand patterns of polysubstance use as the overdose epidemic continues to change.

The following pages present SUDORS data trends from 2020 to 2024.

Circumstances of People Experiencing a Fatal Drug Overdose Using SUDORS Data

Overdose Location of SUDORS Deaths in Tennessee, 2020-2024

Overdose location refers to where a person first shows signs or symptoms of an overdose. This may not always be where the drugs were taken, but because overdoses often happen quickly, these locations are often the same.



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Data Source: TN SUDORS, 2020-2024.

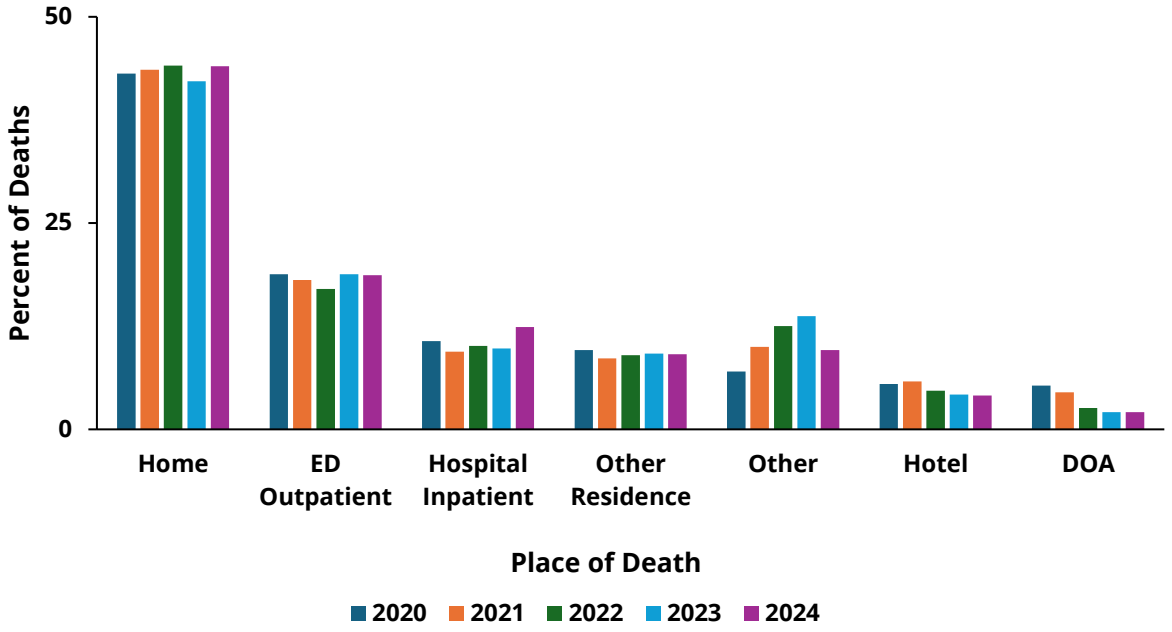
Table: Percent of SUDORS Deaths by Overdose Location, 2020 - 2024

Overdose Location	2020	2021	2022	2023	2024
Any Residence	75.3%	72.3%	70.9%	69.3%	72.0%
Other Location	7.8%	9.2%	10.9%	12.7%	11.6%
Hotel/Motel	8.0%	8.9%	6.8%	6.7%	6.1%
Motor Vehicle	4.9%	5.0%	5.7%	6.6%	6.2%
Jail/Prison	1.0%	1.9%	2.4%	2.5%	2.6%

In Tennessee, from 2020 to 2024, most fatal overdoses (71.9%) occurred in a residential setting, such as a house or apartment. Other locations—such as hospitals, streets or alleys, outdoor areas, and commercial settings like stores, laundromats, or parking lots—accounted for a smaller share of deaths. Overdoses in hotels or motels were the next most common location in 2024. The percentage of overdose deaths occurring in jails or prisons increased between 2020 and 2021 and has remained stable since then.

Death Location of SUDORS Deaths in Tennessee, 2020-2024

Death location refers to where a person is officially pronounced dead. In many cases, this happens at the scene and is the same as the injury location. In other cases, a person may be transported to the emergency department for official pronouncement, even if no life-saving measures were attempted because there were clear signs of death.



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2025). Data Source: TN SUDORS, 2020-2024.

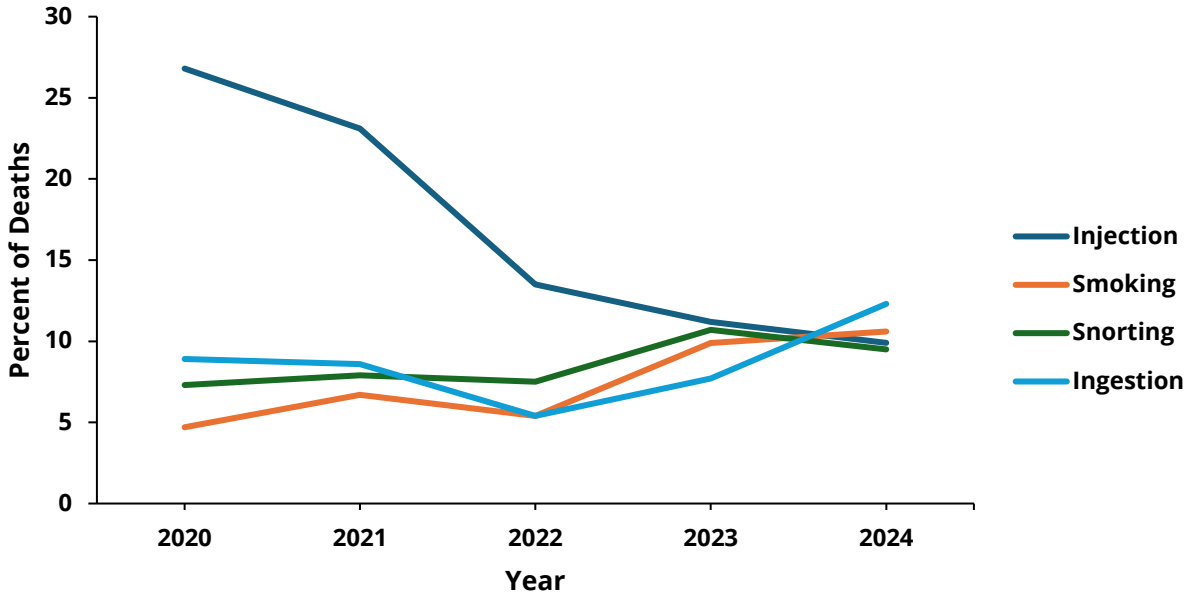
Table: Percent of SUDORS Deaths by Death Location, 2020-2024

Death Location	2020	2021	2022	2023	2024
Home	43.1%	43.6%	44.1%	42.2%	44.0%
ED Outpatient	18.8%	18.1%	17.1%	18.8%	18.7%
Hospital Inpatient	10.7%	9.4%	10.1%	9.8%	12.4%
Other Residence	9.6%	8.6%	9.0%	9.2%	9.1%
Other Location	7.0%	10.0%	12.5%	13.7%	9.6%
Hotel/Motel	5.5%	5.8%	4.7%	4.2%	4.1%
DOA	5.3%	4.5%	2.6%	2.1%	2.1%

From 2020 to 2024, the decedent's home was consistently the most common location where fatal overdoses occurred, accounting for about 42% to 44% of deaths each year. The next most common location was the emergency department, accounting for 18.7% of deaths in 2024, followed by hospital inpatient settings at 12.4%.

Route of Administration for Drug Use among SUDORS Deaths in Tennessee, 2020-2024

Route of administration refers to how a drug was taken in a fatal overdose. In SUDORS, this information is based on evidence from the scene and witness reports. Examples include items such as needles, tourniquets, filters, pipes, cut straws, powder, pills, and pill bottles.



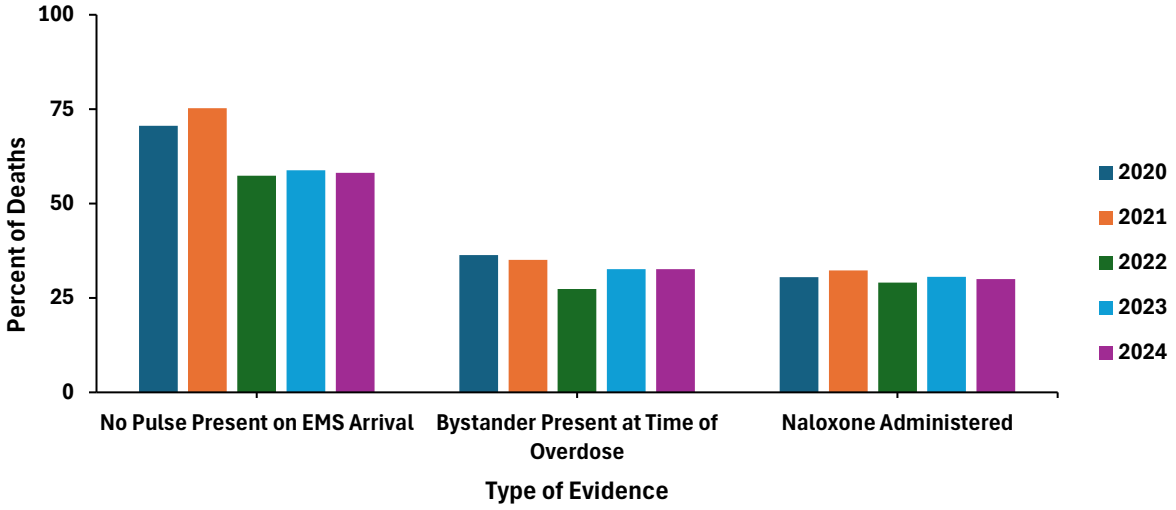
Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Data Source: TN SUDORS, 2020-2024. Limited to cases where medical examiner reports were available. Categories are not mutually exclusive. One person may have evidence of more than one route of administration present.

Table: Percent of SUDORS Deaths with Evidence of Different Routes of Administration, 2020 - 2024

Route of Administration	2020	2021	2022	2023	2024
Injection	26.8%	23.1%	13.5%	11.2%	9.9%
Smoking	4.7%	6.7%	5.4%	9.9%	10.6%
Snorting	7.3%	7.9%	7.5%	10.7%	9.5%
Ingestion	8.9%	8.6%	5.4%	7.7%	12.3%

Before 2023, injection was the most common route of administration. By 2024, injection, smoking, snorting, and ingestion were reported at similar levels, with no single route clearly more common than the others. It is important to note that this information is based on evidence found at the scene. **Drug paraphernalia may be removed before help is called or emergency responders arrive, so some routes of administration may be underreported**.

Scene Elements Present Among SUDORS Deaths in Tennessee, 2020-2024



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Data Source: TN SUDORS, 2020-2024. Limited to cases where medical examiner reports were available.

Table: Percent of SUDORS Deaths with Scene Elements, 2020-2024

Element	2020	2021	2022	2023	2024
No Pulse on EMS Arrival	70.6%	75.3%	57.4%	58.8%	58.1%
Bystander Present at Time of Overdose	36.4%	35.1%	27.4%	32.6%	32.6%
Naloxone Administered	30.5%	32.3%	29.1%	30.6%	30.0%

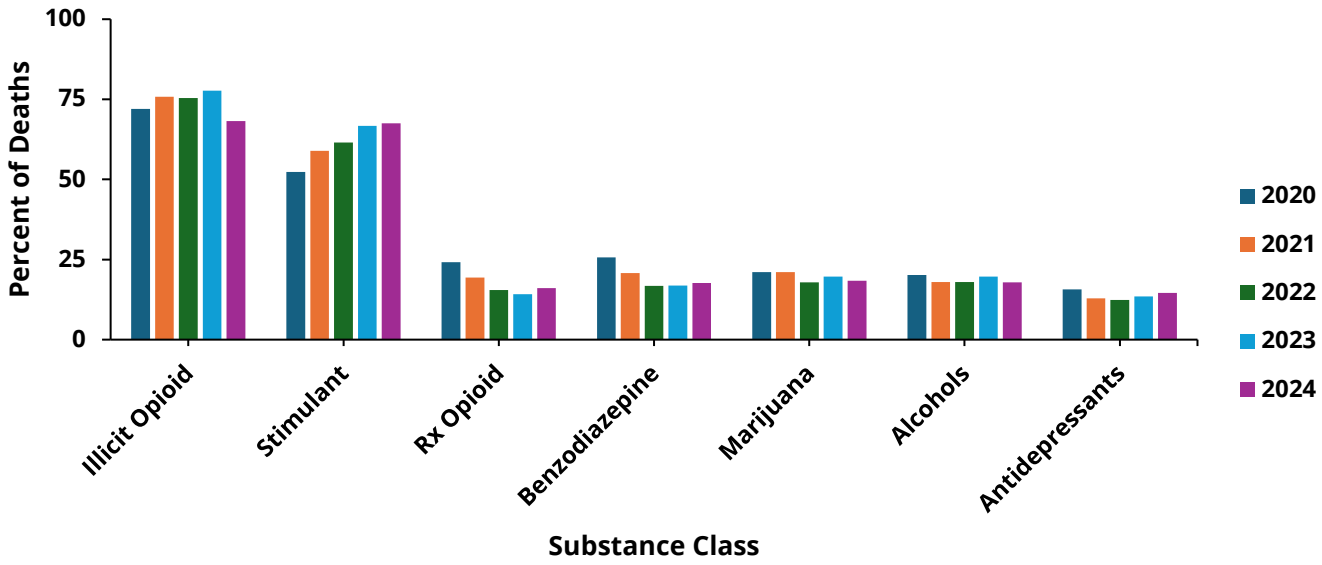
Overdose scene information highlights key opportunities for prevention.

- In 2024, about one-third (32.6%) of fatal overdoses involved another person being present, suggesting many people may be using substances alone. **Increasing bystander awareness and response is critical.**
- In most fatal overdoses (62%), the person had no pulse when EMS arrived, suggesting delays in calling for help. **Encouraging people to call 911 as soon as overdose signs begin can save lives.**
- Naloxone was administered in only 30% of SUDORS cases. **Expanding access to naloxone and training on how to use it remains essential.**
    - It is important to note that this is only naloxone administration where the reversal was not successful. **Naloxone administration saves lives every day.**

Toxicology among SUDORS Deaths in Tennessee

Drug Classes Among SUDORS Deaths in Tennessee, 2020-2024

Drug classes are based on drugs found in postmortem toxicology reports or listed on the death certificate. These drugs may not have caused the death but were present in the person's system at the time of death.



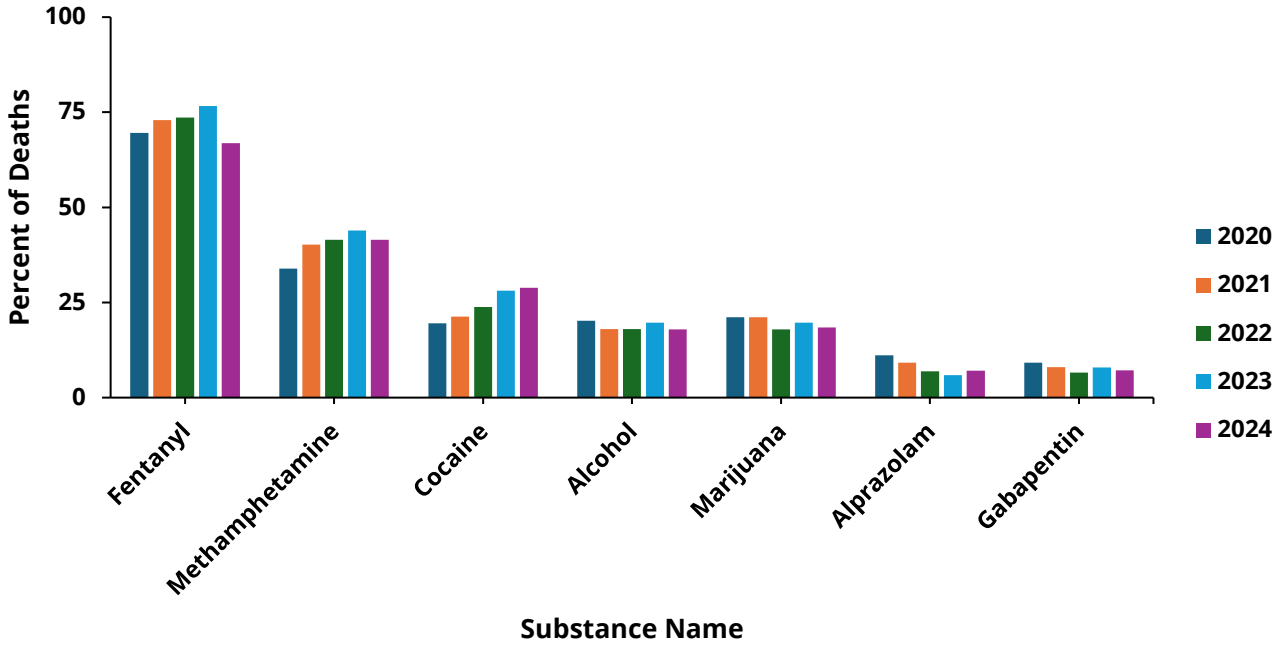
Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Data Source: TN SUDORS, 2020-2024. Categories are not mutually exclusive. Deaths often involve more than one substance. Classes were listed as a cause of death on the death certificate or present on postmortem toxicology.

Table: Percent of SUDORS Deaths with Each Drug Class, 2020-2024

Drug Class	2020	2021	2022	2023	2024
Illicit Opioid	72.0%	75.8%	75.4%	77.7%	68.2%
Stimulant	52.3%	58.9%	61.5%	66.7%	67.5%
Rx Opioid	24.2%	19.4%	15.5%	14.2%	16.1%
Benzodiazepine	25.7%	20.8%	16.8%	16.9%	17.7%
Marijuana	21.1%	21.1%	17.9%	19.7%	18.4%
Alcohols	20.2%	18.1%	18.0%	19.9%	18.1%
Antidepressants	15.7%	12.9%	12.4%	13.5%	14.6%

Illicit opioids were the most common drug class in SUDORS deaths through 2023. By 2024, deaths involving illicit opioids and stimulants were nearly the same (68.2% and 67.5%). Over time, involvement of prescription opioids, benzodiazepines, marijuana, antidepressants, and alcohol stayed about the same.

Individual Substances Among SUDORS Deaths in Tennessee, 2020-2024



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Data Source: TN SUDORS, 2020-2024. Categories are not mutually exclusive. Deaths often involve more than one substance. Substances were listed as a cause of death on the death certificate or present on postmortem toxicology.

Table: Percent of SUDORS Deaths with Individual Substances, 2020-2024

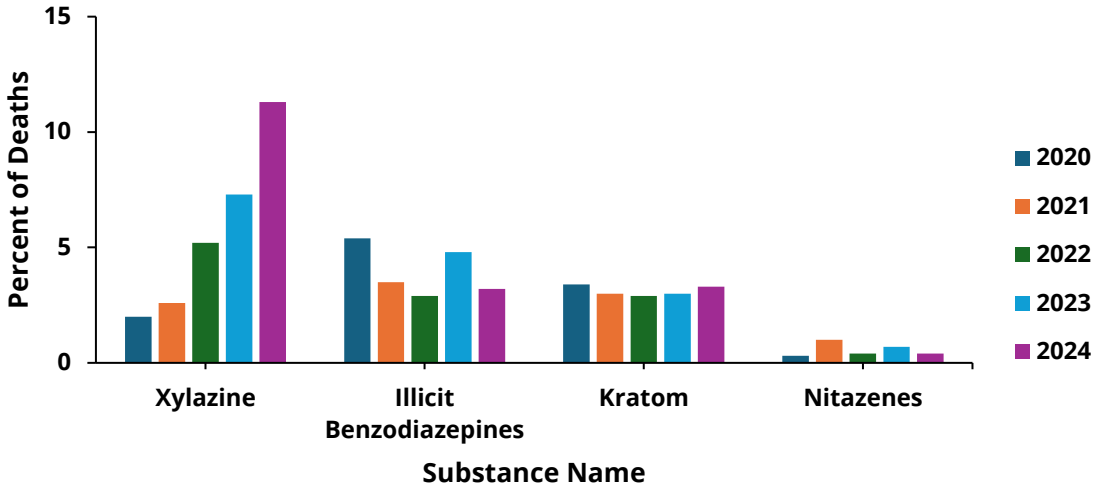
Drug Class	2020	2021	2022	2023	2024
Fentanyl	69.3%	72.8%	73.6%	76.2%	66.8%
Methamphetamine	33.9%	40.2%	41.5%	43.9%	41.6%
Cocaine	19.5%	21.3%	23.8%	28.1%	28.9%
Alcohol (Ethanol)	20.2%	18.0%	18.0%	19.7%	17.9%
Marijuana	21.1%	21.1%	17.9%	19.7%	18.4%
Alprazolam	11.1%	9.2%	6.9%	5.9%	7.1%
Gabapentin	9.2%	8.0%	6.6%	7.9%	7.2%

Individual substances are identified through postmortem toxicology or listed on the death certificate. The most identified substances were fentanyl, methamphetamine, cocaine, alcohol, marijuana, alprazolam, and gabapentin. These substances may not have directly caused the death but were present in the person's system at the time.

Most fentanyl-related deaths in Tennessee involve illicit fentanyl. In 2024, fentanyl was present in two-thirds (66.8%) of overdose deaths.

Emerging Substances Present on Toxicology among SUDORS Deaths in Tennessee, 2020-2024

Tracking new and emerging substances in SUDORS helps identify changes in the drug supply. However, detection can be limited by testing capabilities and differences in practices across forensic centers.



Graph Note:
Analysis by the Office of Informatics and Analytics, TDH (last updated March 20, 2026). Data Source: TN SUDORS, 2020-2024. Categories are not mutually exclusive. Deaths often involve more than one substance. Substances were listed as a cause of death on the death certificate or present on postmortem toxicology.

Table: Percent of SUDORS Deaths with Emerging Substances, 2020-2024

Drug Class	2020	2021	2022	2023	2024
Xylazine	2.0%	2.6%	5.2%	7.3%	11.3%
Illicit Benzodiazepine	5.4%	3.5%	2.9%	4.8%	3.2%
Kratom	3.4%	3.0%	2.9%	3.0%	3.3%
Nitazenes	0.3%	1.0%	0.4%	0.7%	0.4%

Xylazine has increased over time and was found in 11.3% of deaths in 2024. Illicit benzodiazepines were identified in fewer than 6% of deaths each year, with bromazolam most commonly detected. Other illicit benzodiazepines, such as etizolam, flubromazepam, flualprazolam, clonazolam, flubromazolam, and meclonazepam, were also identified. Kratom has been detected in 3% of deaths each year. Nitazenes were rare, appearing in fewer than 1% of deaths each year.

SUDORS has also detected other emerging substances in small numbers. Medetomidine was identified in one death in 2023. Synthetic cannabinoids were identified in one death in 2021 and one death in 2022. Brorphine was identified in 7 deaths between 2020-2024.

Monitoring these substances is important as the drug supply continues to change.

Drug Overdose Data and Prevention Resources in Tennessee

Data Resources

- The **Office of Informatics and Analytics (OIA)** offers a variety of reports on its Facts & Figures page on the TDH website, See https://www.tn.gov/health/odsurveillance.html
- OIA also hosts a public-facing dashboard displaying fatal and nonfatal overdose data, prescribing trends, and social determinants of health data, see https://www.tn.gov/health/odsurveillance.html
- For any data-related questions, please email: tdh.analytics@tn.gov
- TDH has curated a **TDH Health Data Portal** website. This platform allows you to search, explore, download, and share public health data, see 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 Health Data Portal, see https://healthdata.tn.gov/stories/s/puqi-g78j

Resources for Treatment and Prevention

- The **Overdose Response Coordination Office (ORCO)** supports TDH'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, peer navigation to treatment, and recovery resources from local health departments and emergency departments. For more information on ORCO programs and efforts see, https://www.tn.gov/health/orco.html
- **For Peer Navigation:** The Tennessee Department of Health **RISE (Recovery, Information, Support, and Engagement) Navigators** help individuals connect to appropriate treatment and social services in Tennessee. Navigators are embedded in settings such as hospitals, correctional facilities, EMS agencies, and select local health departments across Tennessee. To find a RISE Navigator near you, see https://www.tn.gov/health/orco.html
- **Finding Treatment:** Find Help Now is a national platform where individuals can locate substance use disorder treatment options in their communities. See https://findhelpnow.org/tn.
- **Getting Treatment Referrals:** 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.
- **Getting Mental Health Resources:** For 24/7 mental health, substance use, or emotional crisis support, individuals can contact the 988 Suicide and Crisis Lifeline by calling or texting

988, or by chatting at 988lifeline.org. Trained crisis counselors are available to help individuals in crisis or those concerned about a loved one.

- **Overdose Prevention Training:** For overdose prevention training, tools, and resources, the **Regional Overdose Prevention Specialists (ROPS)** are located throughout the state. They can help to answer questions on overdose prevention and tools such as naloxone and testing strips. To learn more about ROPS work or to contact your local ROPS, see https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html.
- **Using Naloxone:** Naloxone, commonly known as Narcan, is a lifesaving medication used to reverse the effects of opioids. TDMHSAS has developed resources about overdose and naloxone for both individuals and agencies: https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/naloxone-training-information.html. Naloxone may also be available at your local health department, see https://www.tn.gov/health/health-program-areas/localdepartments.html
- **Raising Prevention Awareness in Your Community:** In counties and communities across Tennessee, substance use prevention coalitions are working to reduce use or misuse of harmful and potentially lethal substances, such as prescription drugs, alcohol, and tobacco. These local efforts, funded by the State of Tennessee since 2008, help to 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.

Technical Notes

Tennessee Death Certificate Data Notes

About Tennessee Death Data

The TDH Division of Vital Records and Statistics manages the registration of Tennessee death certificates and the compilation of resident death records for statistical purposes. Tennessee death records are filed electronically through the Vital Records Information Management System (VRISM) by funeral homes, physicians, and medical examiners. Deaths among Tennessee residents occurring in another state are collected via an interjurisdictional exchange agreement with 56 other U.S. vital records jurisdictions. Causes of death are certified by physicians or medical examiners. Tennessee mortality statistics are based on deaths of Tennessee residents regardless of where the death occurred, as Tennessee resident population denominators are used for rates.

Cause of Death Coding for Mortality Statistics

Literal text of conditions in the causal chain of events leading to death, and potentially significant conditions that did not directly lead to death but may have contributed, are certified by physicians and medical examiners on death certificates. Using the information provided by certifiers, ICD-10-CM codes are assigned for a single underlying cause of death based on the causal chain by the National Center for Health Statistics (NCHS) at the Centers for Disease Control (CDC). Additionally, ICD-10-CM codes are assigned to each individual condition provided by the certifier on the cause of death section of the death certificate (multiple cause codes). For more information about how causes of death are coded please visit the NCHS National Vital Statistics System website: https://www.cdc.gov/nchs/nvss/mortality_methods.html

Tennessee Drug Overdose Death Indicator Definitions

Primary Criteria

- Only Tennessee residents
- Excludes voided death certificates

All Drug Overdose

- Deaths that have been coded with any of the following ICD-10 codes as the underlying cause of death:
    - **X40-X44:** Accidental poisoning by drugs
    - **X60-X64:** Intentional self-poisoning by drugs
    - **X85:** Assault by drug poisoning
    - **Y10-Y14:** Drug poisoning of undetermined intent

Drug Overdose Deaths Involving Opioids

- Must meet criteria for All Drug Overdose deaths AND contain at least one of the following ICD-10 codes as a contributing cause of death:
    - **T40.0:** Poisoning by opium

- **T40.1:** Poisoning by heroin
- **T40.2:** Poisoning by natural and semisynthetic opioids
- **T40.3:** Poisoning by methadone
- **T40.4:** Poisoning by synthetic opioids other than methadone
- **T40.6:** Poisoning by other and unspecified narcotics
- Must meet criteria for All Drug Overdose deaths AND contain the following text in the contributing cause of death text fields: 'FENTAN', 'FENTA', 'FANTAN' and some other misspellings when no opioid code is available

Drug Overdose Deaths Involving Prescription Opioid Pain Relievers

- Must meet criteria for All Drug Overdose deaths AND contain at least one of the following ICD-10 codes as a contributing cause of death:
  - **T40.2:** Poisoning by natural and semisynthetic opioids
  - **T40.3:** Poisoning by methadone

Drug Overdose Deaths Involving Heroin

- Must meet criteria for All Drug Overdose deaths AND contain the following ICD-10 code as a contributing cause of death:
  - **T40.1:** Poisoning by heroin

Drug Overdose Deaths Involving Fentanyl

- Must meet criteria for All Drug Overdose deaths AND contain the following text in the contributing cause of death text fields: 'FENTAN', 'FENTA', 'FANTAN' and some other misspellings'

Drug Overdose Deaths Involving Any Stimulant

- Must meet criteria for All Drug Overdose deaths AND contain the following ICD-10 code as a contributing cause of death:
  - **T43.6:** Poisoning by psychostimulants with abuse potential or
  - **T40.5:** Poisoning by cocaine

Drug Overdose Deaths Involving Benzodiazepines

- Must meet criteria for All Drug Overdose deaths AND contain the following ICD-10 code as a contributing cause of death:
  - **T42.4:** Poisoning by benzodiazepine

Drug Overdose Deaths Involving Antidepressants

- Must meet criteria for All Drug Overdose deaths AND contain the following ICD-10 code as a contributing cause of death:
  - **T43.2:** Poisoning by antidepressant

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Appendix

Important Note for Race Variable Calculation

Single-race White and single-race Black are represented in the report for all years of data. Previous reports included multiple-race responses that had been bridged to White or Black in the respective White or Black counts. That bridging was done according to the methods outlined in the Center for Disease Control (CDC) National Center for Health Statistics (NCHS) "Procedures for Multiple-race and Hispanic Origin Data: Collection, Coding, Editing, and Transmitting".

NCHS discontinued race bridging beginning with 2022 data. Previous reports also imputed the race as White for Hispanic decedents for which the race was not classifiable in one or more of the OMB's five minimum categories for data on race (i.e. with a race of 'some other race'). Therefore, counts by race in previous reports will be higher than the counts published here to the extent that records previously classified as White or Black no longer meet the revised criteria.

The race categories used in this report also differ from those used by NCHS in current publications, including drug overdose reports. Like this report, NCHS now uses single-race categories, but NCHS assigns the race of all records for which race unknown, not stated, or not classifiable to the racial designation of the previous single-race records.