

## Overdose Response Program Data Brief, May 2024

### Drug Overdose Death Rates in Davidson County, TN 2018-2023

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#### Key Findings

- The number of suspected drug overdose deaths in Davidson County has increased each year from 2018 to 2021 and has since stabilized through 2023. The age-adjusted rate of drug overdose deaths rose 133.7% from 2018 to 2023.
- The gender difference in drug overdose death rates widened notably from 2020 to 2023. In 2020, the overdose death rate for men was 104.6% higher than for women, but by 2023, this difference had increased to 138.3%
- There was a significant change in the racial profile of the local drug overdose crisis. In 2018, the age-adjusted death rate for Black individuals was 39.2% lower than for White individuals. However, by 2020, this difference had narrowed to 8.0%, and between 2021 and 2023, the death rate for Black individuals surpassed and significantly exceeded that of White individuals, reaching 34.3% higher in 2023.
- Residents between 45-54-years of age consistently had the highest risk of overdose deaths from 2018 to 2023, followed closely by the 35-44-year-old age group.
- The proportion of fentanyl detections among suspected drug overdose deaths increased by 44.7% from 51% in 2018 to 73.8% in 2023, with a concurrent rise in co-detection of fentanyl with cocaine or psychostimulants (methamphetamines).
- Since 2018, cocaine has been identified as a cause of death in a greater proportion among Black than White persons. In contrast, psychostimulants (methamphetamines) were identified in a greater proportion among White than Black persons.

#### Background

Over the six-year period from 2018 to 2023, the annual number of suspected drug overdose deaths in Davidson County, TN more than doubled increasing from a frequency of 264 to 609. This report examines data from the Medical Examiner's office during this period to understand the trends in drug overdose deaths.

Like the rest of the United States, the people of Davidson County are experiencing the consequences of the deadly drug overdose crisis. In 2013, there was a significant rise in deaths caused by opioids such as fentanyl, fentanyl analogs, and other synthetic opioids. From 2013 to 2023, the national age-adjusted rate of drug overdose deaths increased from 13.8 to 32.4 deaths per 100,000. Tennessee and Davidson County saw similar trends. In recent years, about 77% of overdose deaths in Davidson County have been linked to fentanyl.

The Overdose Monitoring and Response (OMAR) team at the Metro Public Health Department (MPHD) maintains ongoing surveillance of drug overdose trends and provides up-to-date information and additional context on the epidemic at <https://www.nashville.gov/departments/health/drug-overdose-information> or the story map [here](#).

Descriptions of key terms, measurements and data sources are available under technical notes. Throughout the report, fatality rate and death rate are used interchangeably as the number of deaths per 100,000 population aged 15 to 64 years old. The under 15 and over 65-year-old age groups were excluded from this brief because they contained too few observations for presentation or rate calculations. Deaths reported are those suspected to be from drug overdose-related causes and will likely differ from overdose death counts provided by other agencies

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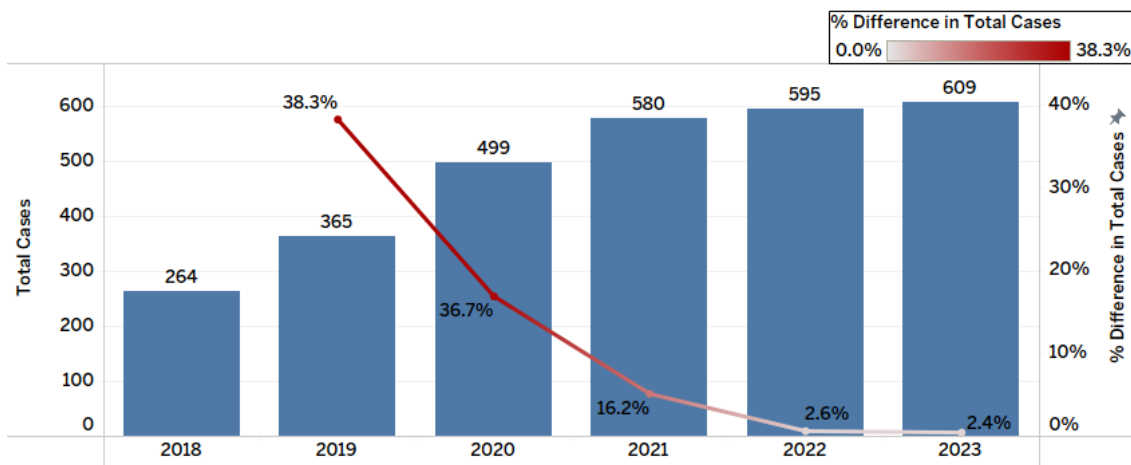
that report confirmed overdose deaths. To assess change since the peak of the COVID19 Pandemic, 2020 and 2023 rates are contrasted.

## Overview of Suspected Drug Overdose Deaths

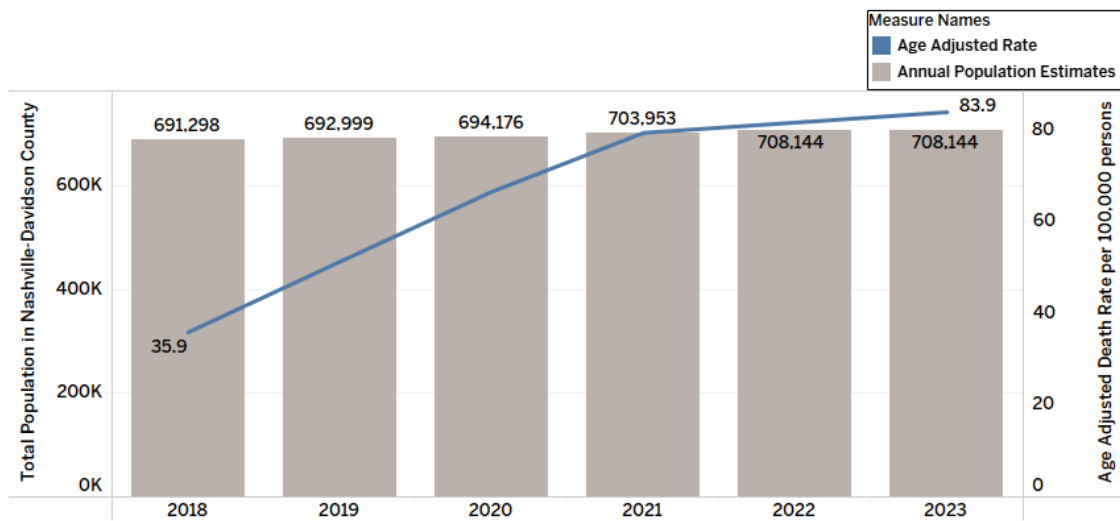
The age-adjusted rate of drug overdose deaths among Davidson County residents rose 133.7% from 2018 through 2023 in Davidson County.

- In 2023, there were 609 suspected drug overdose deaths among Davidson County residents, resulting in an age-adjusted rate of 83.9 deaths per 100,000 persons (**Figure 1**).
- While the number of suspected drug overdose deaths more than doubled from 2018 to 2023, the annual death toll began to level off starting in 2021 (**Figure 2**).
- The age-adjusted rate of suspected fatal overdoses increased by 133.7% from 35.9 per 100,000 persons in 2018 to 83.9 per 100,000 persons in 2023.

**Figure 1.** Frequency and annual percent change of drug overdose deaths among Davidson County residents, TN 2018-2023



**Figure 2.** Age-adjusted rate of drug overdose deaths among Davidson County residents, TN 2018-2023



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## Fatal Overdoses by Age Group

The age-specific rate of drug overdose deaths was consistently highest for the 45-54-year-old age group during the six-year period, closely followed by the 35-44-year-old age group.

- While drug overdose death rates have been highest for the 45-54-year-old age group (Figure 3), the 35-44-year-old age group accounted for the highest percentage of overdose fatalities from 2020 through 2022 (Figure 4).
- Nashville residents between the ages of 25 and 54 accounted for nearly 70% of all fatal overdoses in 2023 (Figure 4).

Figure 3. Age-specific rate of drug overdose deaths per 100,000 Davidson County residents, 2018-2023

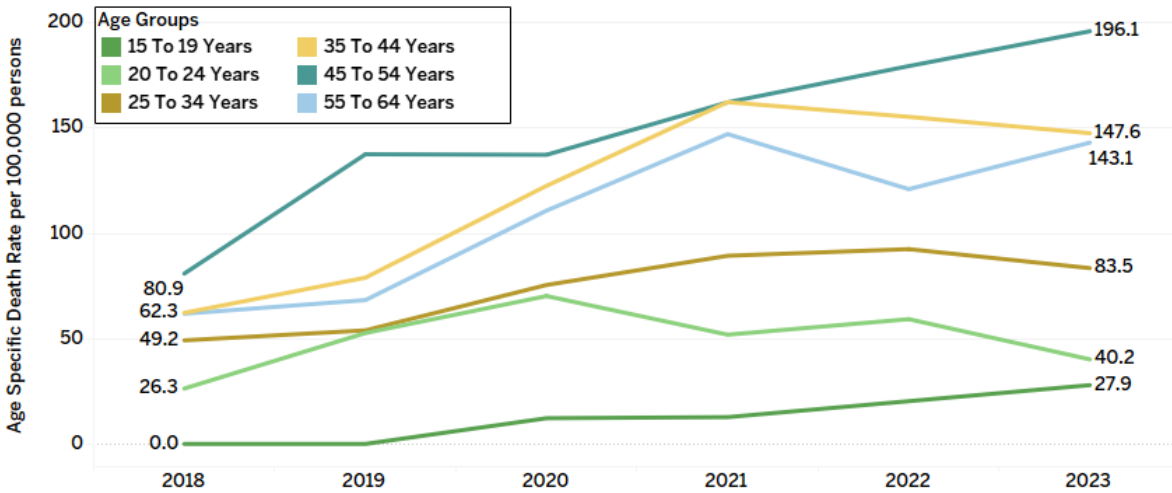
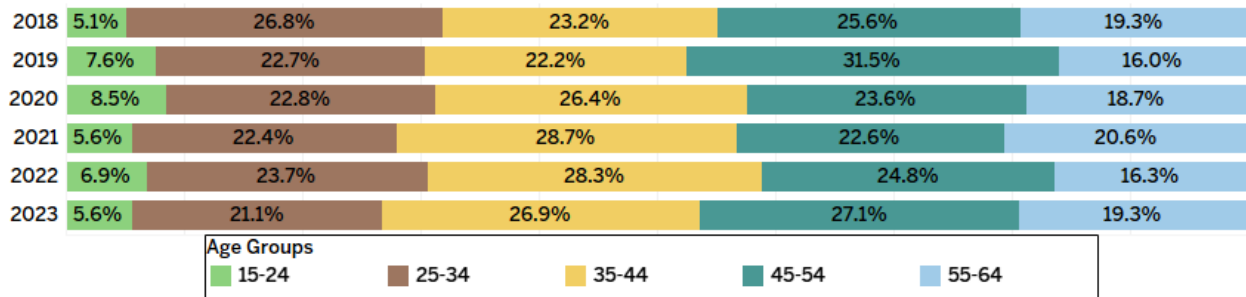


Figure 4. Percentage of drug overdose deaths by age group based on the Davidson County resident population between 15 and 64 years of age, 2018-2023



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**Table 1** indicates that the age-specific drug overdose death rate for residents aged 25-34 years was notably higher than that for those aged 15-24 years in 2020 and 2023. Similarly, the death rate for residents aged 35-44 years was significantly higher than that for those aged 25-34 years in 2020 and 2023. The highest increase in death rates between 2020 and 2023 occurred among residents aged 45-54 years, with a 36.8% rise. In 2023, the ratio of the death rate for all age groups compared to the referent group (15-24 age group) was nearly twice the rate ratio in 2020.

**Table 1.** Age-specific rate of overdose deaths per 100,000 Davidson County residents, 2020 and 2023

Age Group	Frequency		Rate per 100,000 (95% CI)		Relative Change (%) *	Rate Ratio	
	2020	2023	2020	2023		2020	2023
15-24	41	32	46.7 (32.4-61.0)	34.9 (22.8-47.0)	-25.2	1 (ref)	1 (ref)
25-34	110	120	76.5 (62.2-90.8)	83.5 (68.6-98.4)	9.2	1.6	2.4
35-44	124	152	128.1 (105.5-150.6)	147.6 (124.1-171.1)	15.2	2.7	4.2
45-54	111	154	143.3 (116.6-169.9)	196.1 (165.1-227.0)	36.8	3.1	5.6
55-64	90	110	114.9 (91.1-138.6)	143.1 (116.4-169.9)	24.5	2.5	4.1

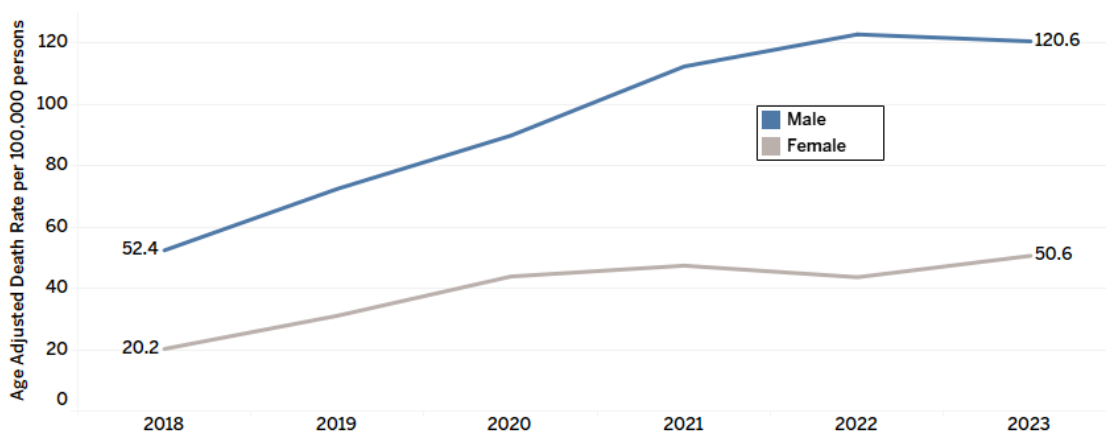
Abbreviations: CI: confidence interval; ref: referent group. \* Absolute change is the difference in the rate between 2023 and 2020. Relative change is absolute change divided by the 2020 rate and multiplied by 100.

## Fatal Overdoses by Sex

The age-adjusted drug overdose death rate was consistently highest for males from 2018 through 2023.

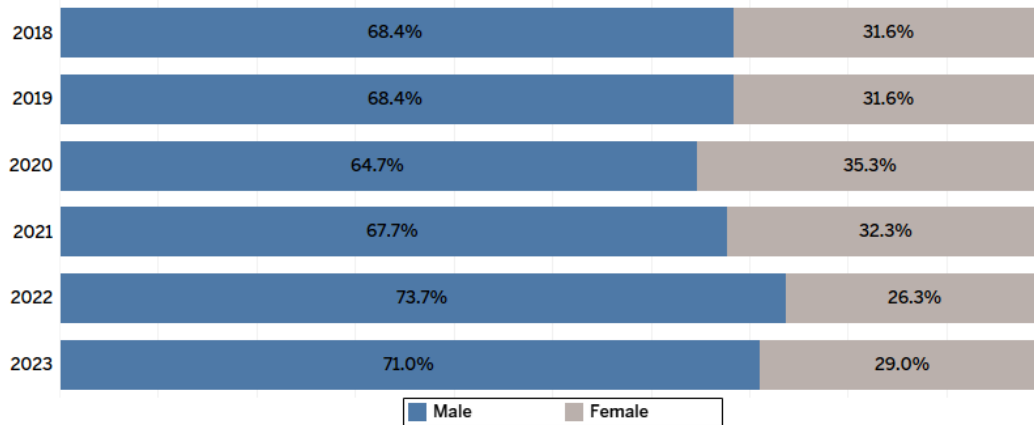
- During the six-year period, 2018-2023, Males accounted for a greater percentage of overdose fatalities compared to females (**Figure 6**).
- The age-adjusted death rate among males increased 130.2% from 52.4 to 120.6 deaths per 100,000 male residents from 2018 to 2023. Among females the rate increased by 150.5% from 20.2 to 50.6 per 100,000 female residents (**Figure 5**) during the same time period.
- The absolute difference between male and female death rates increased by 49.2% from 48 excess male deaths per 100,000 in 2018 to 71.6 excess male deaths per 100,000 in 2023 (**Figure 5**).
- In 2020 and 2023, there was a statistically significant difference between the age-adjusted death rate for males and females (**Table 2**).

**Figure 5.** Age-adjusted drug overdose death rate per 100,000 Davidson County residents by sex, 2018-2023



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**Figure 6.** Percentage of fatal overdoses by sex, Davidson County, 2018-2023



**Table 2.** Age-adjusted† drug overdose death rate by sex, Davidson County, 2020 & 2023

Sex	Frequency		Rate per 100,000 (95% CI)		Relative Change (%) *	Rate Ratio	
	2020	2023	2020	2023		2020	2023
Female	170	178	43.9 (39.2-53.1)	50.6 (41.5-55.8)	15.2	1 (ref)	1 (ref)
Male	328	430	89.8 (84.2-104.6)	120.6 (113.8-137.6)	34.3	2.1**	2.4**

Abbreviations: CI: confidence interval; ref: referent group. †Age-adjusted rates are calculated based on the 2000 U.S. standard population. For age group, crude rates are given. \* Absolute change is the difference in the rate between 2023 and 2020. Relative change is absolute change divided by the 2020 rate and multiplied by 100. \*\* Statistically significant (p-value <0.05)

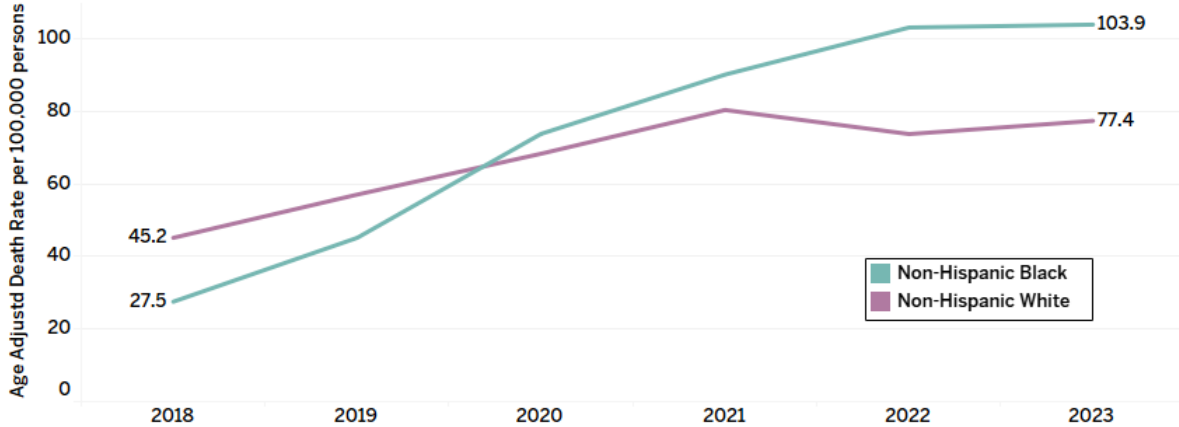
## Fatal Overdoses by Race

**The age-adjusted rate of drug overdose deaths was highest for White persons from 2018-2019 and for Black persons from 2020 to present.**

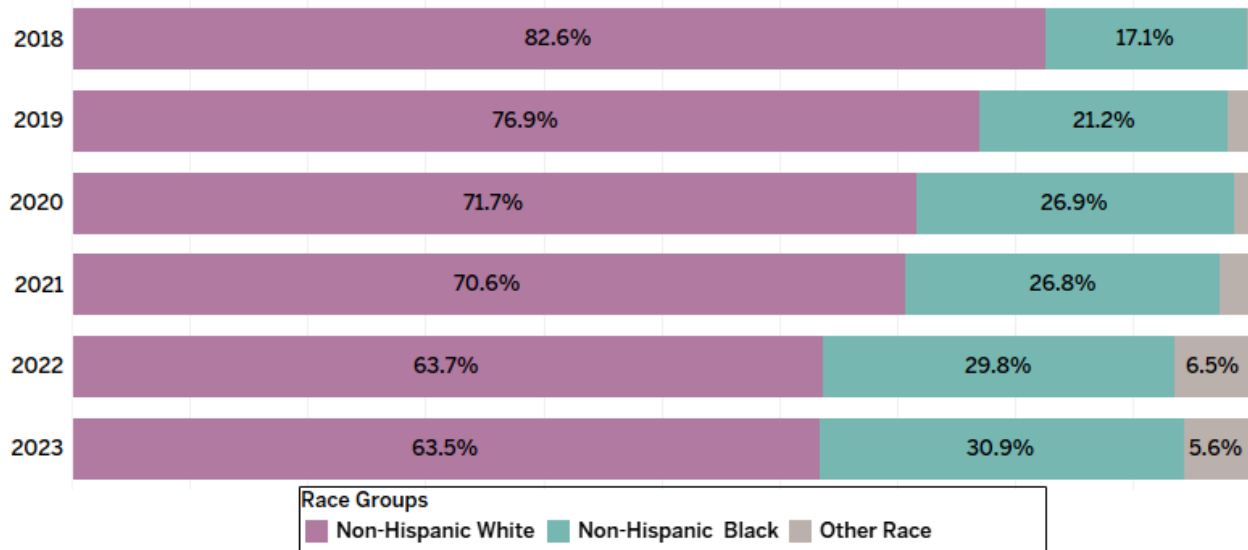
- During the six-year period, 2018-2023, Black drug overdose death rates increased 277.8% while White death rates increased 71.2% (**Figure 7**).
- In 2020, the overdose death rate among Black persons surpassed that among White persons, indicating a shift in the racial profile of the local overdose crisis (**Figure 7**).
- White individuals accounted for the highest proportion of fatal overdoses by race from 2018 through 2019; however, this proportion has declined from 2020 through 2023 (**Figure 8**).
- In 2023, the drug overdose death rate was statistically significantly higher among Black persons than White (**Table 3**).

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**Figure 7.** Age-adjusted<sup>†</sup> drug overdose death rate per 100,000 Davidson County residents by sex



**Figure 8.** Percentage of fatal drug overdoses by race, Davidson County, TN 2018-2023



**Table 3.** Age-adjusted rate<sup>†</sup> of suspected drug overdose deaths by race, Davidson County, TN 2020 & 2023

Race	Frequency		Rate per 100,000 (95% CI)		Relative Change (%) *	Rate Ratio	
	2020	2023	2020	2023		2020	2023
White	389	370	68.4 (64.5-79.9)	77.4 (71.2-87.4)	13.2	1 (ref)	1 (ref)
Black	174	204	73.8 (62.7-86.9)	103.9 (92.4-121.8)	40.8	1.1	1.3**

Abbreviations: CI: confidence interval; ref: referent group. <sup>†</sup>Age-adjusted rates are calculated based on the 2000 U.S. standard population. For age group, crude rates are given. \* Absolute change is the difference in the rate between 2023 and 2020. Relative change is absolute change divided by the 2020 rate and multiplied by 100. \*\* Statistically significant (p-value <0.05)

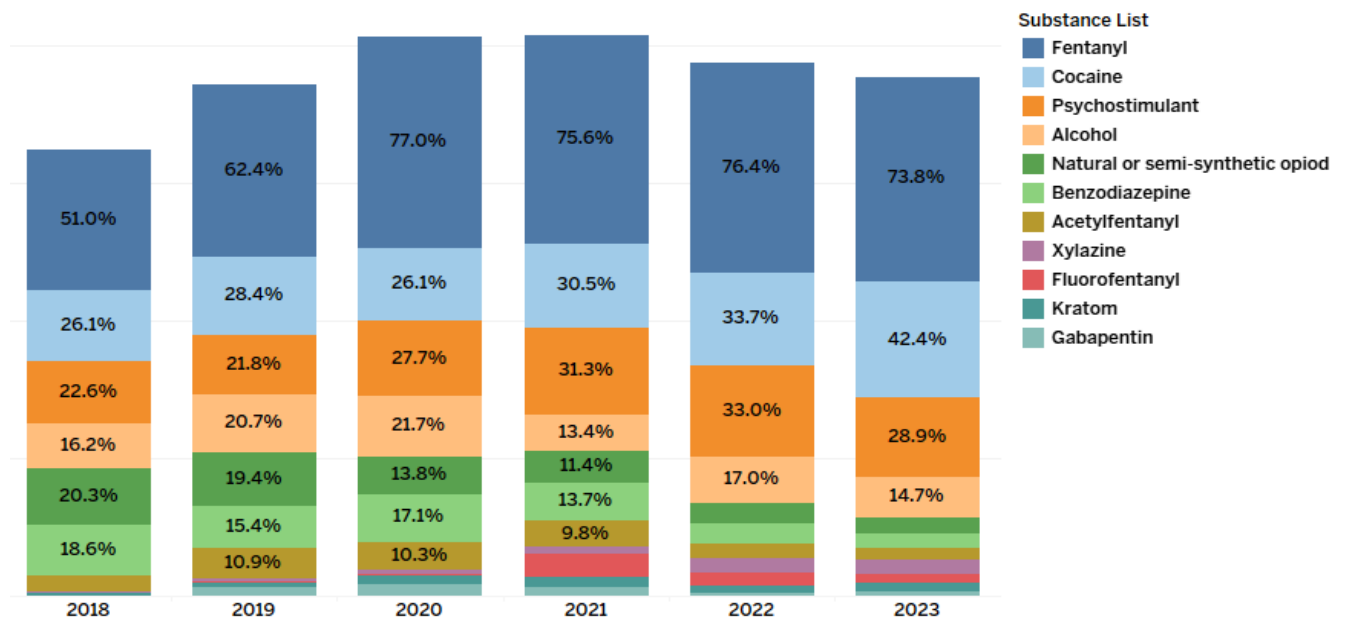
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### The Toxicology of Fatal Overdoses

Since 2020, fentanyl has consistently been detected and identified as a cause of death (COD) in approximately 75% of all fatal suspected drug overdoses.

- During the six-year period, fentanyl, cocaine, and psychostimulants (e.g., methamphetamine) have been the leading contributors to the local overdose crisis (**Figure 9**).
- Since 2020, over 70% of drug overdose deaths have been linked to fentanyl. This represents a 45% increase from 2018.
- Cocaine detections have increased over 60% during the six-year period, rising from 26.1% to 42.4%.
- Benzodiazepines detections have decreased by over 70% during the six-year period, decreasing from 20.3% to less than 6%.

**Figure 9.** Proportions of substances linked to cause of death (COD), Davidson County, TN 2018-2023



Note: Substance detections are not mutually exclusive, so percentages may not add up to 100.

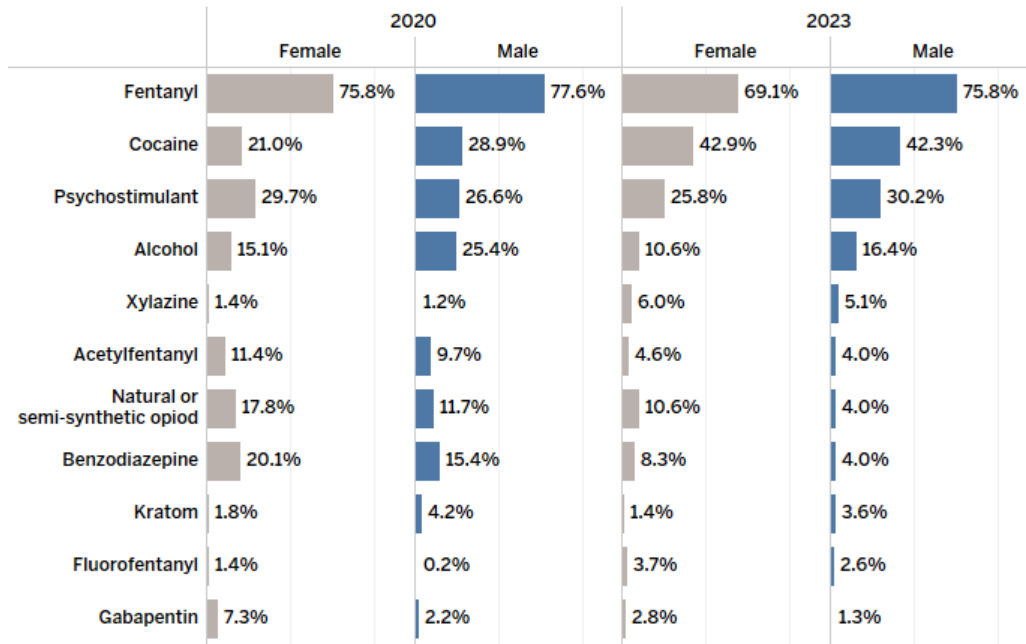
### The Toxicology of Fatal Overdoses by Sex

The proportion of overdose deaths in which fentanyl was detected and identified as a cause of death (COD) has been similar between males and females during the six-year period, 2018-2023.

- Benzodiazepines and xylazine have been identified as a COD in a greater proportion of females than males since 2020 (**Figure 10**). Xylazine detections increased by over 300% between 2020 and 2023 among both males and females. However, benzodiazepine detections have been declining since 2018.
- The percentage of cocaine detections as a COD has increased between 2020 and 2023 among males and females, 46% and 104% respectively.
- The detection of psychostimulants as a COD among males and females has remained relatively stable between 2020 and 2023.

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**Figure 10.** Percentage of substances detected in suspected fatal overdoses by sex, 2020 and 2023



Note: Substances detected are not mutually exclusive, so percentages may not add up to 100.

## The Toxicology of Fatal Overdoses by Race

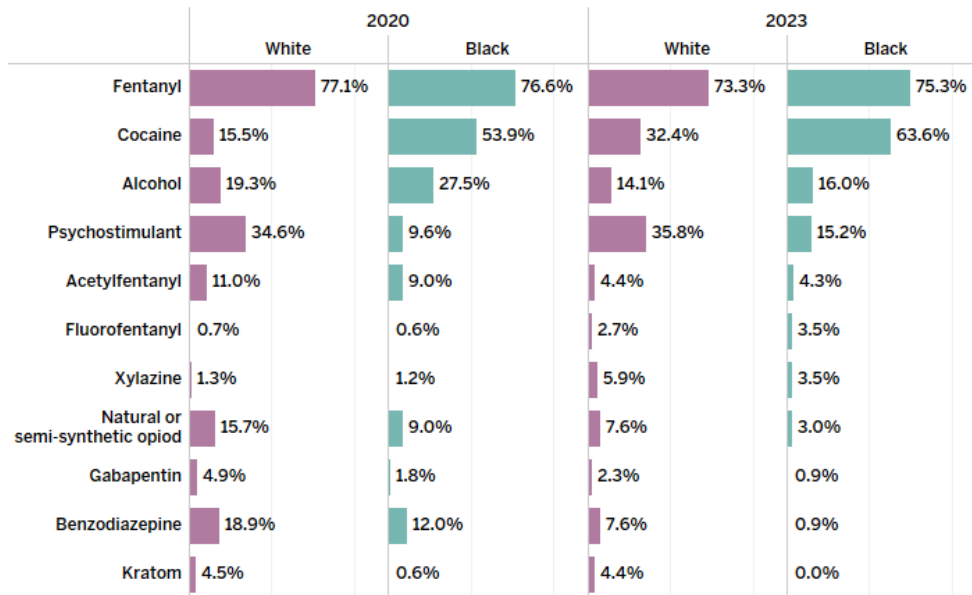
The proportion of overdose deaths in which fentanyl was detected and identified as a cause of death (COD) is relatively similar between Black and White Persons.

- Fentanyl detections have increased across all race/ethnicities, and each year the level of detections among Black vs. White persons have been comparable (**Figure 11**).
- Cocaine has been identified as a COD in a greater proportion of Black than White persons since 2018. In 2023, cocaine was identified as a COD in approximately 64% of overdose deaths among Black persons compared to 32% among White persons.
- The difference in cocaine detections between Black and White persons has declined slightly from about 3.5-fold in 2020 to about 2.0-fold in 2022.
- In contrast psychostimulants (like Methamphetamine) were identified as a COD in a greater proportion of White than Black persons since 2018. In 2023 psychostimulants were identified in approximately 15% of overdose deaths among Black persons compared to about 36% of White persons.
- The difference in psychostimulant detections between Black and White persons has declined slightly from about 3.6-fold in 2020 to about 2.4-fold in 2023 (**Figure 11**).



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**Figure 11.** Percentage of substances detected in suspected fatal drug overdoses by race, 2020 and 2023



Note: Substances detected are not mutually exclusive, so percentages may not add up to 100.

### The Issue of Polysubstance Use

**The proportion of overdose deaths involving both fentanyl and a stimulant has increased from 2018 through 2023.**

- During the six-year period, the proportion of overdose fatalities involving the combination of fentanyl and a stimulant (cocaine or psychostimulant) increased from 42.6% to 66.8% (Table 4).
- Co-detection of fentanyl and psychostimulants only have remained relatively stable between 16% and 20%. However, co-detection of fentanyl and cocaine only have increased by 80% from 21% to 37%.

**Table 4.** Percentage of suspected fatal drug overdoses involving fentanyl in which stimulants were detected, Davidson County, TN 2018-2023

	2018	2019	2020	2021	2022	2023
Fentanyl	176	292	478	548	576	560
% Fentanyl Cases with Cocaine	26.1	29.8	24.7	29.7	33.5	47.0
% Fentanyl Cases with Psychostimulant	22.2	20.9	25.1	29.9	30.4	30.0
% Fentanyl Cases with Cocaine and/or Psychostimulant	42.6	44.5	46.4	53.3	55.6	66.8
% Fentanyl Cases with Cocaine Only	20.5	23.6	21.3	23.4	25.2	36.8
% Fentanyl Cases with Psychostimulants Only	16.5	14.7	21.8	23.5	22.0	19.8
% Fentanyl Cases with Both Cocaine and Psychostimulants	5.7	6.2	3.3	6.4	8.3	10.2

Note: These categories are not mutually exclusive, so percentages may not add up to 100.

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## Geographic Rates

Zip codes 37208, 37203, and 37210 had the highest age-adjusted death rates for drug overdose deaths from 2018-2023.

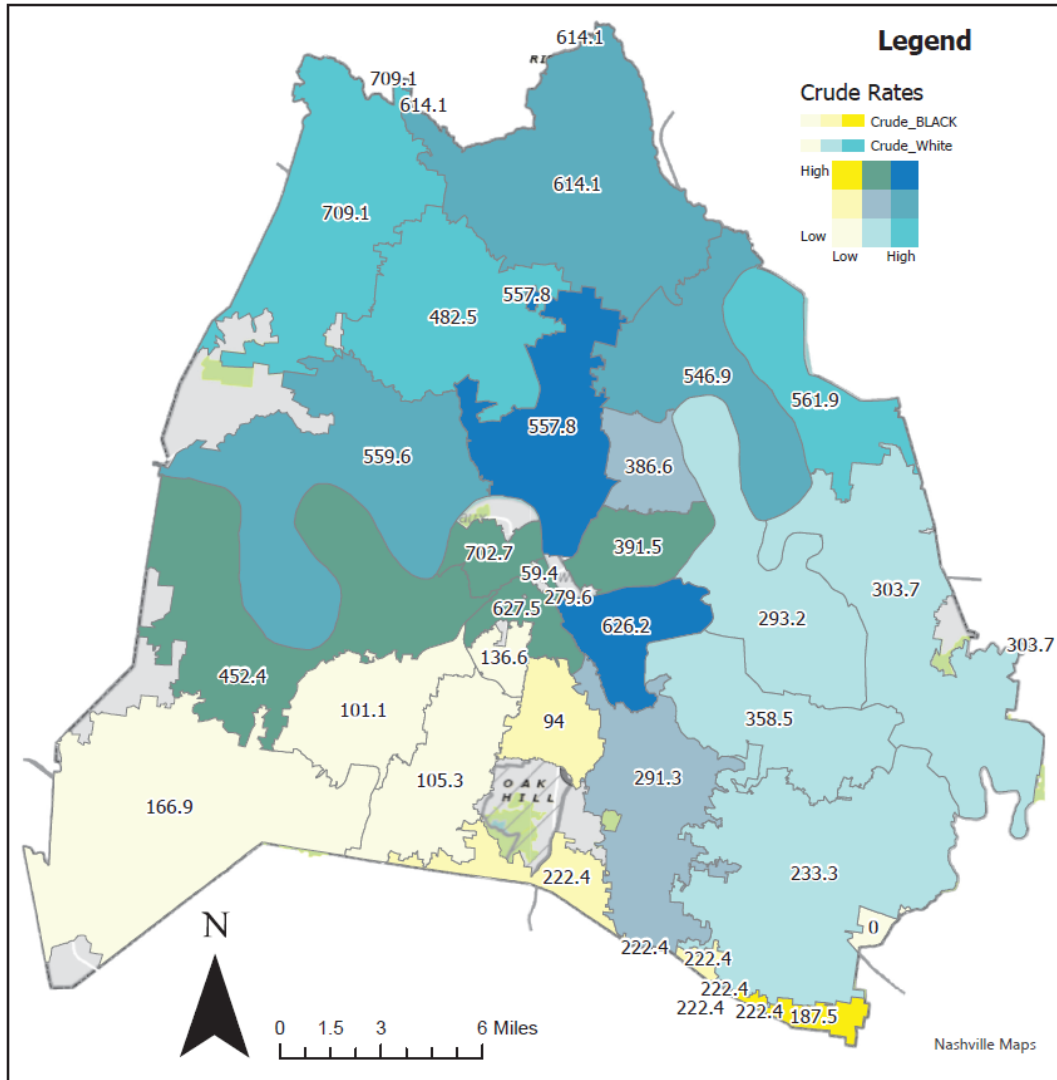
- **Table 5** below shows 10 zip-codes with the highest age-adjusted rates, and within each zip-code crude rates are contrasted by sex, race, and age groups (e.g., 35-44 and 45-54 years old).
- **Table 5** also includes zip code 37013 which had the highest number of suspected drug overdose deaths at 243, however, it simultaneously had one of lowest age-adjusted death rates in the county.
- Among the 10 most affected zip-codes 37208, 37203, 37210 and 37072 had the highest age-adjusted death rates and crude rates for the populations presented in the table below.
- **Figure 12** shows that certain zip codes within the county exhibit a higher risk either for Black individuals or White individuals. However, a smaller subset of zip codes demonstrates an equally elevated risk for both White and Black populations.

**Table 5.** Frequency and rates of drug overdose deaths across race, sex, and age by zip, Davidson County, TN 2018-2023

Zip Code	Total Deaths	Age Adjusted	Crude Black	Crude White	Crude Female	Crude Male	Crude 35-44 Age Group	Crude 45-54 Age Group
37208	126	702.7	746.2	443.4	328.0	974.7	1,193.4	1,852.8
37203	117	627.5	1,177.6	521.3	218.0	1,035.6	1,060.6	1,839.4
37210	101	626.2	727.7	726.8	342.1	896.3	1,147.7	1,373.6
37072	98	614.1	372.4	755.0	454.5	745.3	1,237.6	1,436.5
37138	74	561.9	338.3	589.4	390.8	666.8	1,198.0	775.3
37218	78	559.6	459.6	884.7	281.6	791.7	979.0	1,293.6
37207	229	557.8	549.1	845.4	332.2	833.6	893.6	1,321.5
37115	232	546.9	426.3	908.9	389.9	721.9	1,158.1	1,123.6
37209	169	452.4	637.3	462.9	284.5	619.2	696.5	1,249.0
37206	118	391.5	682.3	328.8	281.0	520.3	576.5	625.7
37013	243	233.3	214.6	314.7	131.7	359.8	277.8	440.6

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**Figure 12.** Crude Rate of Drug Overdose Death per 100,000 persons by Race, Davidson County, TN 2018 - 2023



### Limitations

Racial/ethnic designations are generally subject to classification errors. Therefore, there is the potential for misclassification of the race variable even if, as in this brief, the race variable is restricted to White and Black races due to the paucity of data in reference sources. The demographic categories of “other” race groups, and the under 15 and over 65-year-old age groups were excluded from this brief because they contained too few observations for presentation or rate calculations. These restrictions limit the scope of equity analysis as it excludes deaths involving other racial/ethnic, cultural, or linguistic minorities. Secondly, the ME data contained observations for individuals whose residency status was unknown, and these were excluded from subcounty analysis. While every effort is made to distinguish overdoses involving illicit drugs or illicit drug use, the fatal overdoses reported in this brief may include overdoses with non-illicit substances. Some changes in the drugs detected could be due to improvements in toxicology testing over time.

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## Summary

From 2018 to 2023, Davidson County, TN experienced a significant rise in suspected drug overdose deaths more than doubling from 264 to 609 annually. This report, based on data from the Medical Examiner's office, analyzes the trends and factors contributing to this increase, focusing on the impact of opioids, especially fentanyl.

**General trends** indicate that the age-adjusted rate of drug overdose deaths in Davidson County increased by 133.7% from 2018 to 2023, reaching 83.9 deaths per 100,000 persons. Although the annual increase in overdose deaths slowed between 2021 and 2023, the overall trend indicates a significant rise over the six-year period.

**Additional analyses and trends** indicate that the annual increase in deaths: The initial years (2018-2020) saw a steep rise in overdose deaths, which began to level off between 2021 and 2023.

**Gender and substance use data** indicate that while fentanyl's impact is similar across genders, benzodiazepines and xylazine are more significant among females. The increase in cocaine-related deaths is notably higher among females.

**Race and substance use data** indicate that fentanyl's impact is consistent across races, but cocaine is a more significant cause of death among Black individuals. The disparity in psychostimulant-related deaths (methamphetamines), while declining, remains higher among White individuals.

**Substance-specific trends** indicate that fentanyl represents approximately 77% of overdose deaths, with its detection rate comparable across genders and races. Benzodiazepines and Xylazine have been detected in a higher proportion of female deaths. Xylazine detections surged by over 300% from 2020 to 2023, while benzodiazepine detections declined since 2018. Cocaine as a cause of death increased for both genders, with a 104% rise among females and 46% among males between 2020 and 2023, and more prevalent among Black individuals (64% in 2023) compared to White individuals (32%). Psychostimulant detection rates were stable, but more frequently identified in White individuals (36% in 2023) than Black individuals (15%).

**Poly-substance use data** indicate that the proportion of overdose deaths involving both fentanyl and a stimulant (either cocaine or psychostimulants) increased from 42.6% to 66.8% over the six years. Fentanyl and psychostimulant co-detections remained stable (16-20%), while fentanyl and cocaine co-detections increased by 80%. Polysubstance detections might indicate polysubstance use, but it is unclear if polysubstance use is intentional or unintentional. The role of race in determining the substances taken together with fentanyl and the implications of these patterns of drug use/exposure, will need further investigation.

**Geographic and demographic trends** indicate that the highest age-adjusted death rates were observed in zip codes 37208, 37203, and 37210. Zip code 37013 reported the highest number of deaths (243) but one of the lowest age-adjusted rates. Certain zip codes exhibited higher risks for specific racial groups, while others showed equally elevated risks for both Black and White populations.

**Geographic disparities** in overdose death rates are consistently higher for **specific zip codes**, indicating potential hotspots for targeted interventions.

**In conclusion**, the data from Davidson County, Tennessee highlights the escalating crisis of drug overdose deaths, primarily driven by fentanyl and increasingly involving stimulant co-use. Similar trends have been reported at the national level and to involve other racial/ethnic minorities. A recent [CDC report](#) indicates that in 2020 through 2023 rates were highest among American Indian or Alaska Native people. Gleaning from national trends, other racial/ethnic, cultural and/or linguistic and minority communities not reported in this brief are likely impacted disproportionately as well in Davidson County. The trends suggest the necessity for targeted public health interventions, focusing on high-risk substances, social drivers of health, certain demographic groups, and geographically concentrated efforts to mitigate the overdose death rates in the most affected zip codes.

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## Technical Notes

Data presented in this report are provisional. Annual rates are calculated per 100,000 Davidson County residents aged 15 to 64 years and utilize the 2018-2022 single-year population estimates as the denominator. The numerator is the total number of deaths suspected to be caused by drug overdose. For age-stratified rates, crude rates are provided. For total overdose deaths and stratification by sex and race, rates were age-adjusted based on the 2000 U.S. standard population using the direct method. Confidence intervals were used to conservatively evaluate statistical significance (p-value <0.05). SAS 9.4 was used to clean, categorize, and analyze data. Tableau was used for data visualization.

Data on suspected fatal overdoses was obtained from the Davidson County Medical Examiner (Middle Tennessee Regional Forensic Center). The medical examiner database (Death Investigation and Decedent Information database) was searched for diagnosis codes indicating a drug overdose with illicit drugs, prescription drugs, or a not otherwise specified (NOS) substance. Cases included both accidental and intentional overdoses. The data summaries in this brief do not delineate between illicit versus prescribed substances. Davidson County residency was determined based on zip code of residence and injury location. Inclusion criteria selected records with a Davidson County zip code or an injury location in Davidson County. However, some cases were missing residential information, and these cases were included in the county-wide rate but excluded from subcounty (zip code) rate calculations. Therefore, the counts and rates in this reported will differ from those reported in the weekly and quarterly surveillance reports or elsewhere, because the latter reflect all deaths occurring in Davidson County regardless of residency or injury location.

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Consistent with CDC reporting, the psychostimulants tracked and reported are those with abuse potential, and they include drugs such as methamphetamine, 3,4-methylenedioxy-methamphetamine (MDMA), dextroamphetamine, levoamphetamine, or methylphenidate (Ritalin) as captured by the International Classification of Diseases, 10th Revision (ICD-10) underlying cause-of-death code of T43.6 (Kariisa et al, 2019).

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## Resources

### Where to Find Help

#### **Community Overdose Response Team**

For those seeking treatment for drug addiction, the Community Overdose Response Team (CORT) can help. CORT is a free and confidential resource to help find drug and alcohol treatment for individuals who are at risk of an overdose. The service is offered free of charge regardless of health insurance status. The team works with an individual to determine the appropriate level of care (e.g., detox, residential, or outpatient treatment, etc.). To make a referral or learn more about this resource for our community, **call CORT at 615-687-1701**.

#### **Tennessee REDLINE**

The purpose of the Tennessee REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other addiction information and referrals to all citizens of Tennessee at their request even if you do not have health insurance.

- Phone: **1.800.889.9789** (toll free 24 hours/7 days)
- Website: <https://www.tn.gov/opioids/treatment/how-to-get-help.html>

### Additional Information

#### **Naloxone Training**

- STARS Nashville, call **615-393-6980** or visit <https://starsnashville.org/rops/>.
- Red Cross <https://www.redcross.org/>

#### **Overdose Signs**

- Person is not responsive
- Fingertips or lips turn blue or grey
- Breathing is slow, shallow, or has stopped
- Person is gurgling or making snoring noises

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## What can you do if you see an opioid overdose?

- Call **911**
- If you have naloxone, give the person naloxone, and perform rescue breathing
- If no response after 2-3 minutes, give a second dose of naloxone
- Do not leave the person alone (help will arrive)
- If the person starts to breathe or becomes more alert, lay the person in the recovery position: put the person slightly on the left side so that their body is supported by a bent knee with their face turned to the side and bottom arm reaching out to stabilize the position

## SPIKE Auto Text Program

Metro Public Health Department is collaborating with Partnership to End Addiction to implement the SPIKE Auto Text Program in Davidson County. The program will alert you when spikes in drug overdoses occur locally. **Text SPIKE to 855-9-OD-KNOW (855-963-5669)** and follow the steps to get messages on your phone when overdose spikes occur. This service is FREE. You can learn more at <https://drugfree.org/spike/>.

## Metro Public Health Department of Nashville/Davidson County Resources

### Behavioral Health Services

#### **Assessments and Referrals for Substance Use/Abuse and Brief Mental Health Screenings**

Assessments and brief Mental Health Screenings are conducted at the Lentz Building – MPHD in suite 110-B, by appointment only Monday thru Friday. There is no fee for the assessment service. Call 615-340-2172 for more information and to make an appointment. Walk-ins will be seen as time permits and given an appointment. Community Agency Representatives may call during business hours (Monday thru Friday, 8:00 a.m. - 4:30 p.m.) to schedule an appointment for their potential client to be screened in the office.\* Please note that attorney referrals, or child custody case referrals are not accepted for assessments and brief screenings.

- **Overdose Response Program – Drug Overdose Information:**  
<https://www.nashville.gov/departments/health/drug-overdose-information>
- **Behavioral Health and Wellness Services Resource List:**  
<https://www.nashville.gov/departments/health/clinical-health-services/behavioral-health-services>

\*Various resources in English, Spanish, and Arabic.