



Department of

Mental Health &

Substance Abuse Services

Comprehensive Approaches to Substance Use Prevention

Division of Substance Abuse Services

Office of Prevention and Early Intervention Services

Learning Objectives

- 1. Understand the Landscape of Substance Use Among Youth**
- 2. Understand Overdose in Tennessee**
- 3. Describe evidence-based strategies for substance use and overdose prevention**



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TDMHSAS: Mission and Vision

OUR MISSION:

Creating

**COLLABORATIVE
PATHWAYS TO
RESILIENCY,
RECOVERY, and
INDEPENDENCE**

for Tennesseans living with mental illness and
substance use disorders

OUR VISION:

A STATE
of resiliency, recovery,
and independence
IN WHICH
TENNESSEANS
living with mental illness
and substance use disorders
THRIVE

Statewide Findings from the 2022-2023 Tennessee Together Student Survey

About the Survey

- The TN Together Student Survey is a school-based survey funded by TDMHSAS and coordinated by EMT Associations in partnership with TDMHSAS, the TN National Guard, Substance Use Prevention Coalitions (SUPCs) and local school systems throughout the state.
- The 2024-2025 school year marks the fourth consecutive administration.
- Survey samples include a census of all students in 8th, 10th, and 12th grades across selected school sites.

Survey Measures

Survey captures youth behaviors, attitudes, and social norms related to substance misuse and related risk behaviors and emotional health and wellness. Specific measures include:

- Lifetime use, age of initiation, and past 30-day use
- Access to alcohol and prescription drugs
- Personal, peer, and parental approval
- Risk perception
- Parent communication
- Exposure to prevention messaging
- Emotional wellness (i.e., symptoms of psychological distress and suicidal ideation)
- Underage gambling (*NEW for 2024-2025*)

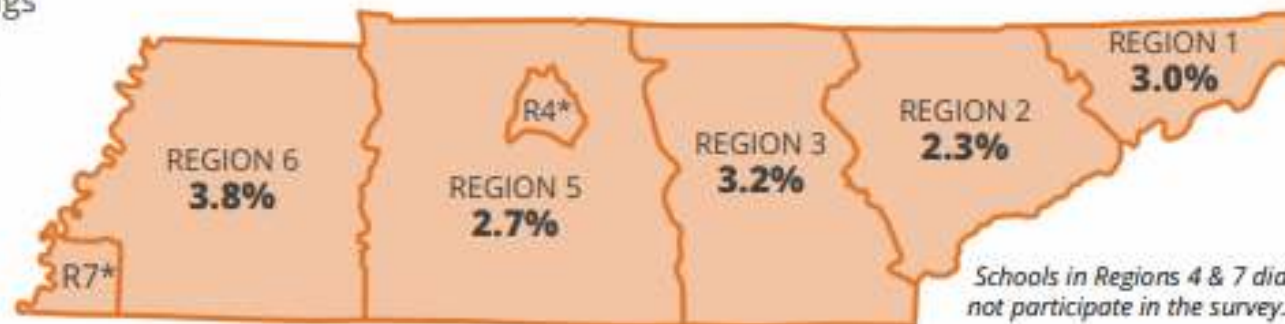
Key Findings - Prescription Drug Use

PAST 30-DAY USE

2.9% of students reported misusing prescription drugs in the past 30 days.

42.0% of the students who misused in the past 30 days reported use on six or more days, defined as **high-frequency** use.

PAST 30-DAY USE BY TDMHSAS PLANNING AND POLICY REGION

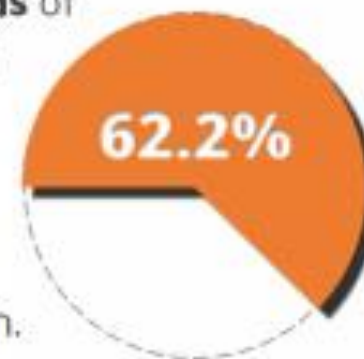


One in fifteen students in Tennessee, or 6.0%, reported ever misusing prescription drugs.

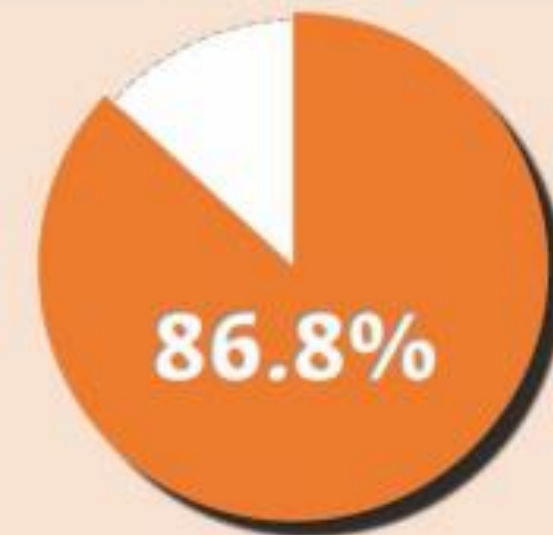
A grid of 15 human icons arranged in three rows of five. The first icon in the top row is highlighted in orange, representing one out of fifteen students.

AVERAGE AGE OF INITIATION **12.7** years old

Almost two-thirds of students reported that it was either "very" or "fairly difficult" to obtain drugs not prescribed to them.



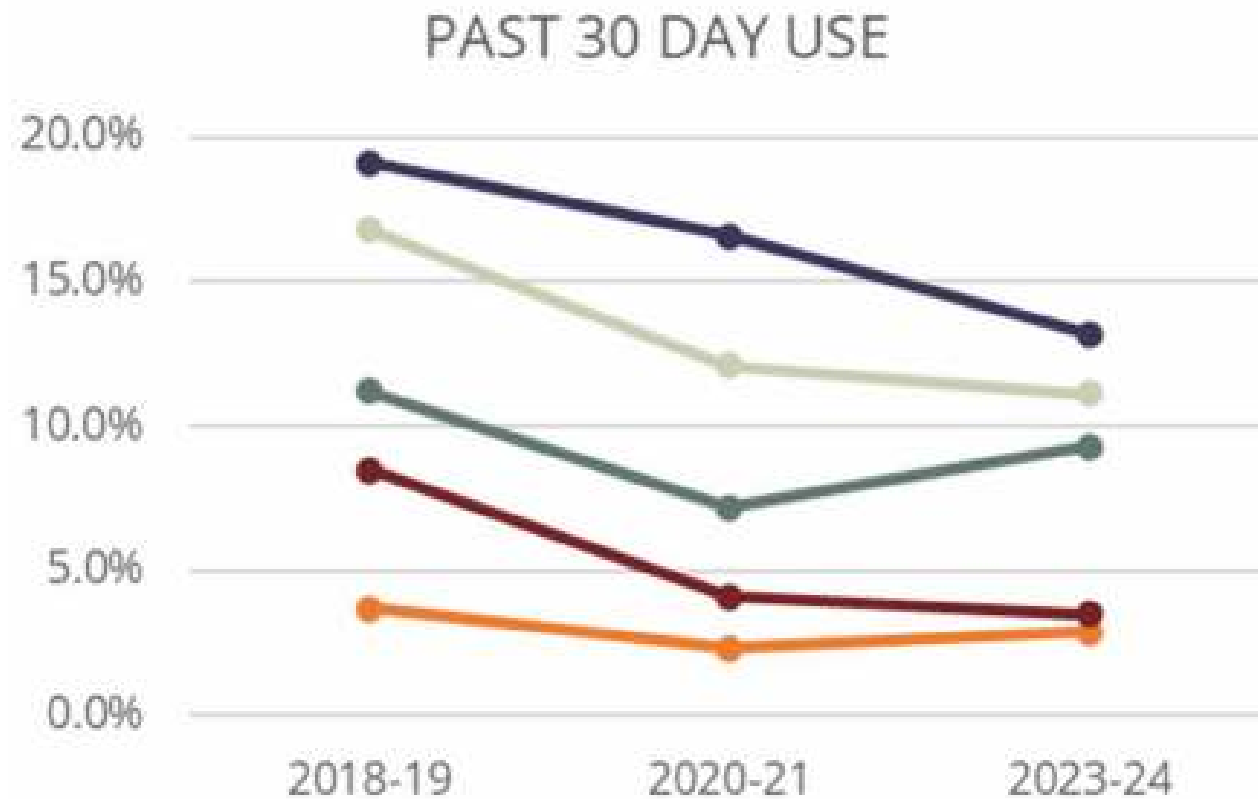
PERCEIVED RISK



of students perceived "moderate" or "great risk" associated with prescription drug misuse.

Key Findings – Multi-Year Trends

PAST 30-DAY USE



The past 30-day use of **alcohol, tobacco, and nicotine** have all declined over time.

The prevalence of **marijuana and prescription drug use** fell between 2018-19 and 2020-21, and later increased from 2020-21 to 2023-24.

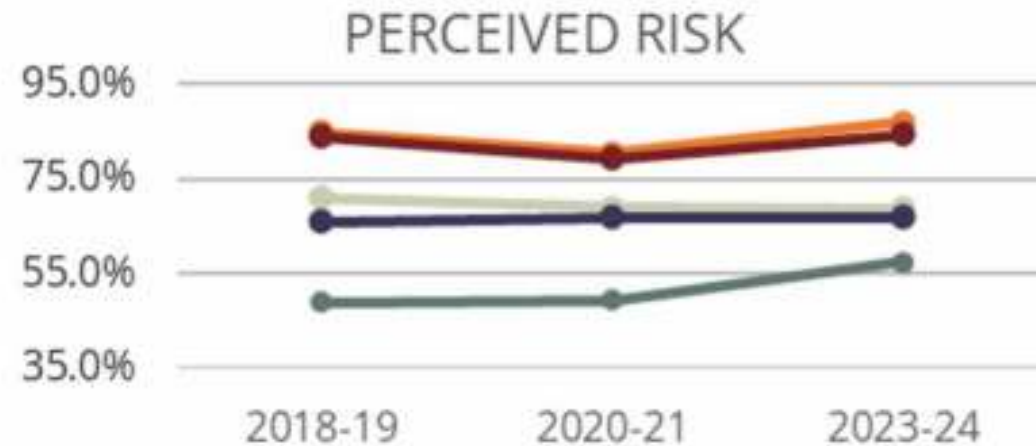
	2018-19	2020-21	2023-24
Prescription Drug	3.7%	2.3%	2.9%
Alcohol	16.8%	12.1%	11.1%
Marijuana	11.2%	7.2%	9.3%
Cigarettes and Tobacco	8.5%	4.1%	3.5%
Vaping Nicotine	19.1%	16.6%	13.2%

Key Findings – Multi-Year Trends

PERCEIVED RISK

More students over time perceive a 'moderate' or 'great risk' associated with marijuana use and prescription drug use.

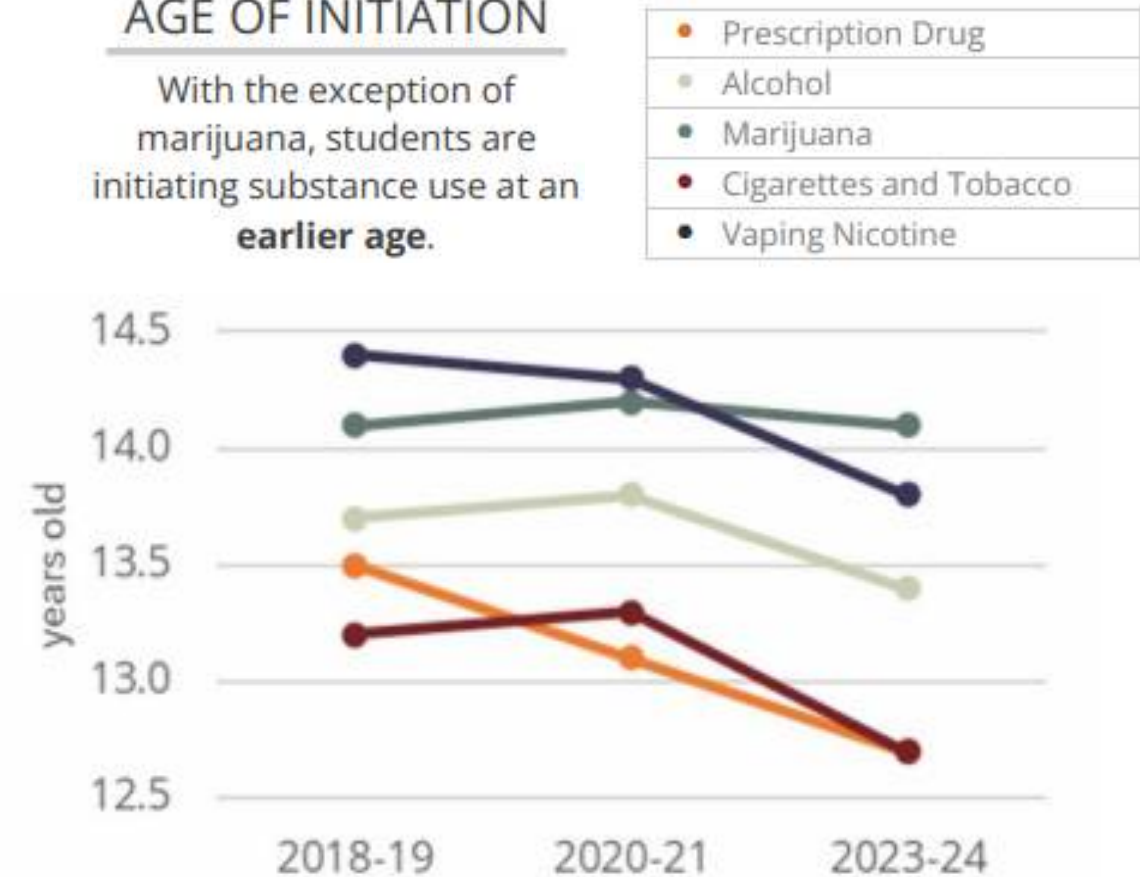
Perceptions of risk for other substances have remained more stable.



	2018-19	2020-21	2023-24
● Prescription Drug misuse	84.9%	80.5%	86.8%
● Drinking one or two drinks nearly every day	71.1%	68.9%	68.6%
● Trying marijuana once or twice	48.9%	49.3%	57.4%
● Smoking one or more packs of cigarettes per day	84.0%	79.4%	84.3%
● Vaping Nicotine	66.0%	66.9%	66.9%

AGE OF INITIATION

With the exception of marijuana, students are initiating substance use at an **earlier age.**



More students are talking about prescription drug use with their parents or family members. (7.2% increase from 2018-19 to 2023-24)

Statewide and Regional Results





®

Evidence Based Prevention

Prevention

*“Many factors influence a person’s chance of developing a mental and/or substance use disorder. **Effective prevention focuses on reducing those risk factors and strengthening protective factors...**”*

-Substance Abuse and Mental Health Services Administration

Risk factors

Characteristics that precede and are associated with higher likelihood of negative outcomes.

Protective Factors

Characteristics associated with lower likelihood of negative outcomes; positive countering events

Which population should be the focus of prevention?

- Half of all lifetime cases of mental and substance use disorders begin by age 14, and three-fourths begin by age 24.
 - By reducing the number of youth who use alcohol, drugs, and tobacco, we can reduce the number of individuals with chronic substance use disorders in society
- People usually make decisions about substance use (alcohol, drugs, and tobacco) before the age of 18, and 18 – 25-year-olds have the highest rate of use.
- Because perception of risk decreases with age, prevention efforts targeting children from elementary to middle school are most effective.

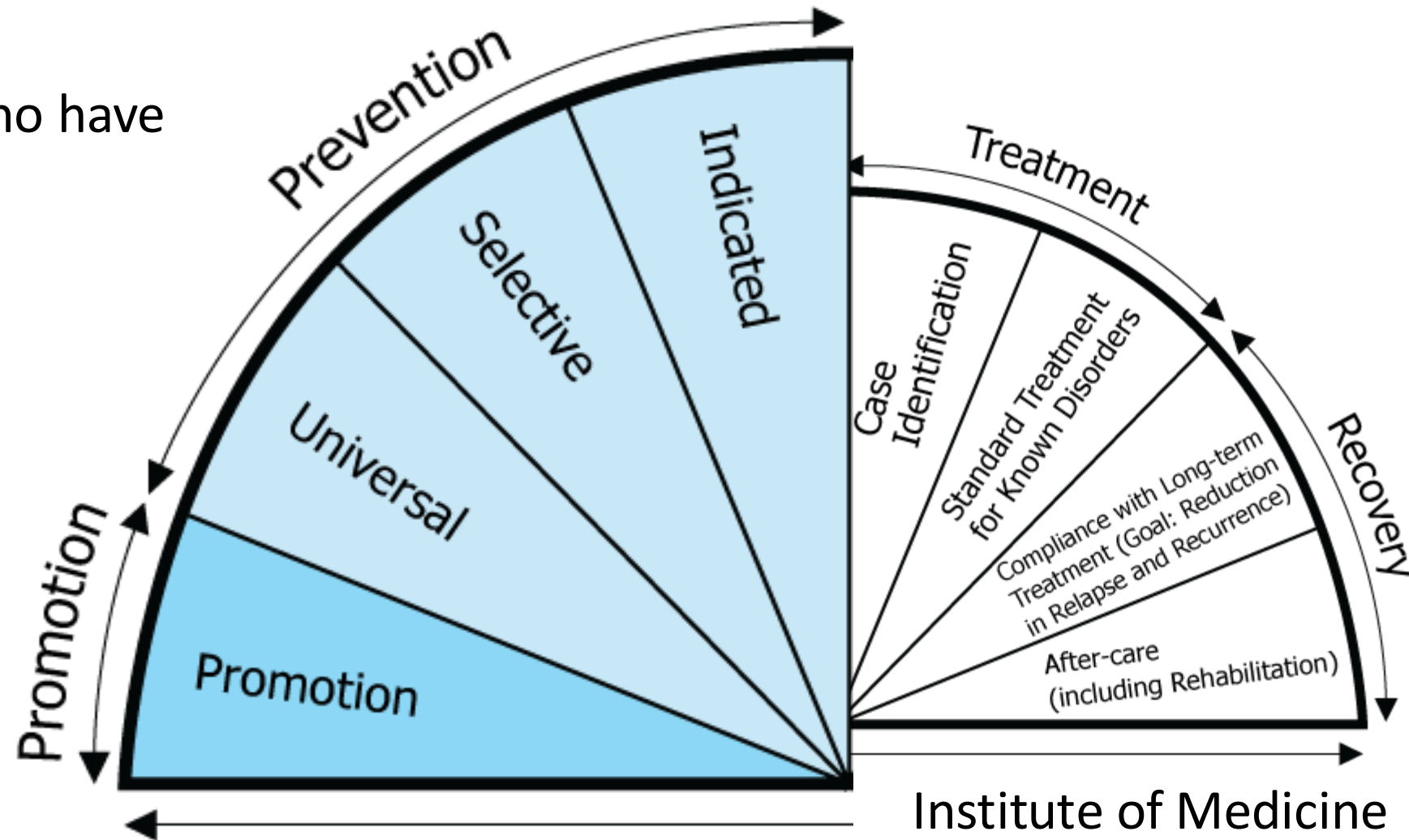
Prevention and Continuum of Care

Indicated Prevention: Targets individuals who have exhibited behaviors

Selective Prevention: Target individuals who have a higher –than-average vulnerability to a behavioral conditions

Universal Prevention: Prevent or reduce the vulnerability of developing behavioral health conditions

Promotion strategies: creating environmental conditions for behavioral health



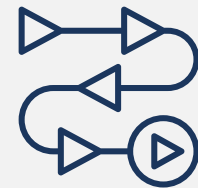
Harm Reduction

Harm Reduction is a way of **preventing disease** and **promoting health** that **meets people where they are.**

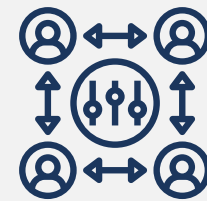
Not everyone is **ready or able to stop substance use**; therefore, **scientifically proven** ways of decreasing risks are **essential.**



Non-judgmental approach with a focus on **enhancing quality of life**



Behavior change is an **incremental process**



Complex social factors influence vulnerability to substance use and substance-related harm (e.g., poverty, social inequality, trauma)



Empower those who use substances to be the primary agents in reducing the harms of their substance use

Harm Reduction Programs

- Harm reduction policy models are an alternative to “drug free” only campaigns.
- Unlike other prevention strategies that aim to shape pre-use behaviors, harm reduction includes a set of practical strategies intended to change the negative consequences associated with use.
- Harm reduction includes: courtesy rides for youth on prom night, distributing needles to individuals who use substances, and naloxone distribution campaigns.
- Harm reduction programs can be seen as controversial.
 - opponents argue that these programs appear to endorse dangerous behavior, as in the case of needle and naloxone distribution programs



Watch your thoughts, they
become words. Watch your words,
they become actions. Watch your
actions, they become habit.

Laozi

quote fancy

*Image from QuoteFancy
Quote author unknown*

TN

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Language Matters

Do away with labels and use “person first” language
(Person with substance use disorder **not** Addict)

Say this...



- Person with a Substance Use Disorder
- Positive or Negative Toxicology
- Sterile or used needles
- Not using substances
- Person living in recovery

...Not That



- Not Addict or Junkie
- Not clean or dirty screen
- Not clean or dirty needles
- Not clean
- Not ex-addict

Source: NIDA

Language Resources

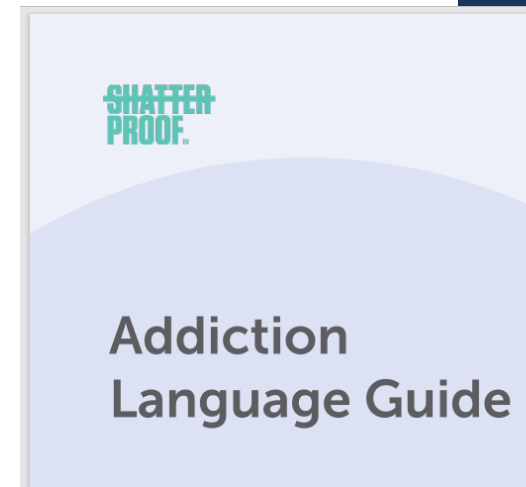


EndTheSyndemicTN.org

Language Guide Table

quick reference of easy language fixes with big impact

GENERAL GUIDANCE	TRY THIS	INSTEAD OF THIS	LEARN WHY
	transmit <i>or</i> acquired	infect became infected	The word "infection" carries stigma and often invokes blame. Acquisition and transmission are simple and accurate substitutions.
	people living with _____ person living with _____	_____ infected people _____ positive(s) _____ carrier(s) people infected with _____ case(s)	Person-first language centers the person first rather than the health condition. This simple shift says, "I see you first, before your health condition".
	people with _____ person with _____	_____	For health conditions that have a cure, such as hepatitis C, it is also acceptable to say, "people/person with _____".
	people without _____ person without _____	_____ uninfected people _____ negatives _____ unaffected	The word "infected" carries stigma. The meaning of the word "negative" is unclear. "Unaffected" is inaccurate as we are all directly or indirectly impacted by transmissible health conditions.
	new _____ diagnoses people newly diagnosed with _____ person newly diagnosed	new _____ case(s)	"Cases" takes away the humanity of the people impacted by a particular health condition and implies their care/diagnosis is work.



Shatterproof.org

Recommended Language & Rationale

1 of 3

Recommended language (based on consensus, research, and/or expert opinion)	Stigmatizing language	Rationale & related research (if applicable)	Notes
1. Substance use disorder, addiction (if clinically accurate)	Abuse, Drug problem, Habit/ Drug habit, Dependence	Neutral, non-judgmental language	There are contradicting views for "misuse" and "hazardous, risky, or harmful use" (some people just prefer "use"). Some sources also include "non-medical use."
2. Use (for illicit substances); misuse, used other than prescribed (for prescription medications)			
3. Harmful, hazardous, problematic, or risky use			
Person with a substance use disorder ("person with _____")	Abuser, Addict, Druggie, User, _____	Neutral, non-judgmental language. Several studies compare "abuser/ _____" to "person with _____"	Opioid Epidemic by Sharfstein & Olsen



Research & Training Clinical Resources Grants & Funding News & Events About NIDA

Health Professions Education / CME/CE Activities / Words Matter - Terms to Use and Avoid When Talking About Addiction: A CME/CE Activity

Words Matter - Terms to Use and Avoid When Talking About Addiction: A CME/CE Activity

Description

This CME/CE activity informs clinicians on how they can show leadership in how language can destigmatize the disease of addiction. It is focused on using person-first language, as well as terms to avoid to reduce stigma and negative bias when discussing addiction.

Start the Activity

NIDA "Words Matter"

- Articles
- Terms list
- Free CME/CE module

Use...	Instead of...	Because...
<ul style="list-style-type: none"> Person with a substance use disorder¹⁰ Person with an opioid use disorder (OUD) or person with opioid addiction 	<ul style="list-style-type: none"> Addict User Substance or drug abuser Junkie 	<ul style="list-style-type: none"> Using person-first language shows that SUD is an illness. Using these words shows that a person with a SUD "has" a problem/illness, rather than "is" the problem.⁵ The terms avoid elicit negative associations, punitive attitudes, and individual blame.⁶
<ul style="list-style-type: none"> Person with alcohol use disorder 	<ul style="list-style-type: none"> Alcoholic 	



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Programs for Universal Populations: Coalitions

Coalitions: Overview

- **Coalitions** are partnerships of the many sectors of a community which gather together collaboratively to solve the community's problems and guide the community's future.
- **Substance Use Prevention Coalitions (SUPCs)** work to prevent dependence and addiction to harmful and potentially lethal substances such as prescription drugs, alcohol, and tobacco, using the Strategic Prevention Framework (SPF).

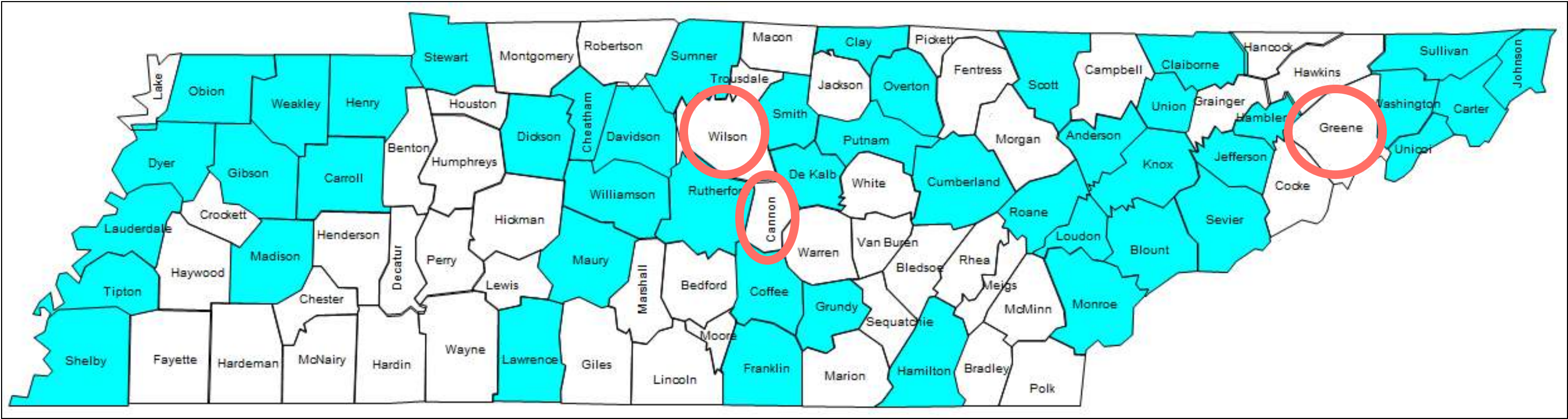
Coalitions: Goals

Coordinate the implementation of substance misuse prevention environmental strategies within the Grantee's communities to address

- Underage and Binge drinking
- Tobacco use
- Non-medical prescription drug and opioid use
- Marijuana use
- Stimulant use



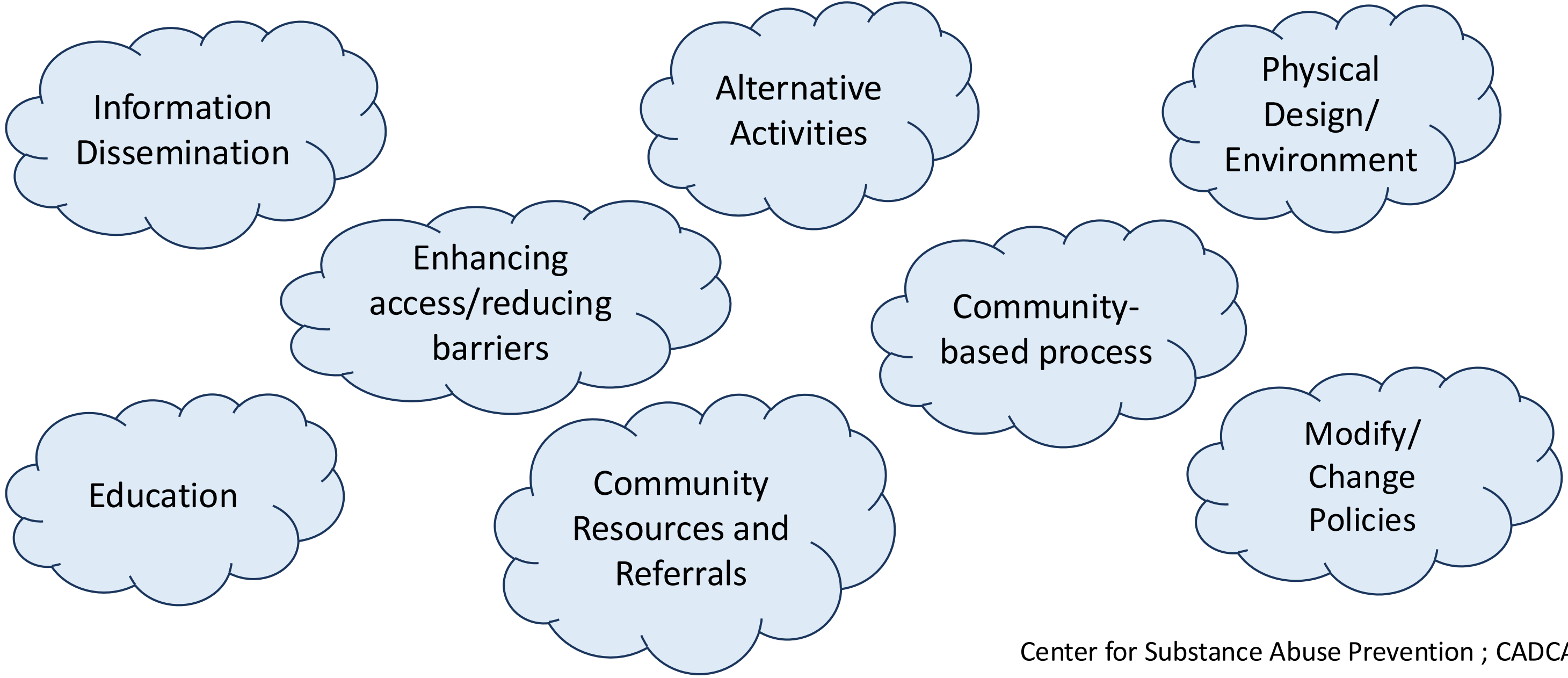
Coalitions: Counties Served



48 funded county coalitions (3 new coalitions in FY2023):

- Wilson, Cannon, and Greene (circled in red)

Coalitions: Prevention Strategies



Center for Substance Abuse Prevention ; CADCA

Coalitions: Prevention Strategies



Deterra Drug Deactivation



Red Ribbon Week



Awareness Campaigns



Retailer Compliance



TNSTRONG Youth Summit (Dept of Health)

TNSTRONG YOUTH SUMMIT

Chattanooga Convention Center
July 21-23, 2024
Register by May 31: redcap.link/2024-summit

FREE EVENT with registration

Who?
Rising 8th graders to college freshmen (13-19 years old)

What's Covered?

- Hotel accommodations
 - 3 days/2 nights
- Meals
 - Sunday Dinner thru Tuesday Lunch
- TNSTRONG Conference T-shirt

NOW SHOWING

TNSTRONG

Peer Led Education Team Building Networking

Students will have the opportunity to:

- Hear from leading tobacco prevention experts
- Network with like-minded peers from across Tennessee

For more information on the Summit and registration visit tn.gov/health/tnstrong-summit

Drug Take Back Days



Partner with the National Guard Counter Drug Task Force

“Talk. They Hear You” Campaign

Features of the new app include:

- Sample conversation starters
- Ways to keep the conversation going
- An interactive practice simulation section
- The opportunity to earn badges for practicing and having real-life conversations
- A resources section with informative and useful videos, fact sheets, brochures, infographics, guides/toolkits, and more



Download the App Today!

Parents and caregivers can **download the app today** to see how easy it can be to talk with their kids about underage drinking and other drug use. The app is **available for free** on the App Store, Google Play, and the Microsoft Store.

Scan the QR code or visit <https://www.samhsa.gov/talk-they-hear-you/mobile-application> to:



- Watch the app’s promo video.
- Learn more about the app and see how it works.
- Find out how to download the app.

App with tips, activities and support for parents and other adults

Conversation guides and conversation starters

Toolkits for hosting parent events



talk
they hear you®

"Parents' Night Out"

Please submit the following information to get download links for the new "Parents' Night Out" educational session toolkits.

For more information on the materials currently available for download, please continue reading below.



www.underagedrinking.samhsa.gov

Talking with Teens About Alcohol and Other Drugs: 5 Conversation Goals

It's never too late to start talking with your teen about the risks of underage drinking and other substance use. As teens get older, they make more decisions on their own, and also face more temptation and peer pressure. Though it may not seem like it, teens really do hear your concerns. It's important you show that you care and continue having conversations with them about the dangers of alcohol and other drugs, and why they shouldn't use them.

- 1** Show you disapprove of underage drinking and other drug misuse.
Over 80 percent of young people ages 10–18 say their parents are the leading influence on their decision whether to drink or not. Don't assume they know how you feel about drinking and substance use. Send a clear and strong message that you disapprove of underage drinking and use or misuse of other drugs.
- 2** Show you care about your teen's health, wellness, and success.
Young people are more likely to listen when they know you're on their side. Reinforce why you don't want your child to drink or use other drugs—because you want them to be happy and safe. The conversation will go a lot better if you're open and show your concern for their well-being.
- 3** Show you're a good source of information about alcohol and other drugs.
- 4** Show you're paying attention and you will discourage risky behaviors.
- 5** Build your teen's skills and strategies for avoiding drinking and drug use.





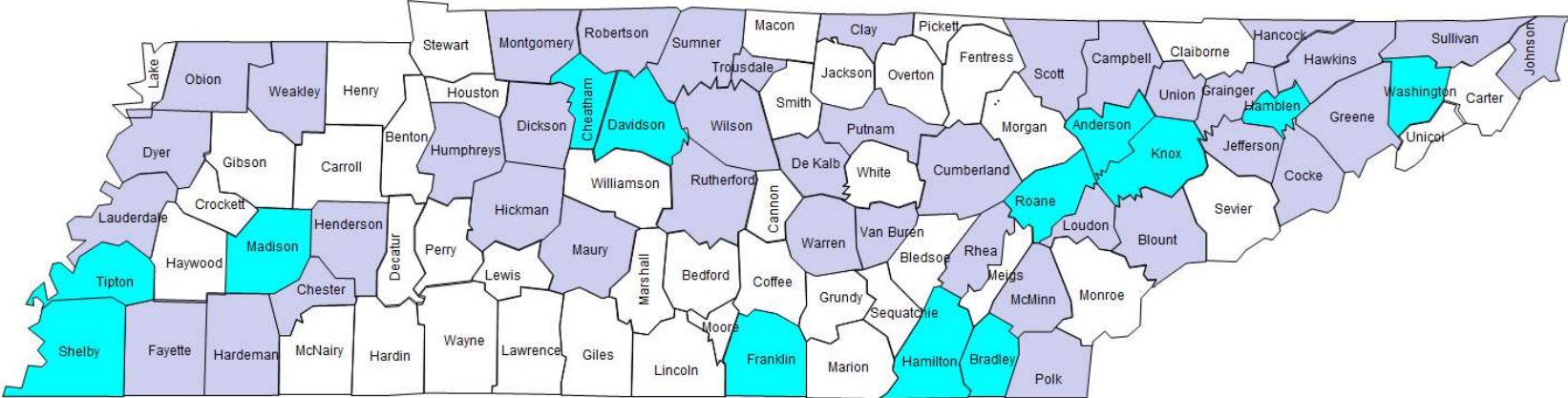
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Programs for Individual Populations: Tennessee Prevention Network

Tennessee Prevention Network: Counties Served

Goals of these programs may be

- Increasing knowledge of consequence of substance use
- Promote positive community relationships
- Strengthen communication in families
- Develop positive thoughts and behaviors
- Connect youth with mentors and other caring adults
- Foster teamwork and problem solving



■ Home Office Locations
■ Covered County

FY 2024: 6,300+ individuals served in 45 Counties

Examples of Evidence-Based Curriculum Used:

Botvin Life Skills Too Good for Drugs SPORT Prevention & Wellness Strengthening Families



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Overdose in Tennessee

Provisional 2023 Fatal Trends*

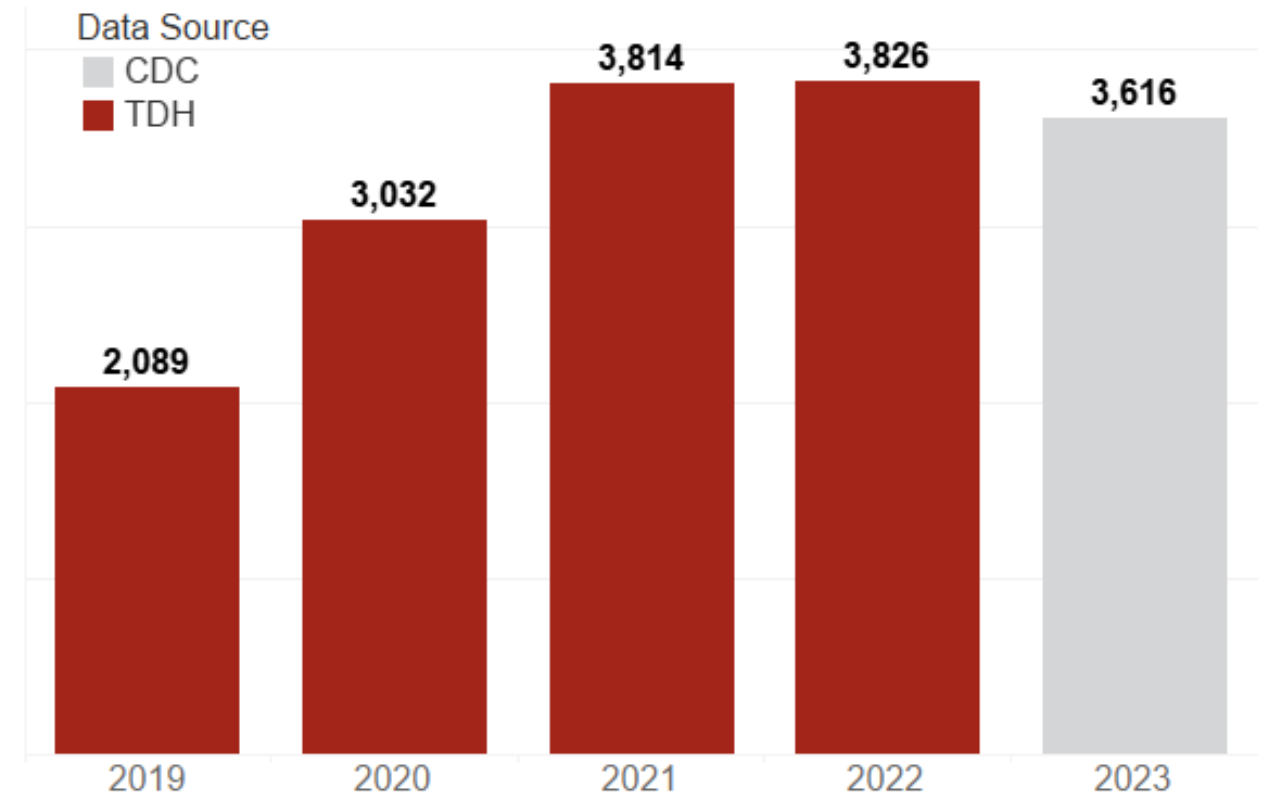
- The following trend information are provisional data from the CDC, meaning:
 - These data are likely to change as 2023 death data has not been finalized by the CDC
 - TDH has not been provided a clear answer as to why the CDC has not finalized 2023 data
 - TDH has been told to anticipate December being when data are finalized but are uncertain if that will happen
 - These numbers will likely be different from the final numbers that TDH or local counties release – this is because each reporting agency has different case definitions
 - Case definitions are a set of criteria that determine whether a death is considered an overdose or not

Provisional 2023 Fatal Trends*

The CDC reports 3,616 Tennesseans died of a drug overdose in 2023.

- This will be the first year Tennessee is expecting a ***decline*** in the number of drug overdose deaths.
- Opioids (fentanyl) and Stimulants (Methamphetamine) are still the primary drugs involved in deaths of Tennesseans for 2023.

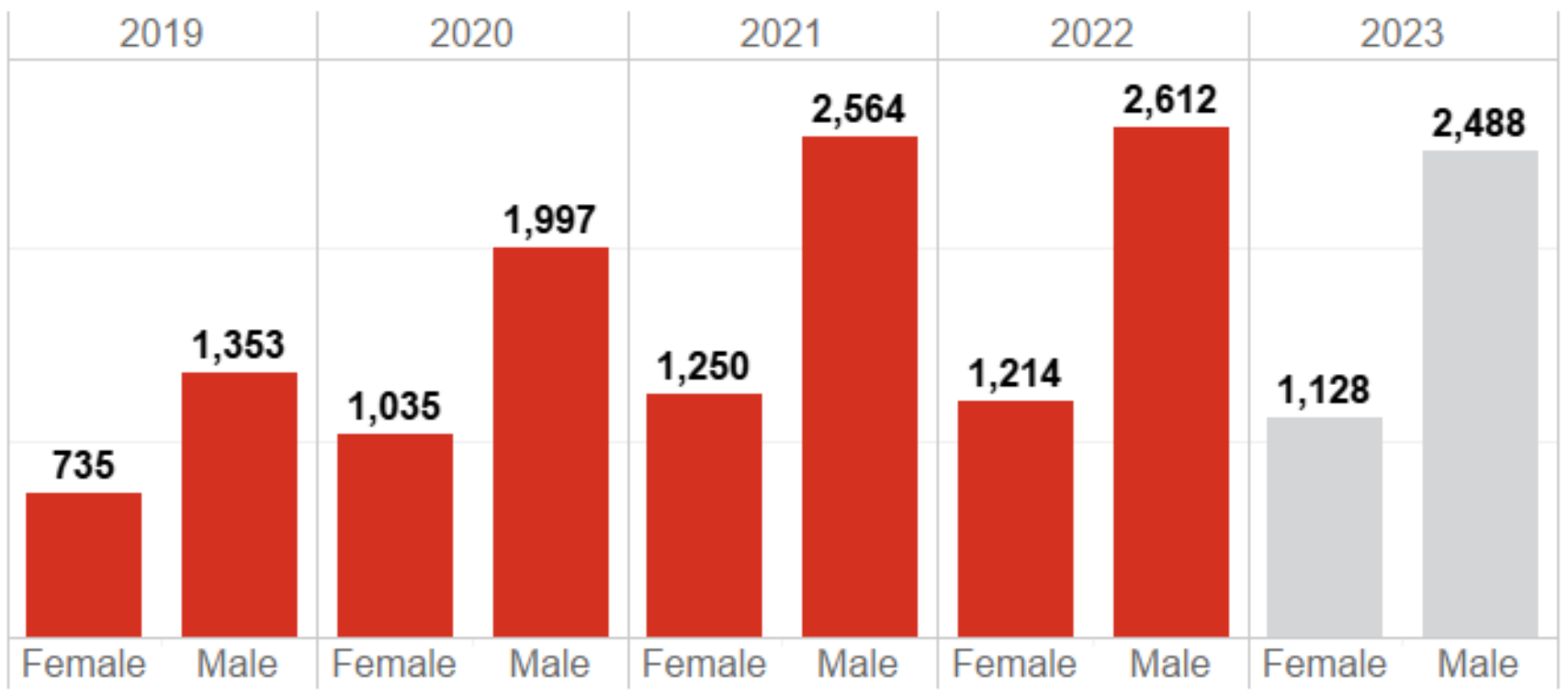
Number of All Drug Overdose Deaths in TN, 2019-2023



TN Dept of Health-Office of Informatics and Analytics

Provisional 2023 Fatal Trends*

Number of All Drug Overdose Deaths in TN by Sex, 2019-2023



Data Source
 ■ CDC
 ■ TDH

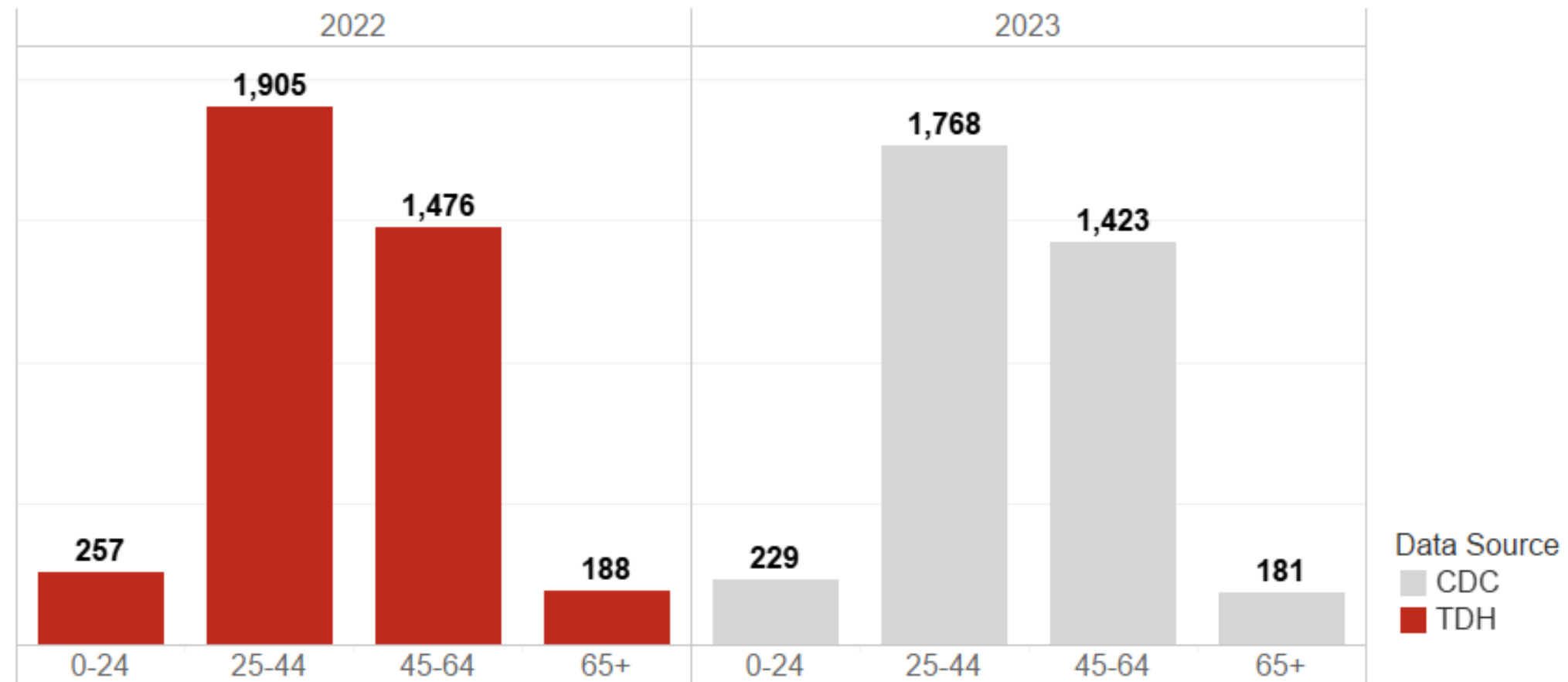
Males have made up an increasing proportion of overdose deaths over the past five years now and in 2023 accounted for approximately two-thirds of all overdose deaths.

TN Dept of Health-Office of Informatics and Analytics

Provisional 2023 Fatal Trends*

From 2022 to 2023, overdose deaths are expected to decline for all the large age groups. Similarly to previous years, in 2023 persons aged 25-44 experienced a fatal overdose more than other age groups.

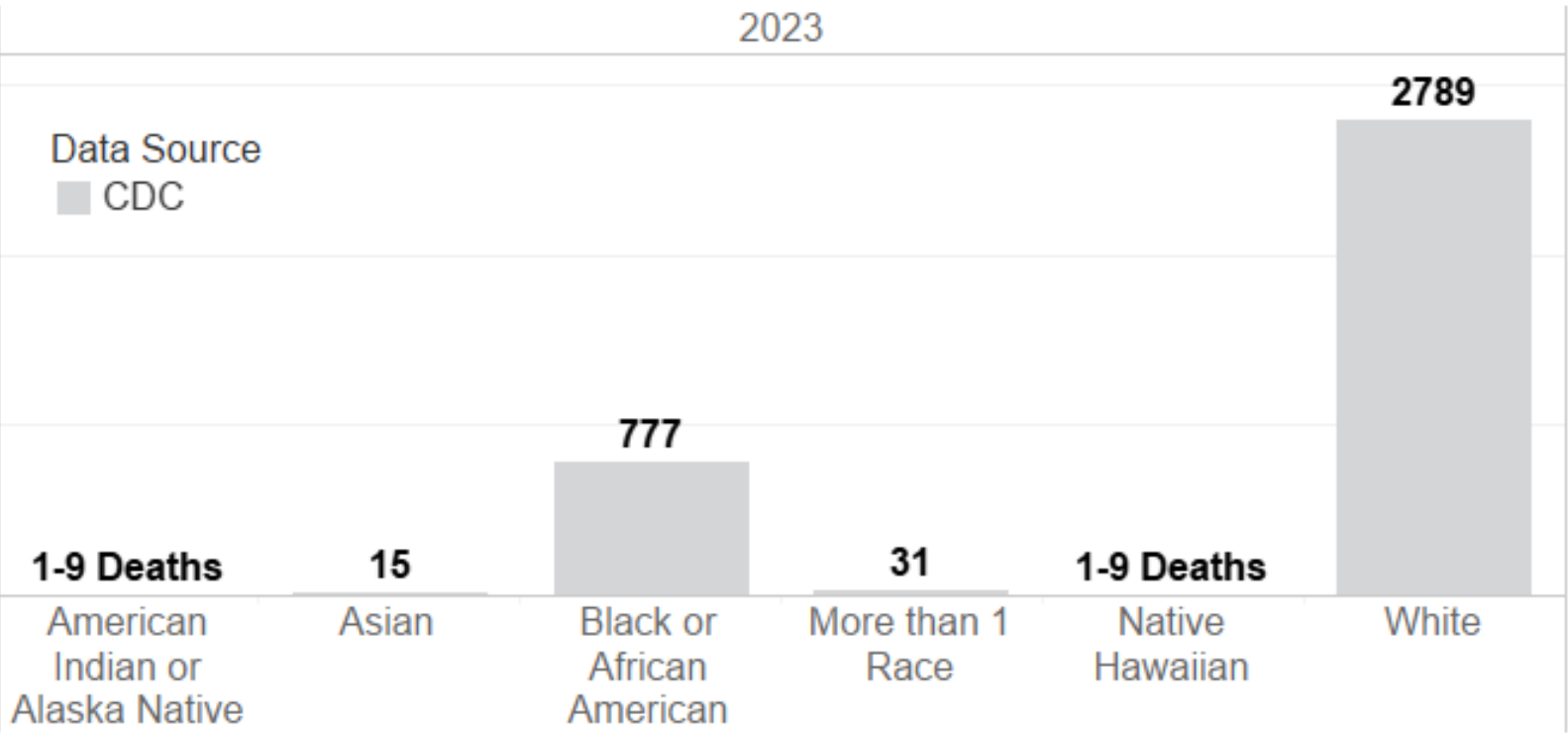
Number of All Drug Overdose Deaths in TN by Age, 2022-2023



TN Dept of Health-Office of Informatics and Analytics

Provisional 2023 Fatal Trends*

Number of All Drug Overdose Deaths in TN by Race, 2023



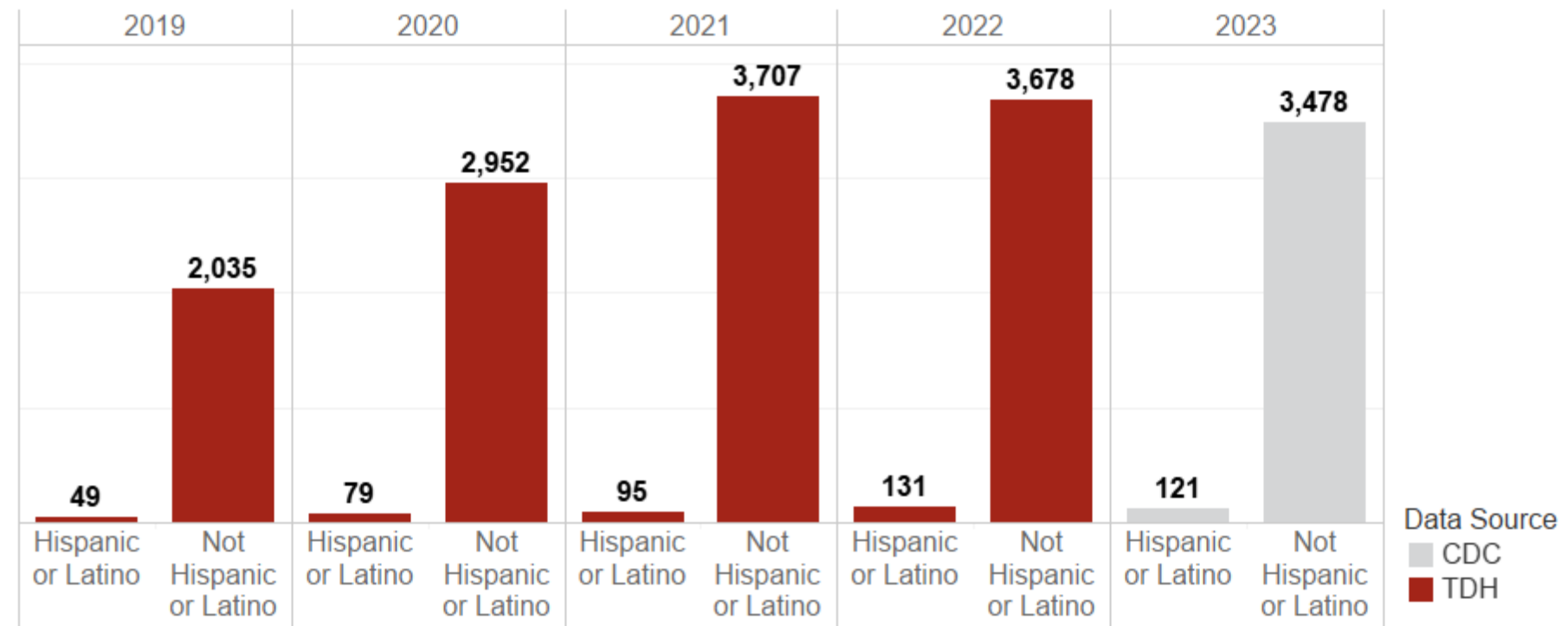
In 2023, Tennesseans who died from a drug overdose were more likely to be White. Compared to 2022, all Race groups are expected to have fewer deaths in 2023.

TN Dept of Health-Office of Informatics and Analytics

Provisional 2023 Fatal Trends*

Between 2019 and 2022, drug overdose deaths involving Hispanic Tennesseans has increased dramatically (167%). However, the number of deaths for Hispanic Tennesseans is expected to decline in 2023.

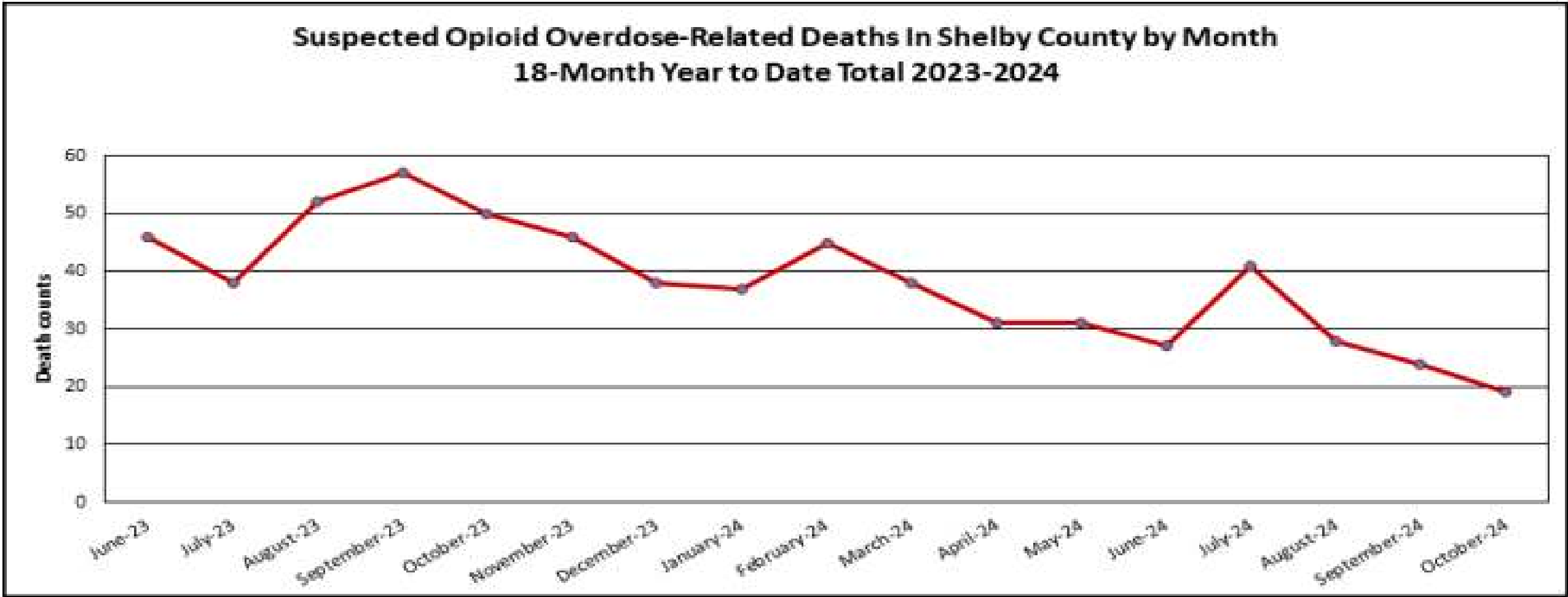
Number of All Drug Overdose Deaths in TN by Ethnicity, 2019-2023



TN Dept of Health-Office of Informatics and Analytics

Shelby County Provisional Data-2024

2024 Year to Date Suspected Overdose Death Count (through 11/16/24): 326

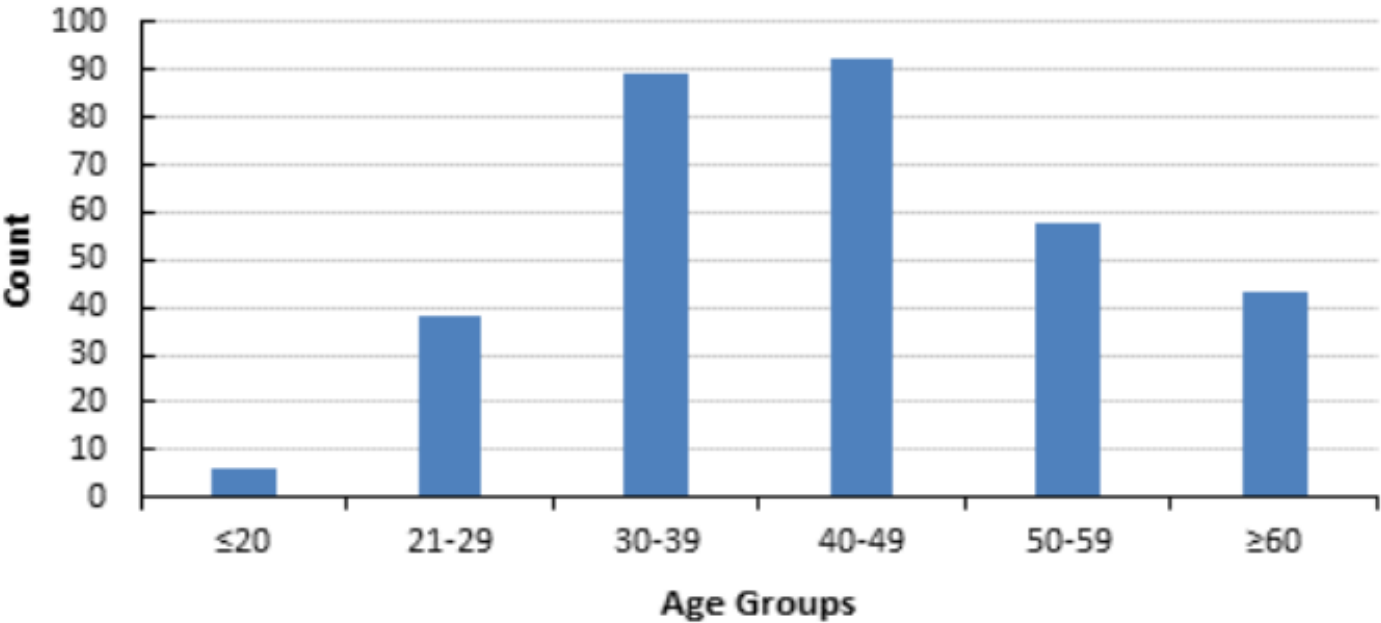


Shelby County Health Dept, MMWR Week 46 Report

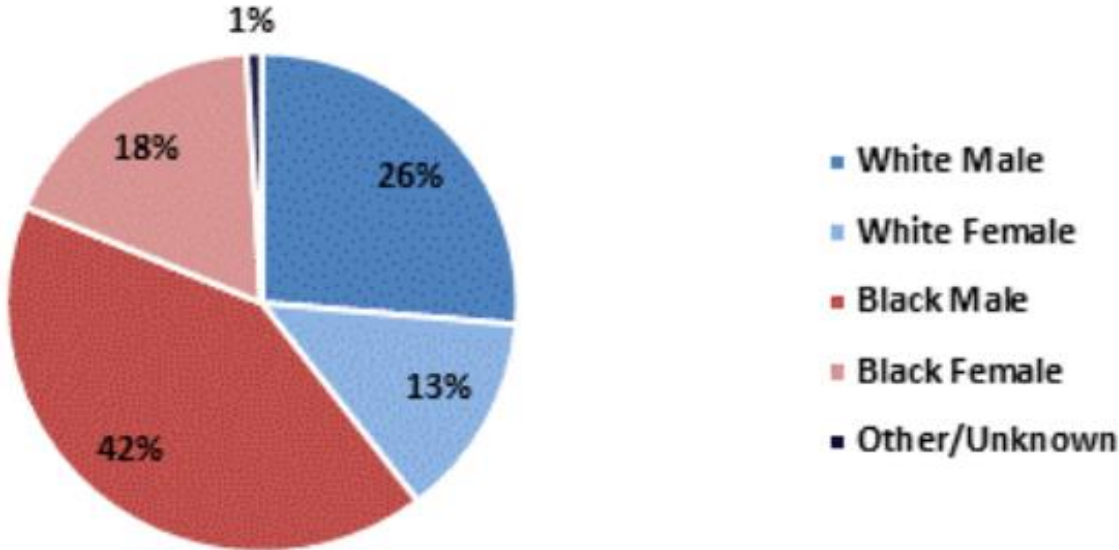
Shelby County Provisional Data-2024

2024 Year to Date Suspected Overdose Death Count (through 11/16/24)

Suspected Opioid Overdose-Related Deaths by Age Group-2024 (YTD)



Suspected Opioid Overdose-Related Deaths by Race and Sex -2024 (YTD)



Shelby County Health Dept, MMWR Week 46 Report

The logo consists of a red square containing the white letters 'TN' in a bold, serif font. Below the red square is a thin, dark blue horizontal bar.

TN

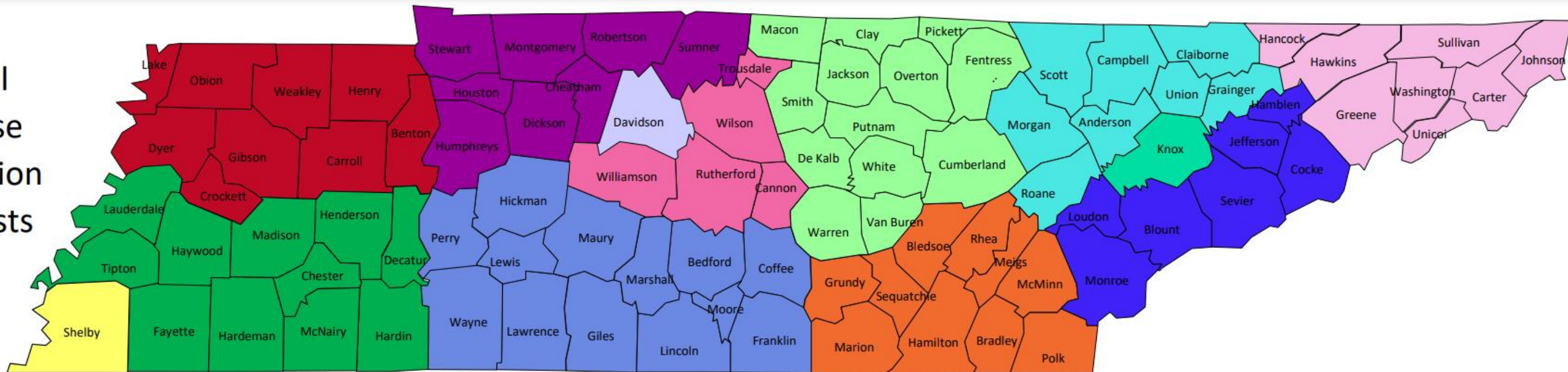
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Evidence-Based Overdose Prevention

Regional Overdose Prevention Specialists

- 24 ROPS cover 13 Regional divisions across the State

Regional
Overdose
Prevention
Specialists
(ROPS)



tn.gov/behavioral-health/rops



Overdose Resource Kit Contents

Naloxone

Kits include naloxone (4mg Narcan, 4 mg generic, or 8mg Kloxxado).

Fentanyl test strips and instructions

Kits include TN Scientific brand Fentanyl Test Strips (FTS). TDMHSAS also provides an informational card about FTS and instructions.

Resource cards

Kits include a TDMHSAS resource card that lists the Redline, 988 Crisis information, prevention and other resources. ROPS may also add local resource information.



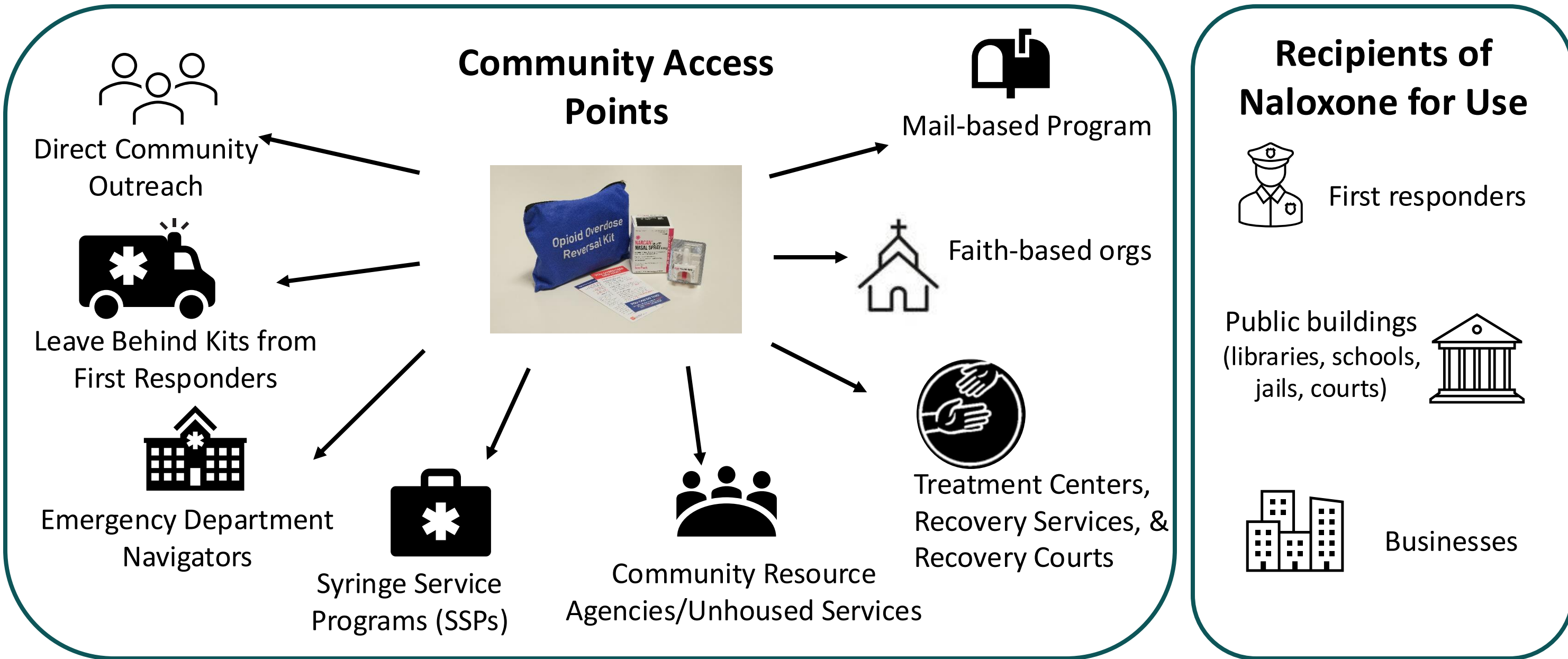
A central tenet of the TN Save a Life Program is that training, education and connection to resources are essential to overdose prevention. Naloxone and fentanyl test strips are additional tools to prevent overdoses in Tennessee.

Harm Reduction

- **ROPS** have distributed **more than 854,967** units of Naloxone across the state of Tennessee since October 2017
- **Naloxone** has saved **more than 103,034 lives** in Tennessee since 2017
 - This is a conservative estimate based on reported uses of naloxone

State FY	Naloxone Distributed	Reported Reversals
2025 YTD	79,968	780
2024	213,409	18,454
2023	177,017	16,858
2022	114,346	17,914
2021	71,448	19,376
2020	68,930	14,163
2019	63,254	8,891
2018	42,615	5,019
2017	23,880	1,579

TN Save a Life: Naloxone Access



Overdose Prevention Information

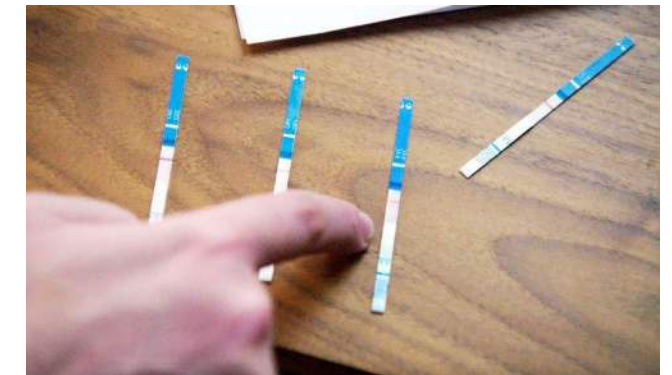
Regional Overdose Prevention Specialists can provide free training to staff, parents or other community groups.



Additional information and resources about overdose and naloxone/overdose reversal medications can be found on our website.

Fentanyl Test Strips

- Illicitly manufactured fentanyl
 - 100x more potent than morphine
 - More than 25 analogs identified in Tennessee
 - Involved in nearly $\frac{3}{4}$ of OD deaths in TN (2022)
- Fentanyl Test Strips
 - Became legal (with guardrails) in 2022
 - Quick and easy to use
 - Highly correlated with behavior change



FTS in Tennessee

 **85%**

RESPONDENTS WHO
NOTED AT LEAST
ONE POSITIVE
BEHAVIOR CHANGE

A similar study conducted in North Carolina showed **43% of respondents** engaged in positive behavior change when using FTS

 **94%**

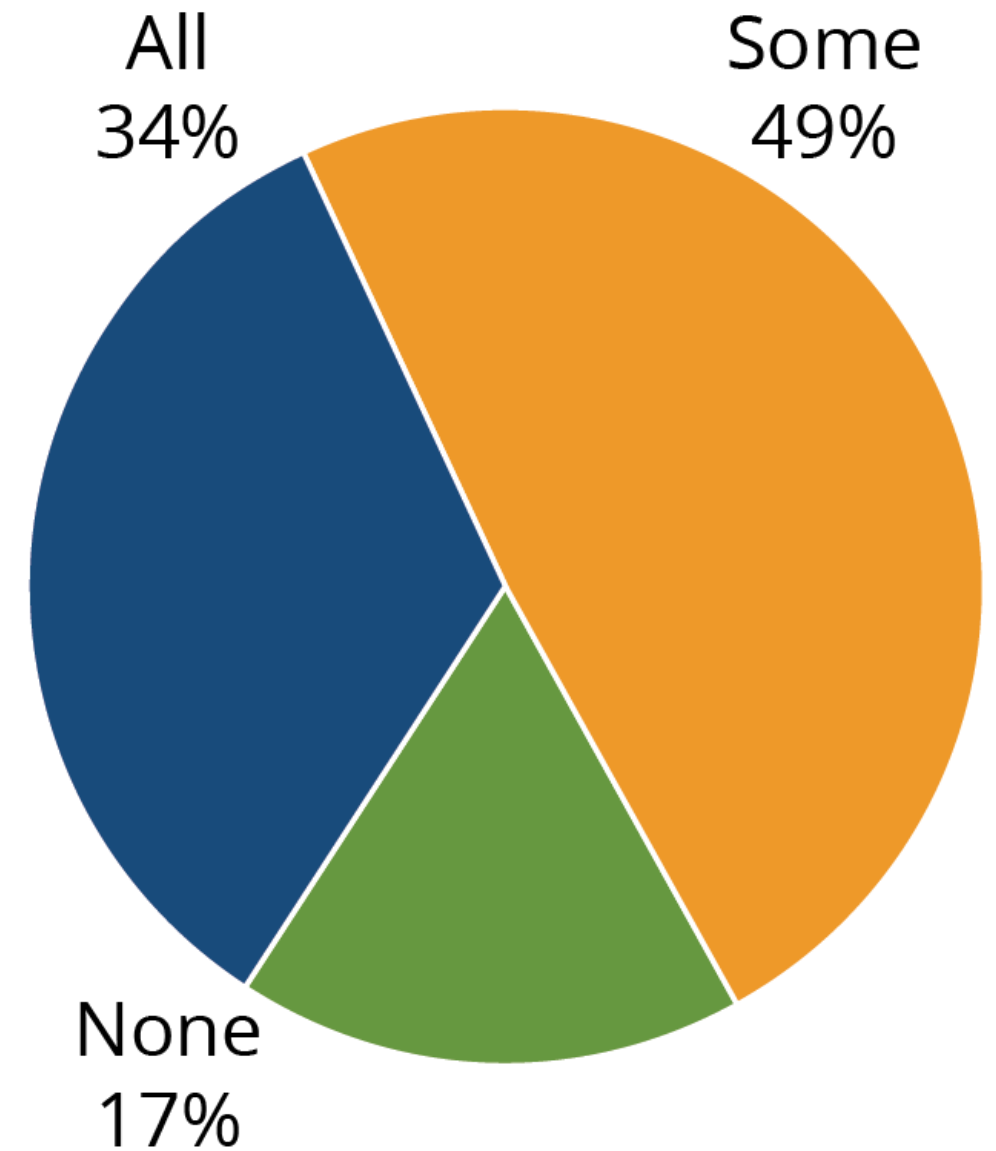
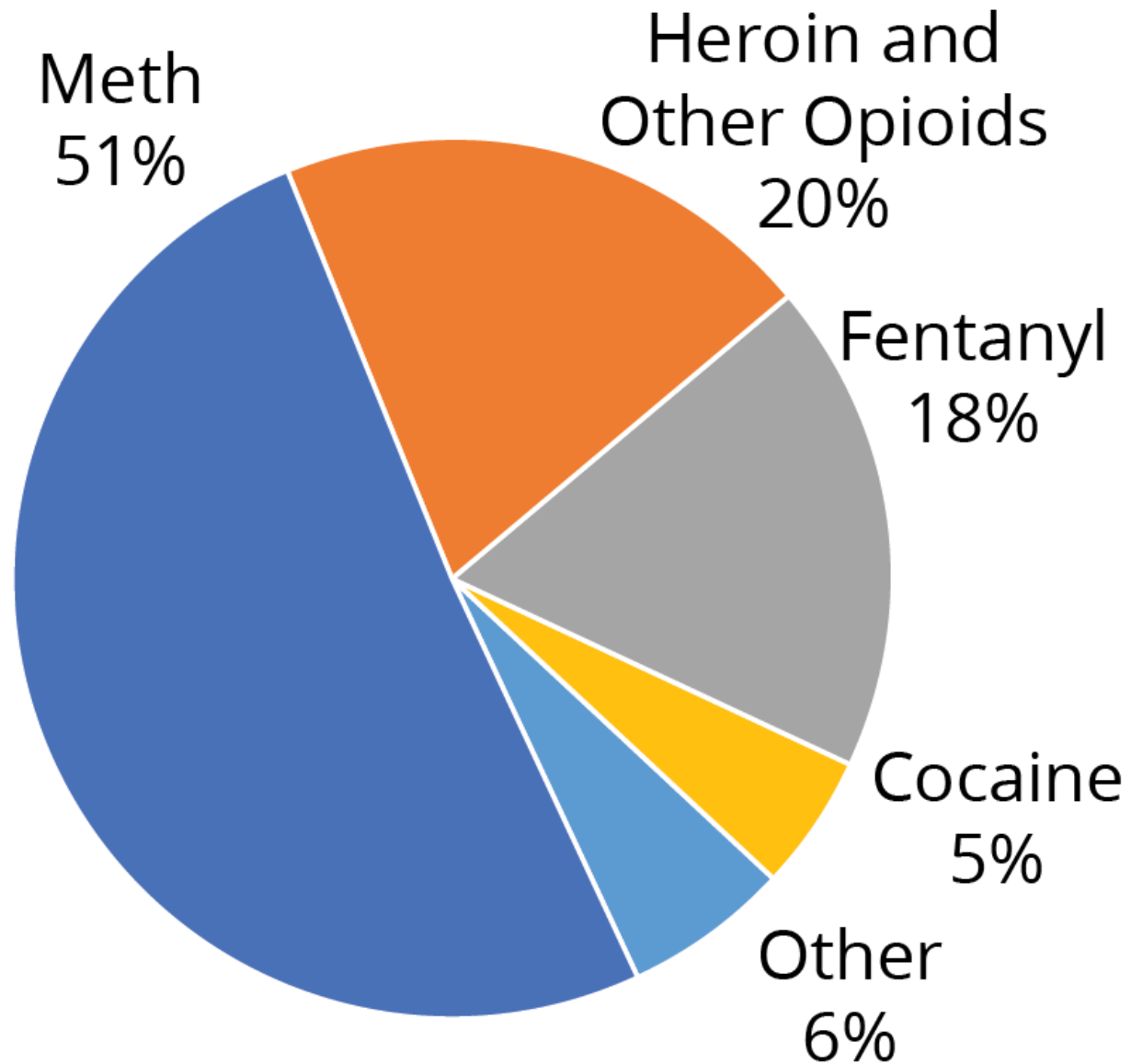
RESPONDENTS WHO
FELT BETTER ABLE
TO PROTECT
THEMSELVES

A similar study conducted in North Carolina showed **77% of respondents** felt better able to protect themselves from an overdose.

WHAT WE LEARNED

SUBSTANCES TESTED

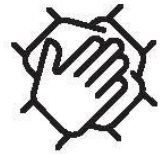
AMOUNT OF POSITIVE FTS IN A KIT



Additional Fentanyl Resources

FACTS ABOUT FENTANYL

Knowledge and Tools to Save Lives



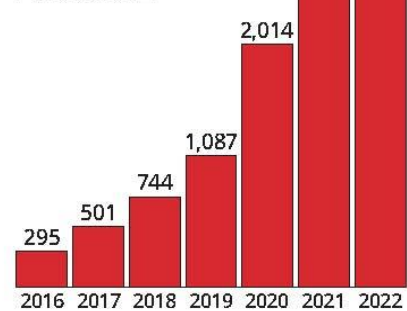
Fentanyl is a man-made opioid that's many times stronger than morphine or heroin. Because it is so strong and so addictive, it's being added to heroin, fake prescription pills, even stimulants like cocaine and methamphetamine. The result is huge increases in overdoses, and sadly, more Tennesseans than ever dying. These deaths are preventable with knowledge and tools.

FENTANYL IS 50 TIMES STRONGER THAN HEROIN AND 100 TIMES STRONGER THAN MORPHINE

HISTORY AND LEGAL USAGE
CREATED IN 1959, FENTANYL IS USED SAFELY DURING SURGERY OR TO TREAT CANCER PATIENTS. WHEN USED AS DIRECTED BY A DOCTOR, FENTANYL IS SAFE AND EFFECTIVE.

COMMON ILLICIT FORMS
ILLICIT FENTANYL IS SMUGGLED IN POWDER FORM. IT'S MIXED INTO SUBSTANCES INCLUDING HEROIN, COCAINE, METH, AND PRESSED INTO FAKE PRESCRIPTION PILLS.

TENNESSEE OVERDOSE DEATHS INVOLVING FENTANYL



TN Dept. of Health data shows illicit fentanyl drove the increase in overdose deaths and is keeping totals elevated.

FENTANYL AND OPIOIDS

Because fentanyl is so strong, people (illegal) drugs use fentanyl to make it cheaper and more powerful. They use special equipment that spreads it evenly. Each pill or powder is not the same. It takes a lot of fentanyl to cause an overdose for someone who does not usually use opioids.



Authentic Oxycodone 30 MG Tablets Counterfeit

Can you spot the diff

Fentanyl has been found in heroin and pressed into fake prescription pills. There are lots of stories of fentanyl, but there are very few cases in the US where someone has confirmed that fentanyl was present.

State Departments Issue Guidance Around Fentanyl Exposure

Leaders stress facts over fear and focus on helping people find recovery

Wednesday, August 24, 2022 | 09:32am

NASHVILLE, Tenn.—The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and the Tennessee Department of Health today issued new guidance and information around fentanyl and what to do in case of a potential exposure.

Recent media reports have highlighted stories of exposure to a white powdery substance assumed to be fentanyl and the wide variety of adverse medical reactions that followed. While these stories are disturbing, it is important for everyone involved to separate fact from fiction when talking about fentanyl exposure to avoid unnecessary confusion and panic.



bit.ly/FenResources

Emerging Substances Resources

Prevention

- Tennessee REDLINE
- Substance Use Prevention Coalitions
- Find a Prescription Drug Take-Back Box
- Regional Overdose Prevention Specialists
- Fentanyl Information and Resources
- Emerging Substances
- TN Recover App
- TN Together Student Survey
- Warning Signs of Drug Abuse
- Warning Signs of Alcoholism
- What's Your Risk of Substance Abuse?

Emerging Substances

In the world of substance misuse, it seems like just when an addictive substance is understood and controlled, a new and often more dangerous substance emerges. This page is designed to encapsulate the latest information, resources, and trainings to keep you up to speed on the substances that are affecting Tennesseans.

Xylazine

Xylazine is a non-opioid tranquilizer that is not approved for use in humans. It's been linked to an increasing number of overdose deaths in Tennessee and across the nation. In addition to increasing the risk of overdose when mixed with other drugs, it is also known to cause infections, such as abscesses and ulcers.

Nitazine

Nitazines are a group of powerful illicit opioids, have been linked to overdose deaths in several states including Tennessee. Traditional toxicology panels do not usually capture nitazenes making it difficult to know the exact number of deaths involving these new substances. In 2022, Tennessee saw a decline in the number of deaths involving nitazenes. However, due to limited testing this estimate is likely an undercount.

[Get more information in the Emerging Trend Brief from the Tennessee Department of Health at this link or by clicking the image at right.](#)

FACTS ABOUT XYLAZINE
Knowledge and Tools to Save Lives

Xylazine is a non-opioid tranquilizer used by veterinarians. It's also linked to an increasing number of overdose deaths in Tennessee and across the nation. Xylazine is often mixed with other drugs, and people exposed to xylazine often knowingly or unknowingly used it in combination with other drugs, particularly illicit fentanyl.

- NALOXONE** BECAUSE IT IS NOT AN OPIOID, XYLAZINE DOES NOT FULLY RESPOND TO NALOXONE.
- HARD TO DETECT** TYPICAL LAB TESTS DON'T LOOK FOR XYLAZINE, SO ITS FULL IMPACT IN TENNESSEE IS UNKNOWN.
- RISK OF INFECTION** USE OF XYLAZINE CAN CAUSE WOUNDS AND SEVERE INFECTION REQUIRING MEDICAL ATTENTION.

TENNESSEE OVERDOSE DEATHS INVOLVING XYLAZINE 2019-23

RESPONDING TO AN OVERDOSE
Xylazine is not an opioid, so it doesn't fully respond to naloxone (Narcan). Always give naloxone if you think someone has overdosed because there might be an opioid involved. Naloxone may help with some of the harmful effects of xylazine. Additional medical treatment may be needed.

- Call 911
- Give naloxone if you have it**
- Wait with the person
- Give them CPR and rescue breaths if you know how. If you don't know how, the 911 dispatcher can help.

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Learn more about xylazine and other emerging drugs by scanning this QR Code or visiting the web address below.

[TN.gov/behavioral-health/xylazine](https://www.tn.gov/behavioral-health/xylazine)

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Nitazene-involved Deaths in Tennessee, 2019-2022

What are Nitazenes?
Nitazenes are a group of powerful illicit opioids that have been linked to overdose deaths in several states including Tennessee. Traditional toxicology panels do not usually capture nitazenes making it difficult to know the exact number of deaths involving these new substances. In 2022, Tennessee saw a decline in the number of deaths involving nitazenes. However, due to limited testing this estimate is likely an undercount.

65 Nitazene-involved fatal drug overdoses among TN residents from 2019-2022.

Understanding Nitazenes in TN

- Five nitazene analogues have been identified in TN. The most common is **metazocine**.
- In TN, only **1 in 3** nitazene-involved deaths were attributed to nitazenes.
- Naloxone has been effective for reversing xylazine overdoses. Due to the strength of these substances additional doses of naloxone may be needed.
- 100%** of nitazene-involved deaths had multiple substances involved including fentanyl and benzodiazepines.

Recommendations for the Community and State

Overdoses involving nitazenes are preventable. The Tennessee Department of Health is working with law enforcement and public health officials to increase awareness and testing for nitazenes.



bit.ly/EmergingTN

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Tennessee Department of Mental Health & Substance Abuse Services