

A Public Health Crisis Continues

Poisoning is the leading cause of injury deaths in Tennessee. There were more poisoning fatalities than any other injury in the last five years, and drugs are the cause of 9 out of 10 poisoning deaths. Drug poisoning deaths, also called overdoses, tripled since 1999, surpassing motor vehicle traffic-related deaths in 2009 (Figure 1). In 2012, the poisoning death rate was 18.9 deaths per 100,000 persons, and the drug overdose death rate was 17.0 deaths per 100,000 persons, compared to a motor vehicle traffic-related death rate was 17.0 deaths per 100,000 persons, compared to a motor vehicle traffic-related death rate of 13.6 deaths per 100,000 persons.



Drugs Cause 9 out of 10 Poisoning Deaths

In 2012, drugs and medications –prescription drugs, illicit drugs, and over-the-counter medications, - were the underlying cause of death for 90 percent of all poisoning deaths. Of the drug overdose deaths, 83 percent were unintentional, 9 percent were suicide or intentional self-harm, and 8 percent had undetermined intent. Males had rates 25 percent higher than females and persons aged 25-44 years had the highest rate of all age categories.

Table 1. Drug overdose deaths: Demographic characteristics and intent, Tennessee residents, 2012

		Number	Percent	Rate per 100,000 persons
Gender	Female	503	46%	15.2
	Male	591	54%	18.8
Age (in years)*	15-24	65	6%	7.4
	25-44	474	43%	56.2
	45-54	322	29%	35.4
	55 and older	230	21%	47.3
Intent	Unintentional (also known as "accidental")	909	83%	14.3
	Suicide	102	9%	1.5
	Undetermined	83	8%	1.3
*0-14 age grou	p not included due to small numbers.			

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Opioid Pain Relievers Contributed to Over Half of the Drug Overdose Deaths

Opioid pain relievers, such as oxycodone or hydrocodone, contributed to 595 (54 percent) of the 1,094 drug overdose deaths in 2012. Of those, half had at least one other specified drug contributing to the death. There were 324 (30 percent) cases that listed other drugs other than pain relievers as the main cause of drug overdose. These results might be undercounts, because the percent of drug overdose deaths that had only unspecified drug(s) listed ranged from 30 percent in 1999 to 16 percent in 2012.



Addressing the Issue

- Addition of Neonatal Abstinence Syndrome (NAS) to Tennessee's list of reportable diseases/events, giving the capability to track NAS incidence on a
 real-time basis.
- Implementation of screening, brief intervention and referral to treatment (SBIRT) pilot in local
 health departments.
- Creation of a multi-agency strategic plan, Prescription for Success, to prevent and treat the prescription drug abuse epidemic.
- Modifications to the Controlled Substance Monitoring Database to send alerts to providers for certain high-risk patients.

- Increasing medical offices participating in the Count it, Lock it, Drop it[™] initiative to educate patients on tracking, locking up, and disposing of medication properly.
- Collaboration among state agencies to increase the number of secure medication drop off boxes available throughout the state.
- Tennessee is one of the five states that were funded by the new CDC initiative *Boost for State Prevention*, to expand the PDMPs as a Public Health surveillance system.
- Development of clinical practice guidelines for the outpatient management of chronic non-malignant pain to support clinicians in their treatment of patients with chronic pain with particular reference to the prescribing of opioid medications.

TENNESSEE DEPARTMENT OF HEALTH http://health.state.tn.us/MCH/VIPP

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