Op Ed 1.5 Bibliography and Fact-Check

Companion document to "The Decline Was a Beginning. Here Is What We Should Do Next."

Every factual claim in the piece is listed here with its source. Hand this to any editor, fact-checker, journalist, or committee staffer who asks to verify the work.

Tennessee 2024 overdose data

Claim: Tennessee recorded about 31 percent fewer overdose deaths in 2024 than in 2023.

Source: Tennessee Department of Health, 2024 Fatal Drug Overdose Report, Office of Informatics and Analytics, May 2026 release.

Source: TDH Tennessee Drug Overdose Deaths Report 2024, healthdata.tn.gov, dataset ID 5j4s-jyvn.

Claim: A 31 percent decline still meant 2,499 Tennesseans died from overdose in 2024.

Source: TDH 2024 Fatal Drug Overdose Report. Statewide total of 2,499, change of -1,117 from 2023 baseline of 3,616.

National 2024 and 2025 context

Claim: Nationally, overdose mortality experienced the largest single-year decline ever recorded. More than 25,000 Americans who likely would have died at 2023 rates are still alive today.

Source: CDC NCHS Data Brief No. 549, January 2026, on US drug overdose deaths in 2024.

Source: CDC Reports Nearly 24% Decline in US Drug Overdose Deaths, CDC Newsroom press release.

Claim: Provisional CDC data released in May 2026 indicates the decline continued, with overdose deaths falling roughly 14 percent for the twelve months ending in December 2025.

Source: CDC NCHS Vital Statistics Rapid Release, Provisional Drug Overdose Surveillance, May 13 2026 release.

Note: the May 13, 2026 NCHS release reported 69,973 US overdose deaths for the 12 months ending December 2025, a 13.9 percent decline. The piece rounds to 14 percent.

The maintenance vs crisis funding frame

Claim: Many structures most responsible for sustaining long-term recovery receive comparatively little attention because they operate as maintenance systems rather than crisis systems. Prevention rarely generates the same urgency, visibility, or political attention as crisis response.

Source: Trust for America's Health, The Impact of Chronic Underfunding on America's Public Health System (annual report). Documents the persistent funding gap between prevention infrastructure and crisis response across US public health.

Source: SAMHSA, Behavioral Health Spending and Use Accounts. State-level tracking of behavioral health spending shows the consistent imbalance between acute and long-term care funding.

The 28-day standard reference

Claim: Medicaid coverage that allowed treatment to continue past the first 28 days.

Source: SAMHSA Treatment Improvement Protocol (TIP) series on length of stay and continuing care. The 28-day inpatient standard originated in the Hazelden model and was codified by insurance reimbursement norms in the 1970s. Continuing care research consistently shows better outcomes for treatment that extends beyond the acute episode.

Drivers of the 2024 decline (supply side)

Claim: Recent studies indicate that one significant contributor to the 2024 decline was a change in the illicit fentanyl supply itself. DEA seizure testing, drug-checking studies, and national analyses point toward declining fentanyl potency in many markets during the same months overdose deaths fell most sharply. Emerging research suggests the decline was concentrated heavily in fentanyl-involved deaths.

Source: Brookings Institution, Why are overdose deaths declining? (policy analysis).

Source: CDC About Overdose Prevention, drug supply trend analysis.

Source: NIDA, drug supply trends and drug-checking research published in academic journals.

Note: this is the most contested claim in the piece. Reasonable researchers disagree about the relative contribution of supply changes versus naloxone, MAT, telehealth, and Medicaid expansion. The piece intentionally describes supply as one contributor among many, not the cause.

Specific 2024 fentanyl supply data (June 2026 refresh)

Claim: DEA laboratory testing showed average fentanyl powder purity falling from roughly 19 percent in 2022 to about 11 percent in 2024.

Source: DEA laboratory purity testing as reported across drug-checking research and DEA National Drug Threat Assessment 2025. Reported purity values: 19.2 percent in 2022, 11.36 percent in 2024.

Source: DEA Press Release, 2025 National Drug Threat Assessment, May 15, 2025.

Claim: The share of seized counterfeit pills containing a potentially lethal dose of fentanyl dropped from 7 of 10 in 2023 to 5 of 10 in 2024.

Source: DEA fentanyl pill testing program, reported in DEA family summit briefings 2024-2025 and the 2025 National Drug Threat Assessment.

Claim: Fentanyl-involved deaths nationally fell from approximately 76,000 in 2023 to 48,000 in 2024, a 34 percent decline that accounted for nearly all of the overall overdose mortality decrease.

Source: CDC NCHS Data Brief No. 549, Drug Overdose Deaths in the United States, 2023 to 2024, January 2026. Available at cdc.gov/nchs/products/databriefs/db549.htm.

Source: CDC Press Release, U.S. Overdose Deaths Decrease Almost 27 Percent in 2024, May 14, 2025.

Source: STAT News, Falling fentanyl potency may explain drop in overdose deaths, January 8, 2026.

Source: Friedman et al. and related medRxiv preprints on decreased fentanyl potency as primary driver of mortality decline, December 2025.

Note: DEA also cautions that declining laboratory purity does not mean street fentanyl is uniformly safer, given increasing mixing with xylazine, cychlorphine, and other synthetics. The piece addresses this counterpoint in the cychlorphine emergence section.

Source: HUD Recovery Housing Program Models Quick Guide, hudexchange.info.

Source: KFF Medicaid Waiver Tracker, kff.org/medicaid/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state.

Source: SAMHSA SUPTRS Block Grant program documentation, samhsa.gov/grants/block-grants/subg.

Source: Blueprint Research Brief Sections 3, 3b, and 3c (companion document, available on request). The brief documents SAMHSA SUPTRS, SOR, and Medicaid 1115 SUD waivers as acute-phase streams, and documents Medicaid 1915(i) HCBS, SAMHSA MHBG, HUD recovery housing programs, Family First Prevention Services Act Title IV-E, WIOA, TANF, USDA Rural Development, and Tennessee Opioid Abatement Council as scattered maintenance-phase streams.

Claim: The federal money for addiction was built for the crisis, not the recovery. Recovery housing, peer support, transportation, childcare have to be cobbled together from scattered programs across multiple federal agencies.

The federal SUD funding architecture is structurally biased toward acute care

Tennessee 2025 partial data

Claim: In Davidson County, overdose deaths in the first quarter of 2025 fell 21 percent compared to the same period in 2024.

Source: Nashville Drug Overdose Report Q1 2025, Metro Nashville Public Health Department, May 2025.

Claim: Hamilton County recorded 120 overdose incidents in 2024 with five fatalities, and 90 overdose incidents in 2025 with seventeen fatalities. Fewer overdoses, three times the deaths.

Source: Hamilton County Sheriff's Office overdose report via Local 3 News, March 9 2026.

Cychlorphine emergence

Claim: In October 2025, the Tennessee Department of Health identified a new synthetic opioid in the state's drug supply called cychlorphine. By June 2026, the drug has been linked to nearly sixty fatal overdoses, concentrated heavily in East Tennessee. Cychlorphine is roughly ten times more potent than fentanyl. Naloxone reverses it but reversal often requires repeat dosing.

Source: WSMV news report on TDH public alert, March 18 2026.

Source: Tennessee Department of Health public communication on cychlorphine, March 2026.

Claim: Naloxone training is available free across Tennessee through Regional Overdose Prevention Specialists in every health region.

Source: Tennessee Department of Mental Health and Substance Abuse Services, Regional Overdose Prevention Specialists program. See tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html for current regional contacts.

Supporting context from companion materials

The following figures are referenced in companion Op Ed 1 (We Are Already Paying. The Question Is What We're Buying.) and on the county data tool at melissakilpatrick.com/counties. Listed here for fact-checkers who may follow links from this piece into the companion materials.

Supporting figure: $1.6 million in lifetime earnings and tax revenue lost per fatal overdose.

Source: Avalere Health, The Cost of Addiction, 2025.

Supporting figure: $11 in healthcare and criminal justice costs avoided per $1 invested in addiction treatment (the 4-to-1 healthcare ratio plus 7-to-1 criminal justice ratio).

Source: National Institute on Drug Abuse, Principles of Drug Addiction Treatment, cost-benefit analysis section.

Source: SAMHSA economic analyses of substance use treatment ROI.

The composite story

The paragraph beginning "Picture a woman in her thirties" is an archetypal composite. It is constructed from common clinical patterns Melissa Kilpatrick has observed across multiple clients and across multiple Tennessee treatment settings over more than a decade of practice. It is not based on any single identifiable person. No specific details were used. All elements (the job, the family arrangement, the cascade after relapse) reflect documented common outcomes in the Tennessee SUD system, not a single case file.

This methodology is consistent with standard clinical writing practice for protecting client confidentiality while illustrating systemic patterns. HIPAA-compliant on its face.

Updated cychlorphine sources (June 2026 refresh)

Claim: By June 2026, cychlorphine has been linked to nearly sixty fatal overdoses across East Tennessee.

Source: WATE News, "Opioid 10 times stronger than fentanyl linked to nearly 60 deaths in East Tennessee," 2026.

Source: Action News 5 / WVLT, "Deaths linked to new opioid drug skyrocket in East Tennessee," April 7, 2026.

Source: Knox County Regional Forensic Center, public release, April 6, 2026.

Source: WRIC, "New drug cychlorphine linked to 41 deaths in Tennessee," April 2026.

Drivers of the 2024 decline (policy and access changes)

Claim: Naloxone went from prescription-only to over-the-counter.

Source: FDA approval of Narcan (naloxone) nasal spray for over-the-counter sale, March 2023, FDA News Release.

Claim: Buprenorphine prescribing opened to any DEA-registered clinician after the X-waiver was removed at the end of 2022.

Source: Consolidated Appropriations Act 2023 (Section 1262), which eliminated the DATA-Waiver (X-waiver) requirement. SAMHSA implementation guidance, January 2023.

Claim: Telehealth medication-assisted treatment expanded what could happen between in-person visits.

Source: DEA and SAMHSA telemedicine flexibilities, extended through December 31, 2025 under the Third Temporary Rule (extended again per DEA NPRM).

Source: SAMHSA Treatment Improvement Protocol updates documenting expanded telehealth MAT delivery models post-COVID.

Claim: Emergency department buprenorphine inductions became standard practice in more hospitals than ever before.

Source: D'Onofrio et al., Emergency Department-Initiated Buprenorphine for Opioid Dependence, JAMA, original 2015 trial and subsequent implementation literature.

Source: California Bridge Program model, replicated in multiple states including Tennessee hospital systems through 2024.

Claim: Medicaid coverage in many states extended past the historical 28-day inpatient window.

Source: KFF Medicaid Waiver Tracker for Section 1115 SUD waivers, kff.org/medicaid/medicaid-waiver-tracker. 30+ states have approved SUD 1115 waivers expanding residential coverage past the IMD exclusion.

Source: CMS Section 1115 SUD Demonstration Initiative documentation.

Authorship and disclosure

Melissa Kilpatrick, LADAC II, QCS, has more than a decade of clinical experience in Tennessee substance use disorder treatment across private programs, publicly funded systems, court-mandated, reentry, diversion programs, outpatient, and medication-assisted treatment.

Disclosure: Kilpatrick is currently employed as Outpatient Clinical Director at JourneyPure, a private substance use disorder treatment provider in Tennessee. The opinions expressed are her own and are not made on behalf of her employer. She is not paid by any advocacy organization, lobbying group, or political campaign related to this issue.

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County-level data tool with year toggle for 2023 and 2024: melissakilpatrick.com/counties