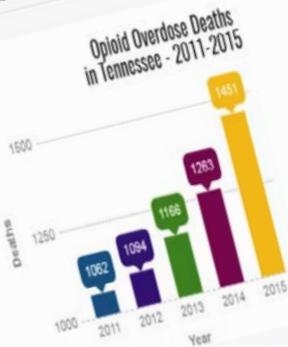


The Tennessean

Tennesseans participate in latest nationwide effort to fight opioid crisis

Joel Ebert, USA TODAY NETWORK - Tennessee
Published 11:18 a.m. CT Oct 28, 2017



Dr. Adele Lewis, Deputy State Chief Medical Examiner, talks about the death rate of opioid overdose in Nashville, Tenn., Thursday, Aug. 24, 2017. Lacy Atkins / USA TODAY NETWORK-Tennessee

WSMV-Nashville

Mobile response teams sent out to battle opioid addiction

Posted: Nov 04, 2017 8:10 PM CDT
Updated: Nov 05, 2017 8:30 PM CST
Posted by Edward Burch [CONNECT](#)

Group sets out to combat opioid addiction



NASHVILLE, TN (WSMV) - It is an epidemic that knows no boundaries and kills thousands each year.

The opioid crisis is right in our backyard. Just last year, more than 1,600 Tennesseans died from opioid overdoses.

Now, a local organization is putting boots on the ground, not only in the Volunteer State, but across the country to help those struggling with opioid addiction.

Daniel Jensen is a recovering addict with nine years of sobriety. He was addicted to pain killers after

New York Times

Drug Deaths in America Are Rising Faster Than Ever

New data compiled from hundreds of health agencies reveals the extent of the drug overdose epidemic last year. RELATED ARTICLE

UPDATE: The first governmental account of nationwide drug deaths shows roughly 64,000 people died from drug overdoses in 2016.

Ohio - Drug overdose deaths in 2016 most likely exceeded the largest annual jump ever recorded in the United States, according to preliminary data compiled by The New York Times.

It is the latest consequence of an ongoing health crisis: opioid addiction, now fueled by an influx of illicitly manufactured opioids. Drug overdoses are now the leading cause of death among Americans under 50.

Primary: the number of deaths rose sharply in 2017.

Peak per capita deaths (1992)

Peak per capita deaths (2003)

Peak per capita deaths (1972)

\$9,000 to \$5,000 per person



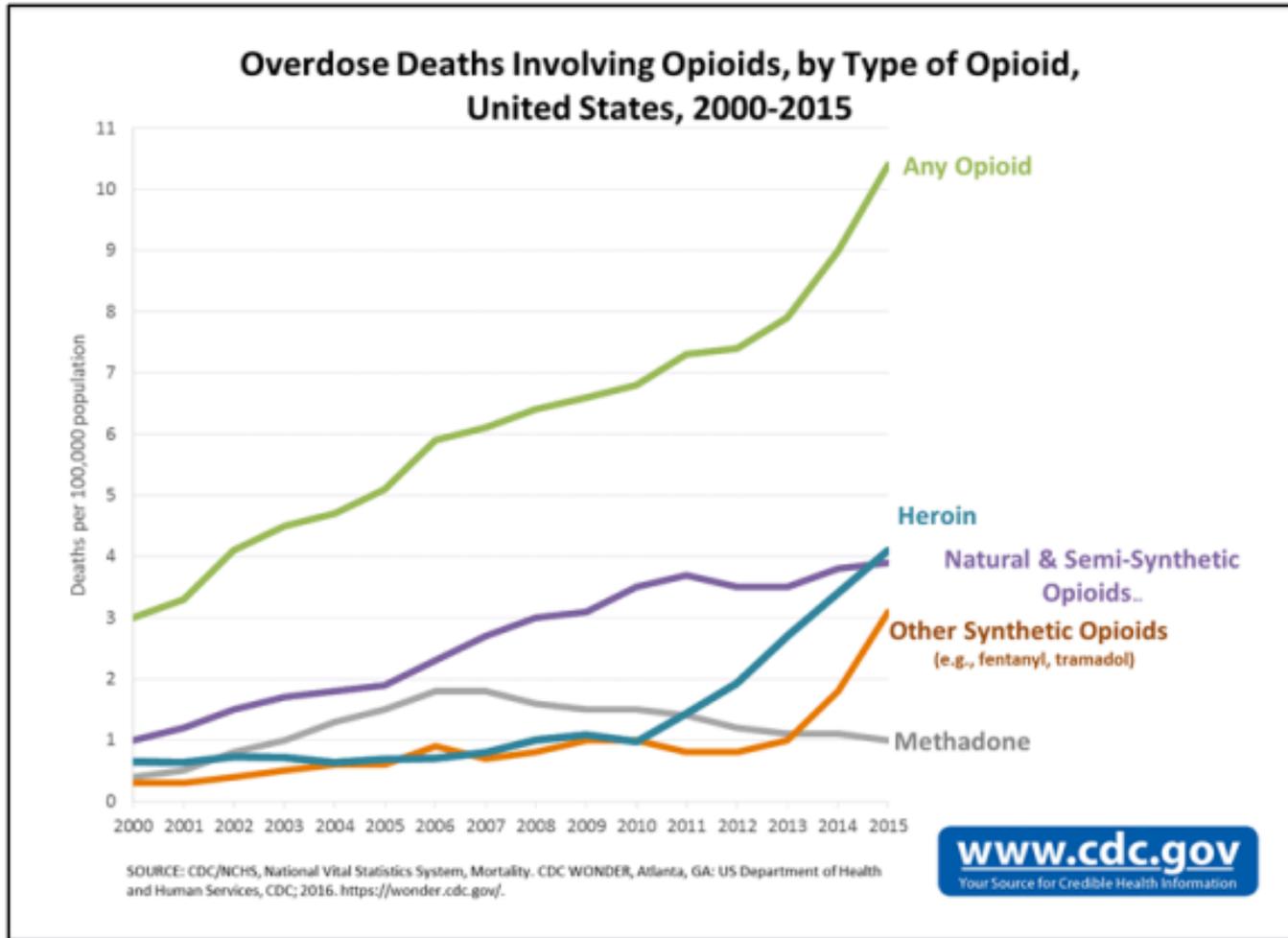
Department of Health

VOLUNTEERS STEPPING UP: THE ROLE OF HEALTHCARE IN THE EPIDEMIC OF ABUSE AND OVERDOSE DEATHS.

John J. Dreyzehner, MD, MPH
Commissioner

November, 13th 2017

A National Epidemic





Cumberland Plateau Health District, Southwest Virginia



Sounding an Alarm



Cumberland Plateau Health District
NEWS
STEWARDS FOR OPTIMUM COMMUNITY HEALTH

Protecting you and your environment – better health, better homes, better horizons!

FOR IMMEDIATE RELEASE
January 4th, 2005

For More Information Contact
John Dreyzehner MD, MPH (276) 889-7621

PRESCRIPTION DRUG OVERDOSE DEATHS IN SOUTHWEST VIRGINIA

(Lebanon, Va.)— A recent study by the Virginia Department of Health (VDH) Office of the Chief Medical Examiner has found that the number of drug overdose deaths in Southwest Virginia is on the rise, the majority accidental and caused by prescription drugs. The number of drug deaths in Southwest Virginia has tripled in the past decade, from 66 deaths in 1993 to 217 in 2003. In 211 of these deaths, prescription drugs were involved.

The majority of these prescription related drug overdose deaths, 168 or nearly eighty percent, were accidental, with most of the remainder having been ruled due to suicide. The pill form of the synthetic narcotic methadone, often prescribed for pain, accounted for the majority of these accidental deaths. Methadone should not be confused with methamphetamine or “Meth”, a stimulant drug also widely reported to be abused in the region but not accounting for any of the reviewed drug overdose deaths. Previously, in the 2001 Appalachian High Intensity Drug Trafficking Area Task Force report, oxycodone was found to be the primary drug of abuse, though, unlike the present study, the Task Force report did not analyze deaths.

The VDH study found that death rates from drug use in Southwest Virginia greatly exceed rates for the rest of Virginia. For example, the death rates (deaths per 100,000 people) for some of the seven counties in Planning Districts 1 and 2 were between 300 percent and 600 percent greater than the drug death rate in the City of Richmond. The study data indicates that the majority of these deaths are accidental, that is, the drug user did not intend to die. This contrasts with a previous 1989 VDH report on prescription drug deaths where more than half of these deaths were attributed by the medical examiner to suicide. While the relative percentage of suicides decreased, the percentage and number of accidental deaths soared. In 2003, 168 drug deaths were accidental, accounting for nearly 80 percent of the total overdose deaths.

The accidental death rates from drug overdoses per 100,000 persons were the highest in the following counties: Russell 48.5 per 100,000 (14 actual deaths); Highland 39.9 (one death); Lee 33.7 (eight deaths); Giles 29.5 (five deaths); Wise 28.7 (12 deaths); Tazewell 27.1 (12 deaths). The accidental drug death rate for Virginia was 7.6 per 100,000 persons.

Dr. John Dreyzehner, MD, MPH, Director of the Cumberland Plateau Health District, which includes hard hit Russell and Tazewell counties, described a trend which is identified in this study: “The drugs involved in the Southwest Virginia deaths may not be the ones many people think about when they hear ‘drug deaths’ - over 90 percent of the 2003 drug deaths were prescription drug related,” he stated. “We are very concerned about the continued rise in prescription drug overdose deaths. We want people to be aware of the potential dangers of not strictly following prescription medication dosage instructions, and in particular of the properties of methadone that may make improper use dangerous,” said Dreyzehner.

---MORE---

Accidental Prescription Drug Deaths SW Virginia 2003 (n=168)

- 70.8% were male
- Average Age 36.8 Years
- 40.5% were married
- 67.3% had a history of drug abuse
- 53.0% had a history of pain
- 39.9% had a history of chronic illness
- 39.9% had a history of mental illness
- 22.0% were in the construction/extraction occupations
- 19.0% were disabled
- 10.1% were homemakers
- 7.1% had a previous overdose

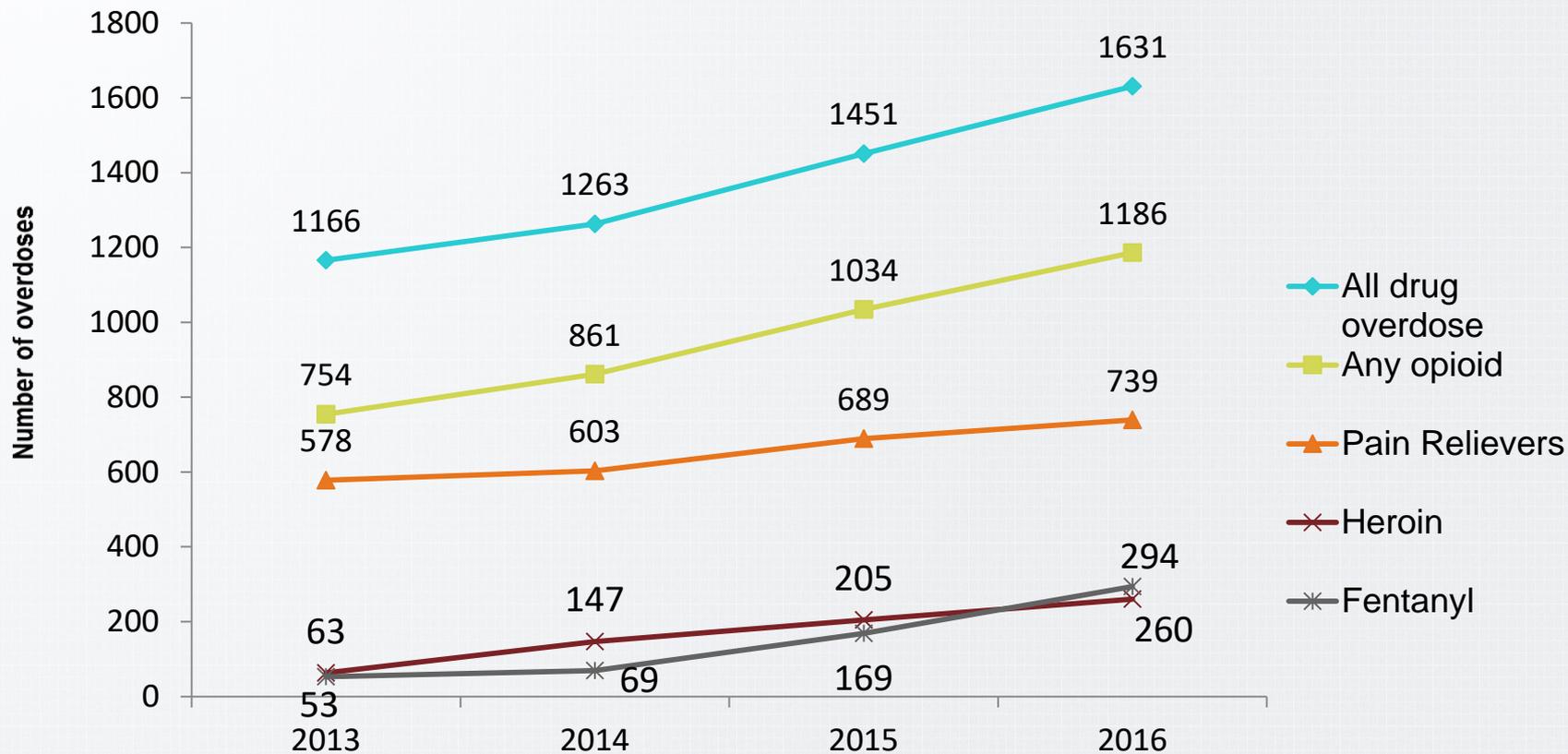
“Society doesn’t have all the answers for people bent on abuse and not caring enough about who they harm – at some point it is about a personal decision.”

Tennessee's Response January 2012



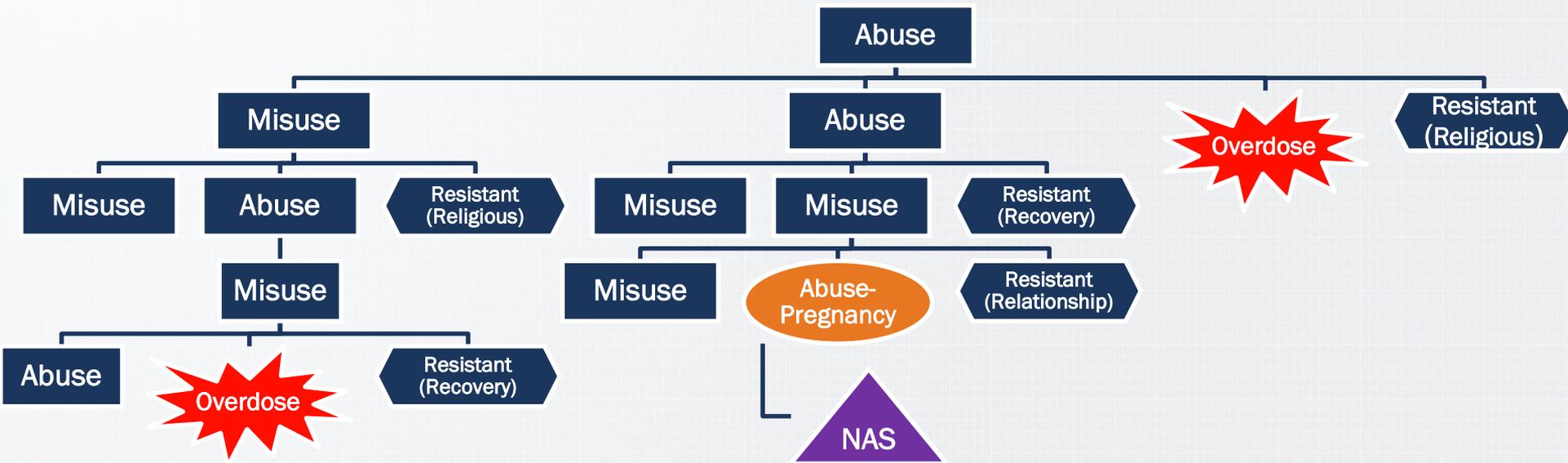
Prescription Safety Act of 2012

Number of Overdose Deaths in Tennessee by Drug Type, 2013-2016



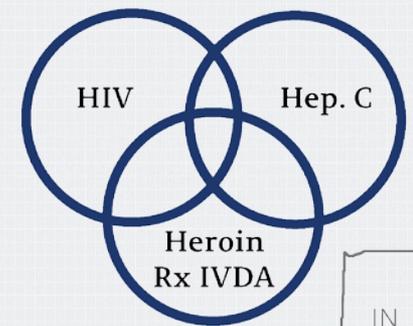
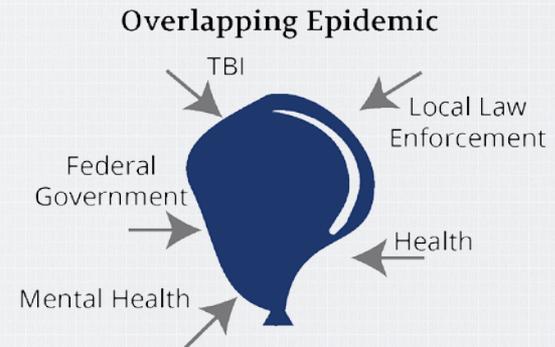
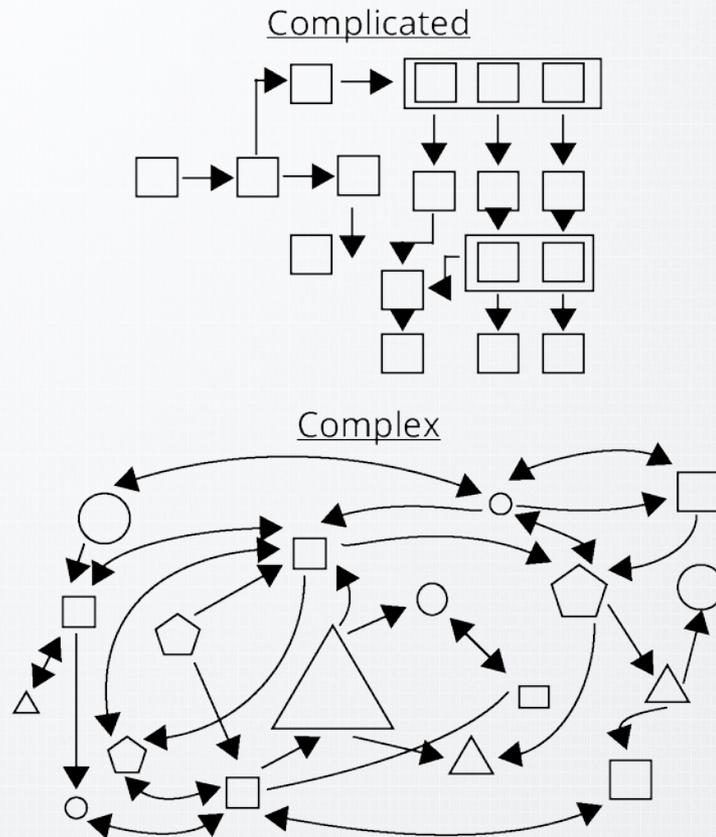
What does “*epidemic*” really mean?

A simplified schematic of “transmission” in the substance abuse epidemic:

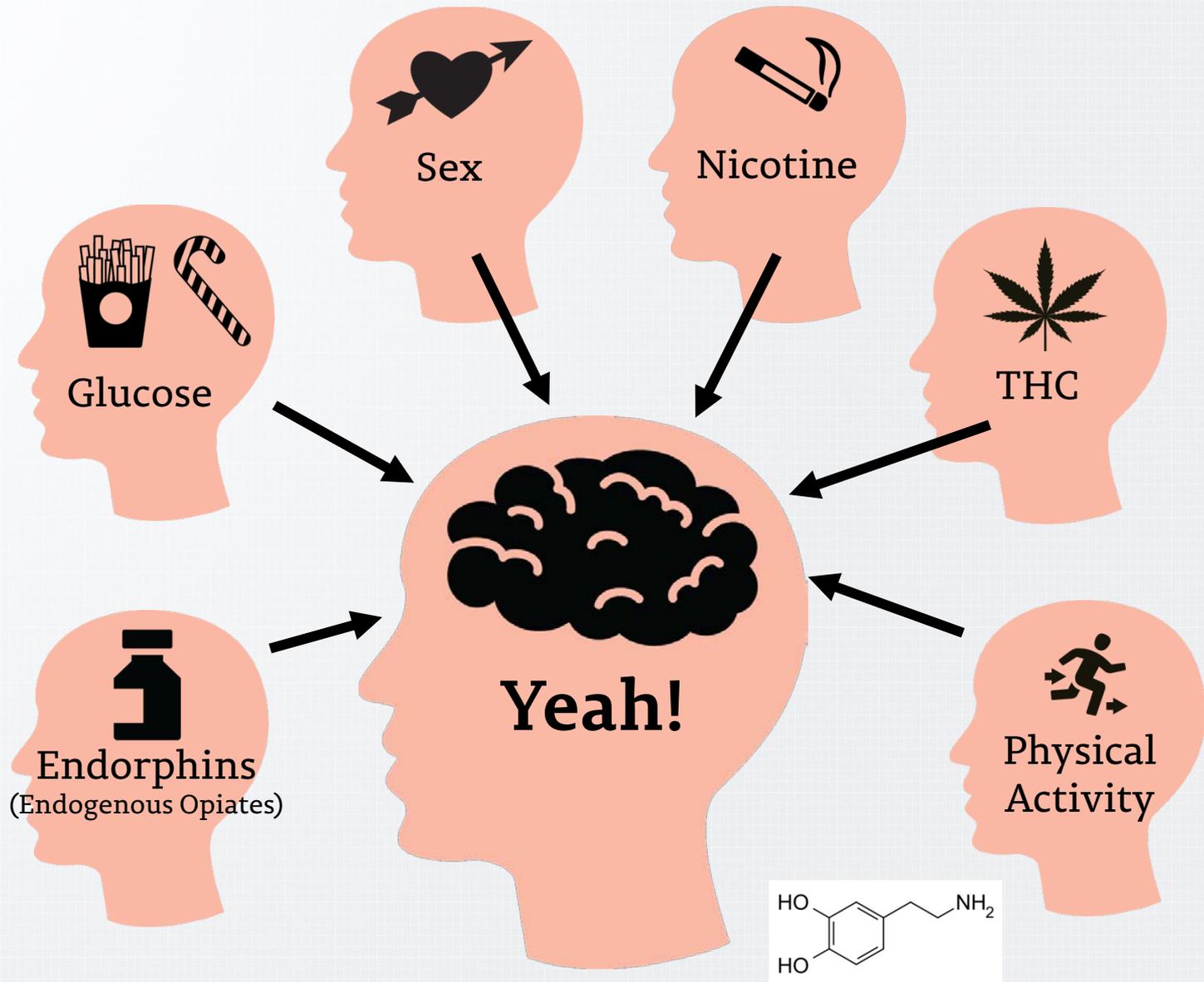


- Social networks can mitigate or create risk
- Not everyone who misuses will abuse
- Not everyone who overdoses will die
- Not all misuse/abuse with pregnancy will result in NAS
- Resistance/Immunity-some have innate or acquired “resistance”

Substance Use Disorders: A Complicated, Complex, Overlapping Epidemic-a syndemic.



The Brain's Reward Center



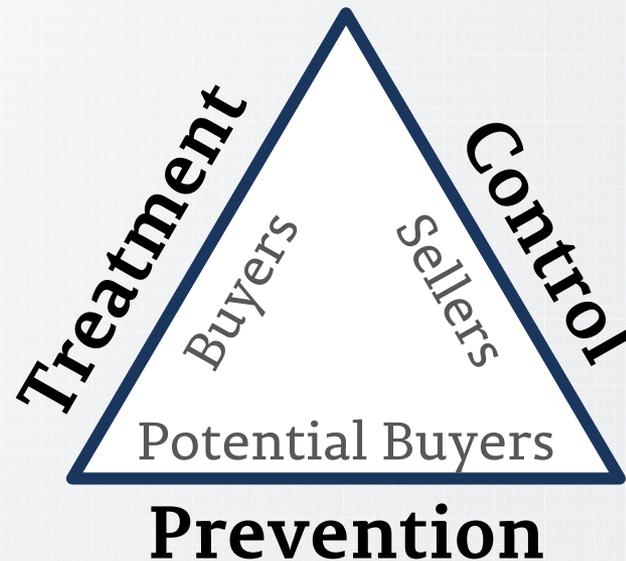
Markets get created around things that hit the reward center.

The Market Triangle Model

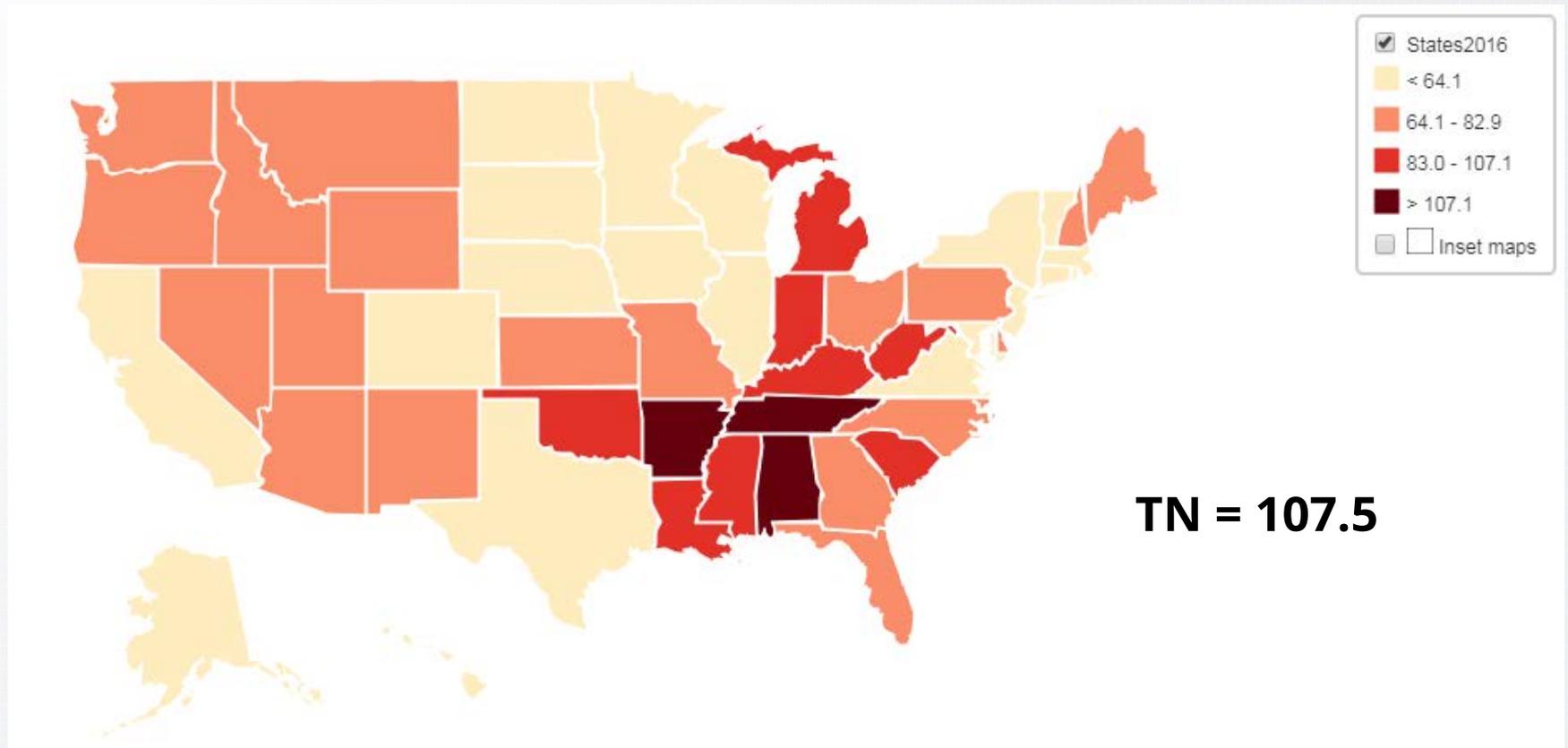


...And the Market Can be Constrained

The Market Triangle Model

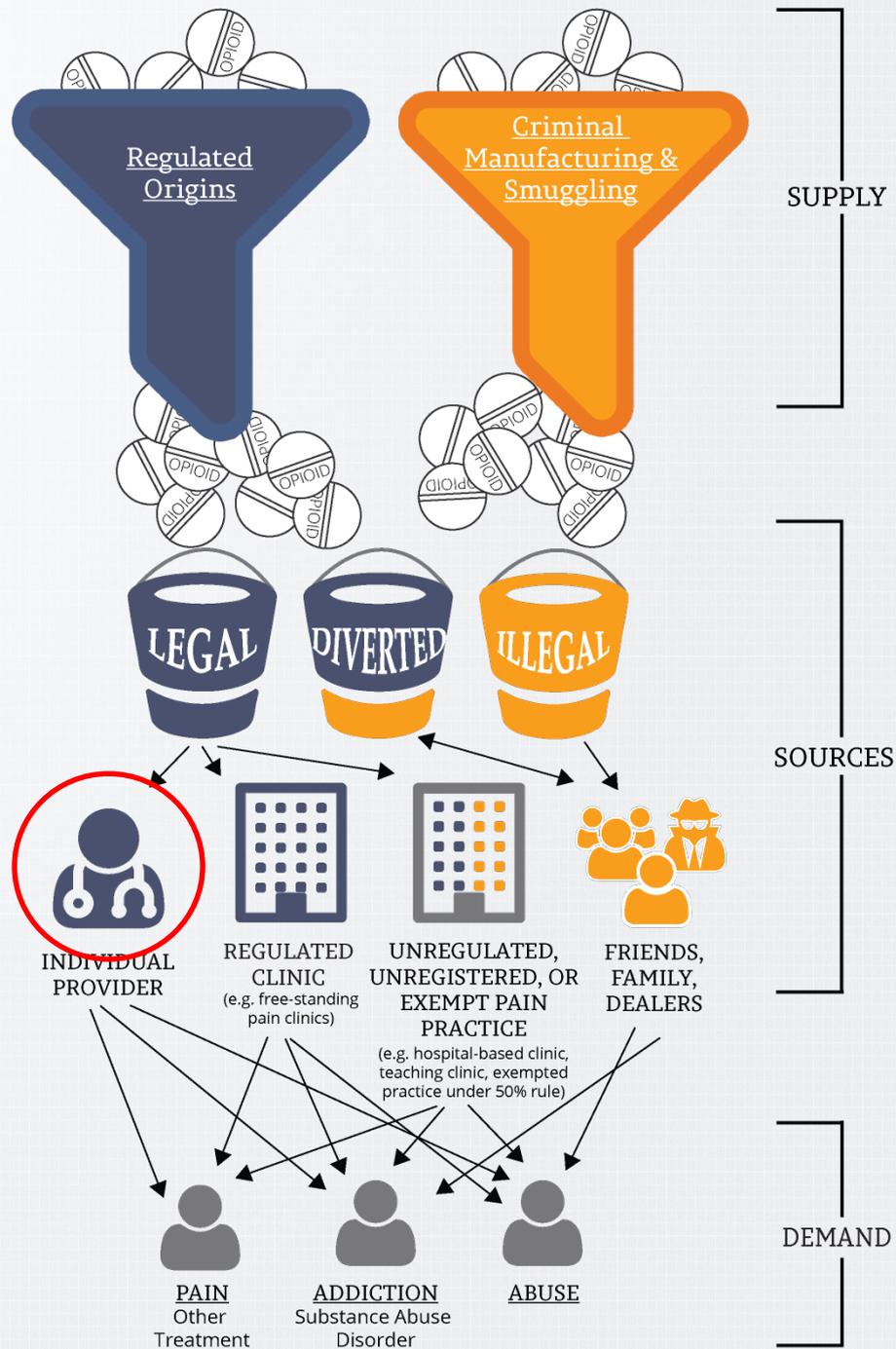


Opioid Prescribing Rates Per 100 People (2016)

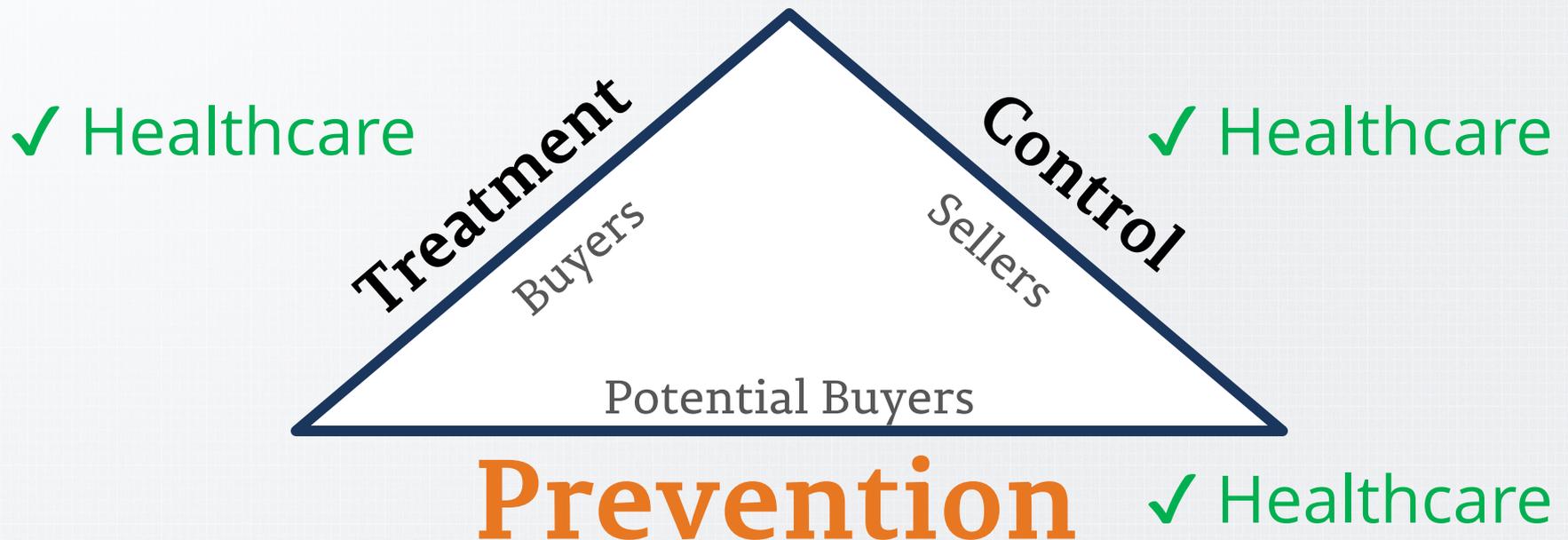


Opioid Flow Overview

A Schematic Simplification

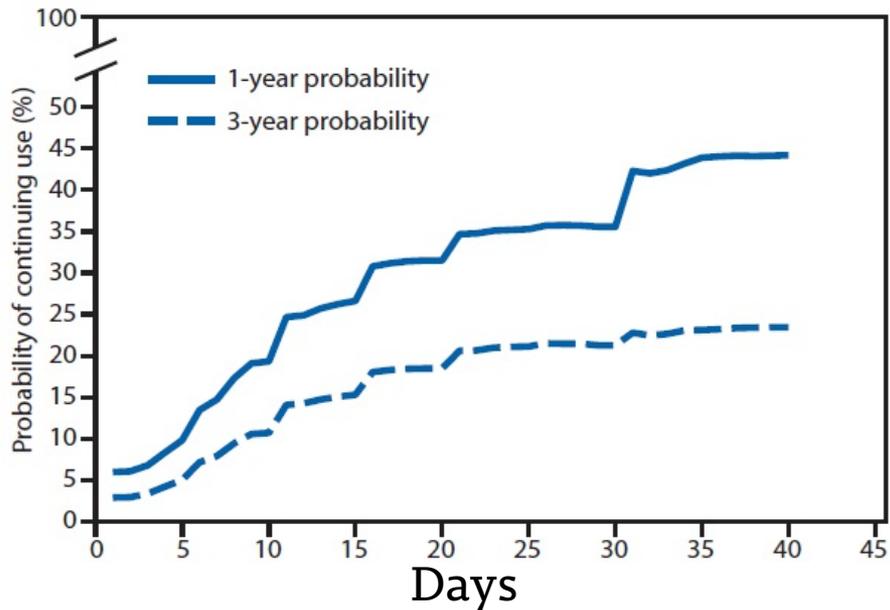


Healthcare's Role in the Market Triangle Model

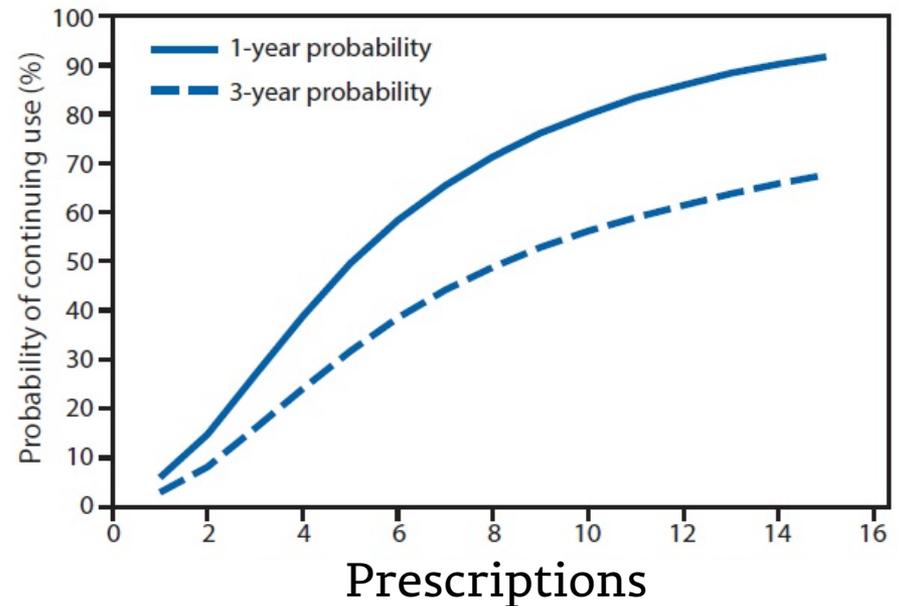


Likelihood of Long-Term Opioid Use United States, 2006–2015

Days Supply of First Opioid Prescription



Prescriptions in First Episode of Use



NSAIDS vs. Opioids:

Tipping the Balance Towards Thinking Differently About Pain Care





PATIENT INFORMATION

YOU can make A DIFFERENCE

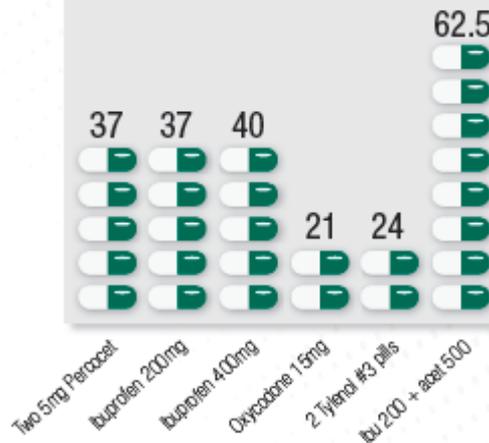
in the fight to reduce opioid pain medication abuse, addiction and overdose.

Take this card to your doctor and dentist and tell them you want the best treatment for acute pain (200mg ibuprofen + 500mg acetaminophen taken together).

Ask them to review the other side of this card and change how they prescribe for acute pain. Opioids like Percocet or Vicodin should RARELY be used regardless of the severity of pain.

Call them back in a week to see if they have changed how they treat pain.

Percent of people getting 50% pain relief (1/NNT) From Cochrane Reviews



DOCTOR/DENTIST INFORMATION

Your patient has brought you this card because of concern about the number of opioids prescribed by medical and dental professionals. The CDC's research shows that the number of people becoming addicted to and dying from opioids is directly related to the number prescribed.

Your patients' pain relief will be better if you recommend OTC ibuprofen and acetaminophen taken together instead of oral opioids; and, the side-effect profile for this dose is similar to placebo. The graph on the other side of this card shows a summary of the Cochrane reviews looking at the efficacy of medications in acute pain.

The information is clinically proven. The results are accurate

Please "prescribe" **OTC ibuprofen + acetaminophen** for acute pain of all levels.

More info available at nsc.org/prescribers.

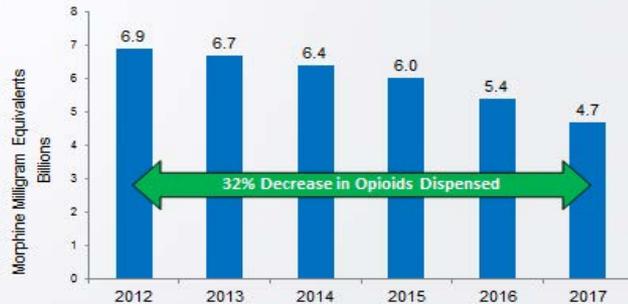
References:

1. Gaskell H, Derry S, Moore R, McQuay H. Single dose oral oxycodone and oxycodone plus paracetamol (acetaminophen) for acute postoperative pain in adults. Cochrane Database Syst Rev. 2009;(3). doi:10.1002/14651858.CD002763.pub2.
2. Derry C, Derry S, Moore R, McQuay H. Single dose oral ibuprofen for acute postoperative pain in adults. Cochrane Database Syst Rev. 2009;(3):CD001548. doi:10.1002/14651858.CD001548.pub2.
3. Toms L, McQuay H, Derry S, Moore R. Single dose oral paracetamol (acetaminophen) with codeine for postoperative pain in adults. Cochrane Database Syst Rev. 2006;(4):CD004602. doi:10.1002/14651858.CD004602.pub2.
4. Derry C, Derry S, Moore R. Single dose oral ibuprofen plus paracetamol (acetaminophen) for acute postoperative pain (Review). Cochrane Database Syst Rev. 2013;(6). doi:10.1002/14651858.CD010210.pub2.



TOGETHER: Clear and Measurable Progress in TN

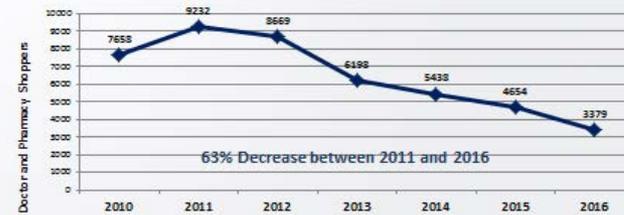
MME of MME of Opioids Dispensed for Pain
Source: CSMD Q1-Q3



Source: Tennessee Department of Health, Controlled Substance Monitoring Database (2012-17). Analysis by Tennessee Office of Informatics and Analytics Prescription Drug Overdose Program.

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Potential Doctor and Pharmacy Shoppers

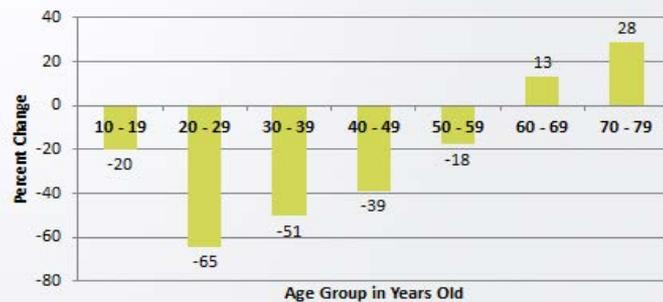


Patients filled controlled substance prescriptions from 3 or more prescribers at 3 or more dispensers within 3 months. Excludes prescriptions reported from VA pharmacies.



11

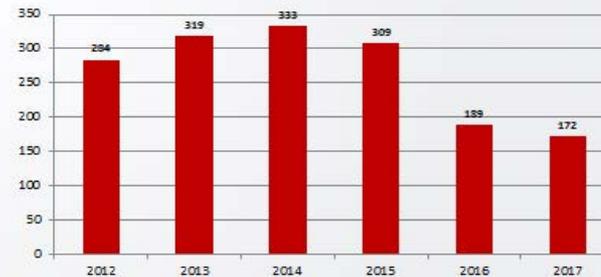
Percent Change in Opioids Dispensed*
2011-2016



* Opioids in Morphine Milligram Equivalents

22

Pain Management Clinics in TN



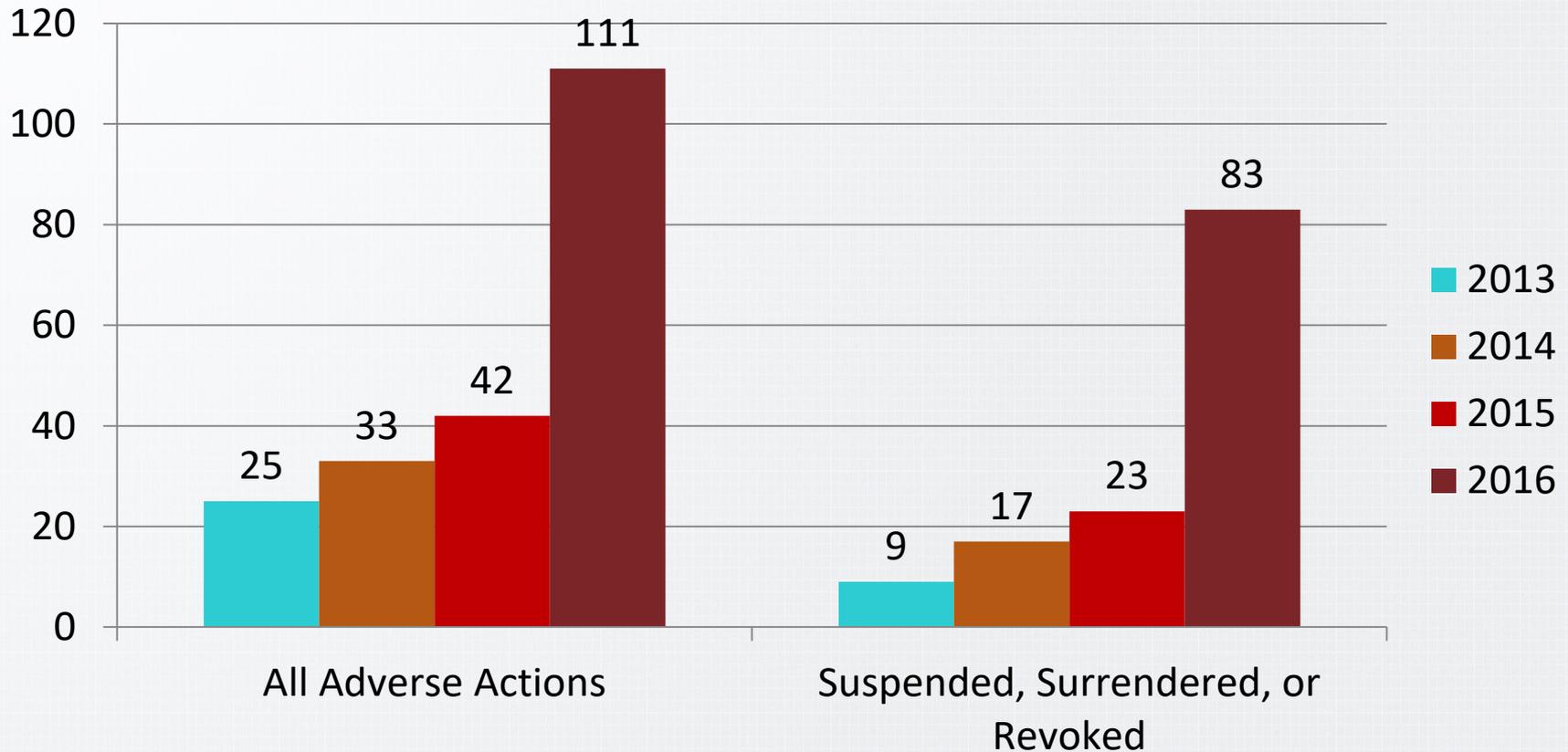
A "pain management clinic" is a privately owned clinic in which the majority of patients are prescribed or dispensed opioids, benzos, etc. for 90 days or more in a 12-month period for non-malignant pain.



11



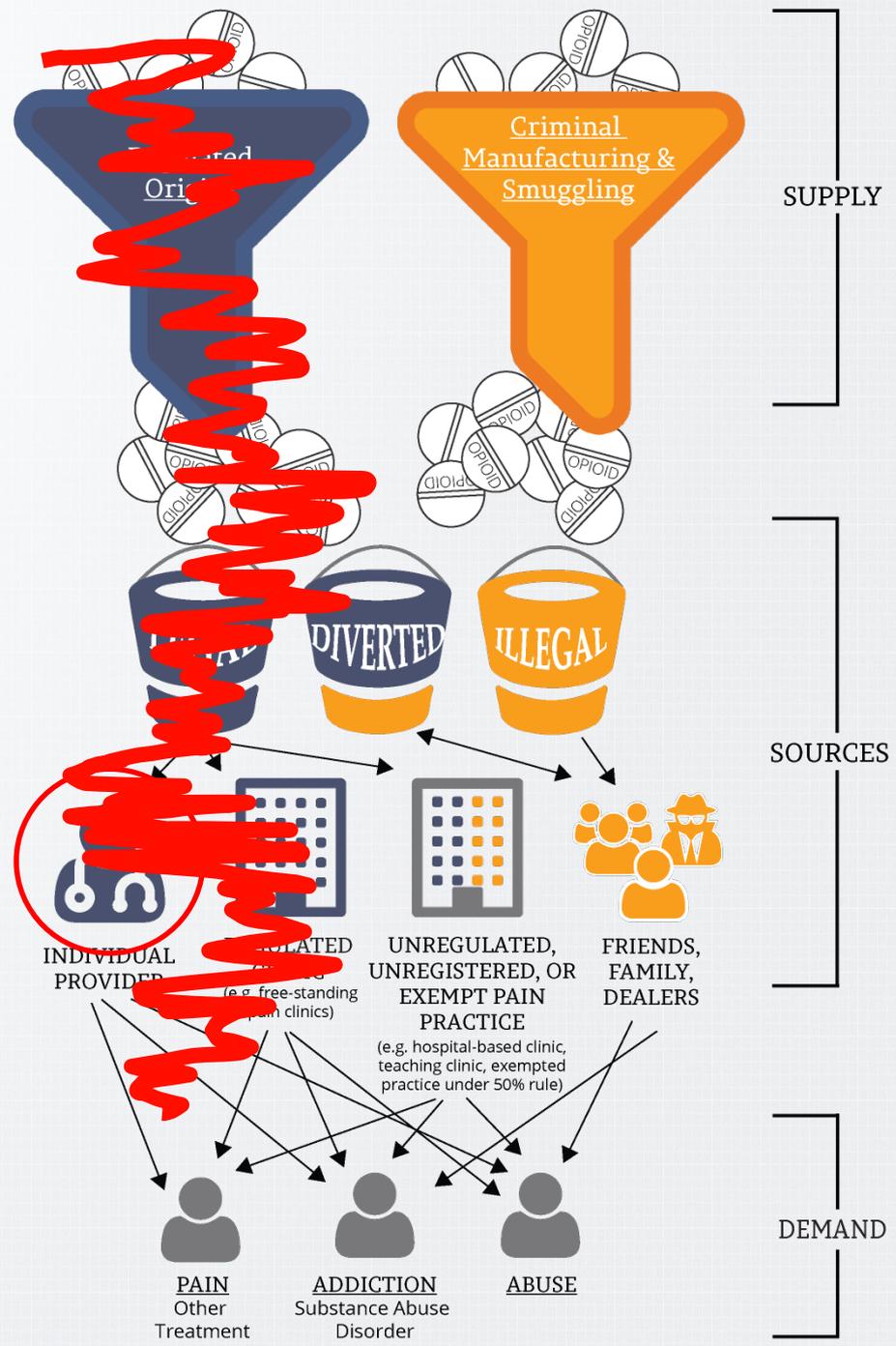
Board Actions For Prescribing and Diversion, 2013 – 2016*



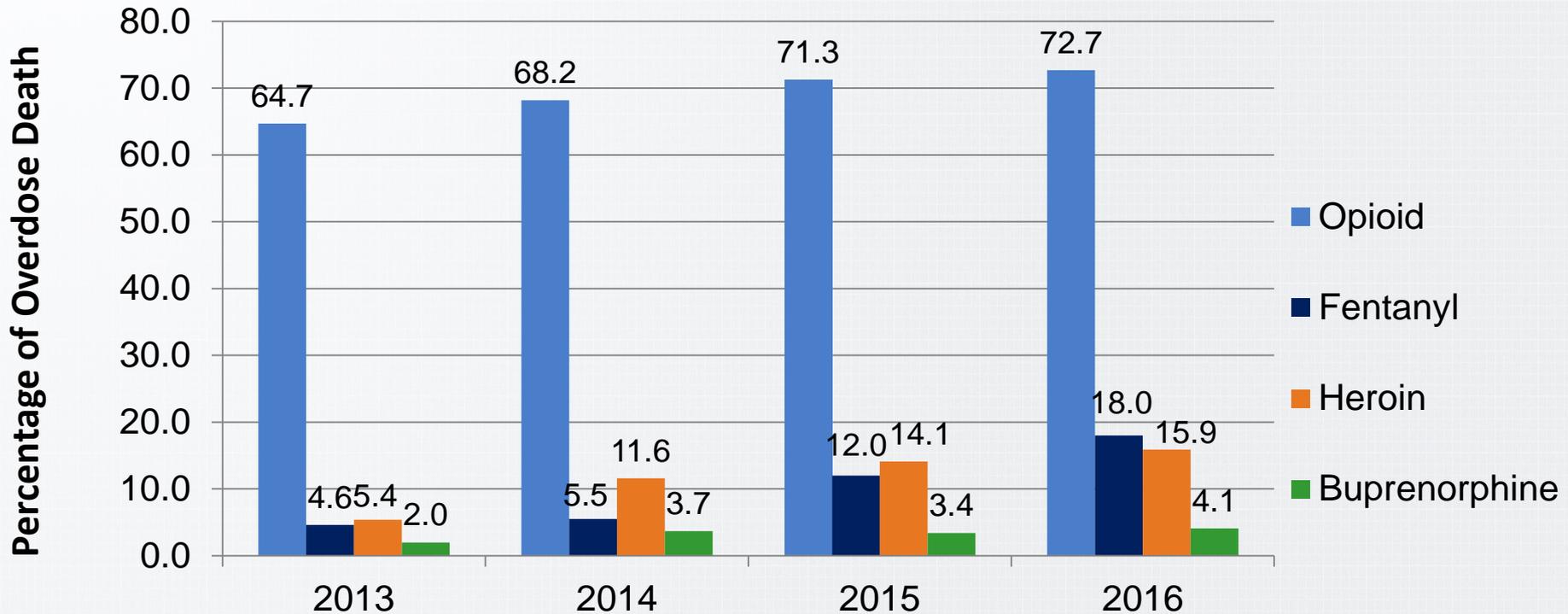
***Note:** Actions for diversion may have been undercounted in 2013-2015 because several categories were used for diversion. Implementation of LARS software allowed consistent categorization of these actions and increased reporting accuracy for 2016.

Opioid Flow Overview

A Schematic Simplification



Opioids Present In Overdose Deaths*



* Percentages for fentanyl, heroin, buprenorphine are included in the opioid category and are broken out for clarity.

Quotes

- “I fell in love with my drugs. They were all that mattered.” **A person in recovery**
- “At first it was a lifeline. Then it was a noose.” **A person in recovery, speaking about opioids**
- “A lifetime of addiction should never be a complication of a surgical procedure.” **A surgeon, speaking about multi-modal analgesia and alternatives to opioids**
- “We are working on a vaccine to fight addiction. This is an emergency.” **NIH Director Francis Collins, MD, PhD**
- *“This epidemic was born out of the health care system. We treated the pain of those suffering, but without training and with complacency that led to malpractice...Opioids hijack the brain’s physiological survival mechanism, fooling the brain into taking life-threatening actions because the lack of opioids is seen as a survival threat...The emergence of synthetic opioids [such as fentanyl and carfentanil] is a game-changer. Controlling supply becomes much harder. “We need safer, more effective strategies for pain management; to develop longer-acting, stronger naloxone; to engage the health care system more widely in treatment with more use of medication-assisted therapy for opioid use disorders.”* **NIDA Director Nora Volkow, MD**
- “People fighting this at first were just a thin line of government employees. Don’t lose hope. The country, your neighbors, rely on you, even if they don’t always know it.” **Journalist and author Sam Quinones**

Going Forward: The Role of Healthcare



- Healthcare works on all sides of the triangle
- Healthcare's biggest impact can be PREVENTION
 - Prevention is the way out of this epidemic
 - What can we do **EVERYDAY?**

Co-laboring



“Co-laboring” with a Focus on Prevention

- Patient Education
- Prescriber Education
- Perioperative pain management
- ED pain management



Department of
Health

THANK YOU

Other Key Messages From Overdose Deaths in 2016

- Most people who died had used multiple drugs
- Benzodiazepines were involved in 35% of deaths
- 53% of deaths from overdose had NO controlled substances dispensed in the 60d before death

Fentanyl: A New Danger

DECATUR COUNTY, Tenn. (WKRN)

Drug agents seized 10 kilos of the deadly, potent painkiller Fentanyl during a traffic stop on Tuesday.

"Just .3 milligrams is a lethal amount to a human," he said.

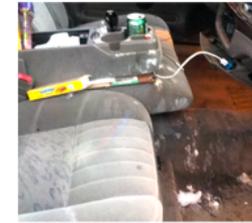
Published: April 4, 2017



Officer Nearly Dies from Fentanyl Overdose After Ohio Traffic Stop

May 14, 2017 9:01 PM

EAST LIVERPOOL, Ohio (KDKA/AP) — Police say an Ohio officer suffered an accidental overdose after a drug arrest when he touched powder on his shirt without realizing it was the powerful opioid fentanyl...



A total of four doses of Narcan had to be administered to completely revive him.

<http://CBSstorylink/>

Carfentanil Equivalent Dose



Can you tell the difference?