

# SECTION 3

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## A PLAN FOR THE FUTURE

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*This plan takes a proactive and comprehensive approach in tackling the prescription drug epidemic in Tennessee. This approach includes strategies that reach all segments of the population with the appropriate amount of intervention, whether that is through prevention, treatment, or recovery services. Most of the general public will be best served by prevention strategies that aim to reduce the risk of becoming addicted to prescription drugs. Some people who are at increased risk will benefit from early intervention efforts that include screening and brief interventions. People who need treatment will benefit from access to effective treatment options and recovery supports after they complete treatment. The recommendations included below address each of these important intervention phases.*

### ***Vision of this Plan***

To reduce the misuse and abuse of prescription drugs so Tennesseans can live happy, healthy, and fulfilling lives of recovery.

### ***Mission of this Plan***

To partner with state and local entities to provide a continuum of services/strategies to educate, prevent, intervene early, and provide access to treatment and recovery supports for all Tennesseans.

### ***Goals of this Plan***

- 1) Decrease the number of Tennesseans that abuse controlled substances.
- 2) Decrease the number of Tennesseans who overdose on controlled substances.
- 3) Decrease the amount of controlled substances dispensed in Tennessee.
- 4) Increase access to drug disposal outlets in Tennessee.
- 5) Increase access and quality of early intervention, treatment and recovery services.
- 6) Expand collaborations and coordination among state agencies.
- 7) Expand collaboration and coordination with other states.

**Goal 1: Decrease the number of Tennesseans that abuse controlled substances.**

**Measure of Success**

By 2018:

- 20% decrease in people using prescription opioids.

<b>Recommendation</b>	<b>Description</b>		
Support community coalitions as the vehicle through which communities will successfully prevent and reduce prescription drug diversion, abuse, and overdose deaths.	Only 37 of Tennessee’s 95 counties currently have state-funded coalitions. These 37 coalitions are working diligently to tackle the prescription drug problem in their communities. However, in order to fully maximize the community coalition model, funding should be increased to expand the capacity of current coalitions and fund additional community coalitions.		
<b>Regulatory or Legislative Action Required</b>			
<b>Responsible for Implementation</b>			
Department of Mental Health and Substance Abuse Services	Legislation Required	Regulation Required	Additional Funding Required ✓

<b>Recommendation</b>	<b>Description</b>		
Continue and expand the “Take Only As Directed” statewide prescription drug media campaign.	The Department of Mental Health and Substance Abuse Services has limited funding for the “Take Only As Directed” effort. This effort could have a greater impact if it was expanded. The initial media campaign was based in Middle and East Tennessee, but in recognition that the problem is spreading to West Tennessee, the campaign should be expanded to West Tennessee.		
<b>Regulatory or Legislative Action Required</b>			
<b>Responsible for Implementation</b>			
Department of Mental Health and Substance Abuse Services	Legislation Required	Regulation Required	Additional Funding Required ✓

<b>Recommendation</b>	<b>Description</b>						
Support the Tennessee Congressional Delegation in promoting a policy that restricts direct-to-consumer marketing of prescription drugs on television, radio, and social media sites.	The U.S. Food and Drug Administration oversees the approval and marketing of prescription drugs, including direct-to-consumer advertising of prescription drugs. The United States is one of the few places in the world that allows direct-to-consumer advertising. The only other developed nation that allows direct-to-consumer advertising is New Zealand. No federal law has ever banned direct-to-consumer advertising. Until the 1980s, drug companies gave information about prescription drugs only to doctors and pharmacists. When these professionals thought it appropriate, they gave that information to their patients. However, during the 1980s, some drug companies started to give the general public more direct access to advertising material through direct-to-consumer advertisements. It is recommended that federal law be changed to restrict the direct-to-consumer marketing of prescription opioids.						
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>						
Lead Agency: Tennessee Congressional Delegation	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Legislation Required</th> <th style="width: 33%;">Regulation Required</th> <th style="width: 33%;">Additional Funding Required</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> </tbody> </table>	Legislation Required	Regulation Required	Additional Funding Required	✓		
Legislation Required	Regulation Required	Additional Funding Required					
✓							

<b>Recommendation</b>	<b>Description</b>						
Support the Coalition for Healthy and Safe Campus Communities.	The Coalition for Healthy and Safe Campus Communities, an organization that works with college campuses across the state on prevention efforts, has proven to be an effective mechanism for sharing information and changing behaviors on college campuses in Tennessee. It is recommended that the Coalition for Healthy and Safe Campus Communities be given funding to expand their prevention efforts around prescription drugs on college campuses.						
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>						
Department of Mental Health and Substance Abuse Services	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Legislation Required</th> <th style="width: 33%;">Regulation Required</th> <th style="width: 33%;">Additional Funding Required</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">✓</td> </tr> </tbody> </table>	Legislation Required	Regulation Required	Additional Funding Required			✓
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**Goal 2: Decrease the number of Tennesseans who overdose on controlled substances.**

**Measure of Success**

By 2018:

- Reduce by 20% the number of Tennesseans who die by prescription drug overdose.

<p><b>Recommendation</b> Improve the uniformity and reliability of drug overdose reporting by all county medical examiners.</p>	<p><b>Description</b> The Department of Health is planning to improve the uniformity and reliability of drug overdose reporting by all county medical examiners by reviewing the current state laws for needed modifications for the 2015 General Assembly.</p>						
<p><b>Responsible for Implementation</b> Department of Health</p>	<p><b>Regulatory or Legislative Action Required</b></p> <table border="1"> <thead> <tr> <th data-bbox="584 682 868 714">Legislation Required</th> <th data-bbox="876 682 1153 714">Regulation Required</th> <th data-bbox="1161 682 1437 714">Additional Funding Required</th> </tr> </thead> <tbody> <tr> <td data-bbox="584 714 868 735" style="text-align: center;">✓</td> <td data-bbox="876 714 1153 735"></td> <td data-bbox="1161 714 1437 735"></td> </tr> </tbody> </table>	Legislation Required	Regulation Required	Additional Funding Required	✓		
Legislation Required	Regulation Required	Additional Funding Required					
✓							
<p><b>Recommendation</b> Implement new case management system for medical examiners.</p>	<p><b>Description</b> The Department of Health has identified a potential statewide medical examiner’s case management system and is working to estimate costs and details of a licensing agreement.</p>						
<p><b>Responsible for Implementation</b> Department of Health</p>	<p><b>Regulatory or Legislative Action Required</b></p> <table border="1"> <thead> <tr> <th data-bbox="584 987 868 1018">Legislation Required</th> <th data-bbox="876 987 1153 1018">Regulation Required</th> <th data-bbox="1161 987 1437 1018">Additional Funding Required</th> </tr> </thead> <tbody> <tr> <td data-bbox="584 1018 868 1039"></td> <td data-bbox="876 1018 1153 1039"></td> <td data-bbox="1161 1018 1437 1039" style="text-align: center;">✓</td> </tr> </tbody> </table>	Legislation Required	Regulation Required	Additional Funding Required			✓
Legislation Required	Regulation Required	Additional Funding Required					
		✓					
<p><b>Recommendation</b> Enact a Good Samaritan Law.</p>	<p><b>Description</b> Good Samaritan Laws provide a degree of immunity from criminal charges or mitigation of sentencing for an individual seeking help for themselves or others experiencing an overdose. Good Samaritan Laws are designed to encourage people to help those in danger of an overdose. 17 other states have enacted a Good Samaritan Law and it is recommended that the legislature consider enacting this type law.</p>						
<p><b>Responsible for Implementation</b> Tennessee General Assembly</p>	<p><b>Regulatory or Legislative Action Required</b></p> <table border="1"> <thead> <tr> <th data-bbox="584 1375 868 1407">Legislation Required</th> <th data-bbox="876 1375 1153 1407">Regulation Required</th> <th data-bbox="1161 1375 1437 1407">Additional Funding Required</th> </tr> </thead> <tbody> <tr> <td data-bbox="584 1407 868 1428" style="text-align: center;">✓</td> <td data-bbox="876 1407 1153 1428"></td> <td data-bbox="1161 1407 1437 1428"></td> </tr> </tbody> </table>	Legislation Required	Regulation Required	Additional Funding Required	✓		
Legislation Required	Regulation Required	Additional Funding Required					
✓							

**Goal 3: Decrease the amount of controlled substances dispensed in Tennessee.  
Measure of Success**

By 2018:

- 15% decrease in amount of prescription dispensed in Tennessee.

<b>Recommendation</b>	<b>Description</b>
Complete the development of guidelines for prescribing opioids and encourage adoption.	Standard guidelines around prescribing opioids would assist prescribers in making informed choices when prescribing pain medications for patients. The planned guidelines will focus on: what to do before initiating chronic opioid therapy; when to initiate opioid therapy; referral to treatment for abusers; and follow-up of therapy. A rough draft of the guidelines is planned for completion by December 1, 2013.
<b>Regulatory or Legislative Action Required</b>	
<b>Responsible for Implementation</b>	
Lead Agency: Department of Health Supporting Agencies: Professional Licensing Boards including Medical Examiners, Nursing and Physician Assistants	None

<b>Recommendation</b>	<b>Description</b>		
Licensing bodies should continue to review their own policies and procedures around unsafe opioid prescribing practices and enact new rules that allow better self-regulation of licensees including tougher and timelier consequences for physicians who overprescribe.	Through their licensing authority, professional bodies can continue to exercise initiative in stopping illicit access to prescription drugs, for example, by revoking licenses of physicians acting outside the limits of accepted medical practice or adopting regulations and policies that require increased disclosure and transparency standards. Licensing bodies should continue to review their own policies and procedures around unsafe opioid prescribing practices and enact new rules that allow better self-regulation of those that are licensed including tougher and timelier consequences for physicians who overprescribe.		
<b>Regulatory or Legislative Action Required</b>			
<b>Responsible for Implementation</b>			
Professional Licensing Boards including Medical Examiners, Nursing, and Physician Assistants	Legislation Required	Regulation Required	Additional Funding Required
		✓	

**Recommendation**

Improve the utility of the Controlled Substance Monitoring Database.

**Description**

Significant progress has been made in enhancing the regulations for timely reporting in the Controlled Substance Monitoring Database. There are still some desired changes that would further improve the utility of the Controlled Substance Monitoring Database and assist in curtailing the prescription drug problem including:

- Continue to make technological improvements to enhance the ability to report data in more real-time and with easier user access.
- Provide de-identified aggregate data obtained from the database for purposes of education and outreach both to healthcare practitioners and the public.

However, access to the Controlled Substance Monitoring Database must be balanced with the Health Insurance Portability and Accountability Act and privacy concerns.

**Responsible for Implementation**

Lead Agency: Department of Health

Supporting Agencies:  
Departments of Mental Health and Substance Abuse Services, Safety and Homeland Security

**Regulatory or Legislative Action Required**

Legislation Required	Regulation Required	Additional Funding Required
	✓	

**Recommendation**

Review and revise the Tennessee Intractable Pain Treatment Act and the Tennessee Code related to pain management clinics in order to address current opioid prescribing practices.<sup>55</sup>

**Description**

The Tennessee Intractable Pain Treatment Act was enacted in 2001 to give patients with chronic pain a Bill of Rights which guarantee access to long-term opioids as a first-line treatment for chronic pain. The subsequent illegal misuse, abuse or diversion of opioids formulated for chronic pain was not anticipated when this act was codified.

- The perceived under-prescribing of opioids by Tennessee physicians in 2001 has now been replaced by overprescribing. Unless the patient has a serious illness, opioids are no longer conventionally considered first-line treatment of chronic pain as guaranteed by the Tennessee Pain Patient’s Bill of Rights (TCA 63-6-1104).
- With this in mind, it is recommended that the Tennessee Intractable Pain Treatment Act (Tenn. Code Ann. § 63-6-1101) and the Tennessee Code related to Pain management clinics (Tenn. Code Ann. § 63-1-301) be reviewed and legislative revision or repeal be considered as necessary to reduce the pressure on health care providers to prescribe opioids over other options for chronic pain management. Legislation should not discourage the use of opioids as first choice when indicated for treatment of acute severe pain or persistent pain due to active cancer or other advanced illnesses.

**Responsible for Implementation**

Lead Agency: Department of Mental Health and Substance Abuse Services  
Supporting Agency: Department of Health

**Regulatory or Legislative Action Required**

Legislation Required	Regulation Required	Additional Funding Required
✓		

<b>Recommendation</b>	<b>Description</b>						
Revise pain clinic rules to better address the prescription drug problem in Tennessee.	Pain clinic rules can be further enhanced to ensure they have language that discourages illegal practices and increased standards for medical directors with the goal of improving quality. When designing the new rules, the National Alliance for Model State Drug Laws' overview on "State Regulations of Pain Clinics" should be referenced.						
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>						
Lead Agency: Department of Health Supporting Agencies: Departments of Mental Health and Substance Abuse Services, Safety and Homeland Security	<table border="1"> <tr> <td data-bbox="600 497 885 525">Legislation Required</td> <td data-bbox="888 497 1169 525">Regulation Required</td> <td data-bbox="1172 497 1450 525">Additional Funding Required</td> </tr> <tr> <td data-bbox="600 529 885 546"></td> <td data-bbox="888 529 1169 546" style="text-align: center;">✓</td> <td data-bbox="1172 529 1450 546"></td> </tr> </table>	Legislation Required	Regulation Required	Additional Funding Required		✓	
Legislation Required	Regulation Required	Additional Funding Required					
	✓						
<b>Recommendation</b>	<b>Description</b>						
Develop additional specific guidelines for prescribing narcotics for Acute Care Facilities (Urgent Care and Emergency Departments).	Acute Care Facilities are unique environments where the treatment of pain is frequently indicated without the benefit of an established patient/doctor relationship. It is also often conducted in an environment of limited resources including prescriber time and diagnostic information. Therefore, it is important to establish general guidelines that can help urgent care and emergency departments reduce inappropriate prescribing of opioid pain medication while preserving their vital role of treating patients with emergent medical conditions.						
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>						
Lead Agency: Department of Health Supporting Agencies: Professional Licensing Boards including Medical Examiners, Nursing and Physician Assistants	None.						

<b>Recommendation</b>	<b>Description</b>		
Design a smartphone application that will provide prescribers automatic updates on milligram/morphine equivalents and other technological enhancements.	It is important that prescribers have the most up-to-date information about the medications they are prescribing. Using the latest technology including smartphone applications will ensure that prescribers are using the latest information when making medication decisions.		
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>		
Department of Health	Legislation Required	Regulation Required	Additional Funding Required
			✓

## Goal 4: Increase access to drug disposal outlets in Tennessee.

### Measure of Success

By 2018:

- Every county in Tennessee has easily accessible drug disposal options available.

#### Recommendation

Develop guidelines for the destruction of pharmaceuticals received from local Take-Back events and permanent prescription drug collection boxes.

#### Description

Currently, the Drug Enforcement Administration, local community coalitions, and law enforcement work together to ensure proper disposal of prescription drugs. However, one barrier to widespread participation in take-back efforts is clarity regarding how prescription drugs, once collected, may be disposed. It is recommended that clear guidelines for the collection and disposal of prescription drugs be outlined and disseminated statewide. Additionally, the Department of Environment and Conservation's policy on destroying pharmaceuticals received from Take-Back events and permanent prescription drug collection boxes should be revised to allow drugs collected to be destroyed in the same manner as confiscated contraband.

#### Responsible for Implementation

Lead Agency: Department of Environment and Conservation  
Supporting Agencies: Drug Enforcement Administration, Department of Mental Health and Substance Abuse Services

#### Regulatory or Legislative Action Required

Legislation Required	Regulation Required	Additional Funding Required
	✓	

#### Recommendation

Establish additional permanent prescription drug collection boxes

#### Description

50 of Tennessee's 95 counties do not have a permanent prescription drug collection box.

- The short-term goal is to establish at least one permanent prescription drug collection box in the top 20 opioid prescribing counties by the end of 2014.
- A more long-range goal is to establish permanent prescription drug collection boxes in every county in Tennessee.

#### Responsible for Implementation

Lead Agency: Department of Mental Health and Substance Abuse Services  
Supporting Agencies: Department of Environment and Conservation, local law enforcement

#### Regulatory or Legislative Action Required

Legislation Required	Regulation Required	Additional Funding Required
		✓

<b>Recommendation</b>	<b>Description</b>							
Establish local incineration sites for the destruction of unused prescription medications.	One barrier to installing permanent prescription drop boxes has been the lack of a method for destroying prescription drugs once they are collected. The establishment of conveniently located incineration sites should increase the likelihood of local law enforcement being willing to place a permanent prescription drug collection box in their precinct.							
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>							
Lead Agency: Department of Mental Health and Substance Abuse Services Supporting Agency: Department of Environment and Conservation	<table border="1"> <tr> <td data-bbox="600 497 885 525">Legislation Required</td> <td data-bbox="888 497 1169 525">Regulation Required</td> <td data-bbox="1172 497 1450 525">Additional Funding Required</td> </tr> <tr> <td></td> <td data-bbox="888 529 1169 546" style="text-align: center;">✓</td> <td></td> </tr> </table>		Legislation Required	Regulation Required	Additional Funding Required		✓	
Legislation Required	Regulation Required	Additional Funding Required						
	✓							
<b>Recommendation</b>	<b>Description</b>							
Provide training on the new Drug Enforcement Administration's regulations.	The Drug Enforcement Administration is expected to release new regulations on prescription drug disposal. When these regulations are released, it will be important to train local law enforcement and pharmacies on the new rules.							
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>							
Lead Agency: Drug Enforcement Administration Supporting Agency: Department of Mental Health and Substance Abuse Services	None							

**Goal 5: Increase access to and quality of early intervention, treatment and recovery services.**

**Measure of Success**

By 2018:

- 20% increase in the number of people receiving early intervention, treatment or recovery services in Tennessee.
- Increase the number of individuals who successfully complete treatment by 20%
- Increase the number of individuals that are employed after treatment by 30%
- Increase the number of people with stable housing after treatment by 20%

<b>Recommendation</b>	<b>Description</b>						
Provide additional state funding for evidence-based treatment services for people with prescription opioid dependency who are indigent and unable to pay for services on their own.	The Substance Abuse Prevention and Treatment Block Grant funds treatment services for indigent people. The funding is not sufficient to address Tennessee’s prescription drug epidemic. It is recommended that additional funding be allocated to fund treatment services for indigent people.						
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>						
Department of Mental Health and Substance Abuse Services	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Legislation Required</th> <th style="width: 33%;">Regulation Required</th> <th style="width: 33%;">Additional Funding Required</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;">✓</td> </tr> </tbody> </table>	Legislation Required	Regulation Required	Additional Funding Required			✓
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<b>Recommendation</b>	<b>Description</b>
Expand Screening Brief Intervention Referral to Treatment (SBIRT) into Tennessee Department of Health primary care sites statewide.	SBIRT is a proven prevention and early intervention model. The Department of Health reaches a large percentage of Tennessee’s population through the primary care clinics it operates throughout Tennessee. It is recommended that SBIRT be adopted as the standard of care in each of these clinics.
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>
Lead Agency: Department of Health Supporting Agency: Department of Mental Health and Substance Abuse Services	None

<p><b>Recommendation</b> Expand the use of SBIRT in Tennessee.</p> <p><b>Responsible for Implementation</b> Department of Mental Health and Substance Abuse Services</p>	<p><b>Description</b> The SBIRT model allows individuals to be identified in their health homes and receive an appropriate level of intervention targeted to their specific needs. The SBIRT service is billable through insurance. It is recommended that additional primary care sites begin using SBIRT as the standard of care.</p> <p><b>Regulatory or Legislative Action Required</b> None</p>						
<p><b>Recommendation</b> Provide additional specialized treatment options for mothers with opioid addiction whose babies have been born with Neonatal Abstinence Syndrome or who are at risk of losing their children.</p> <p><b>Responsible for Implementation</b> Lead Agency: Department of Mental Health and Substance Abuse Services Supporting Agency: Department of Children's Services</p>	<p><b>Description</b> Women with children need specialized treatment services tailored to meeting their needs as well as the needs of their children. These services include a full continuum of treatment services as well as other wraparound services to assist mothers in caring for their children. These services include safe drug-free housing and aftercare services to ensure recovery is maintained and support is offered when required. While some services are being offered to meet the needs of this specialized population, there is still considerable unmet need.</p> <p><b>Regulatory or Legislative Action Required</b></p> <table border="1" data-bbox="584 924 1437 976"> <thead> <tr> <th>Legislation Required</th> <th>Regulation Required</th> <th>Additional Funding Required</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">✓</td> </tr> </tbody> </table>	Legislation Required	Regulation Required	Additional Funding Required			✓
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<b>Recommendation</b>	<b>Description</b>							
Study efficacy and feasibility of Recovery Schools and Collegiate Recovery Communities.	Recovery Schools and Collegiate Recovery Communities support adolescents and young adults in pursuing their education while in a safe, supportive and recovery-oriented environment. Data shows that the 12-17-year-old and 18-25-year-old populations are most at risk for abusing prescription opioids in Tennessee. It is important that these populations have increased access to recovery support as they pursue their education in either high school or post-secondary school. Recovery schools and Collegiate Recovery Communities are designed specifically for students recovering from substance abuse or dependency where students can surround themselves with other individuals that are also on the recovery journey.							
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>							
Department of Mental Health and Substance Abuse Services	None							
<b>Recommendation</b>	<b>Description</b>							
Provide additional low budget/high impact services such as Oxford Houses, Lifeline, 12-Step Meetings, and Faith-Based initiatives.	Recovery services are essential to individuals who have completed treatment and are living a substance free lifestyle. Recovery services offer opportunities to interact with others who are on a similar recovery journey and experiencing the same struggles as they navigate a life free of substances. Many recovery services can be provided for little to no cost. However, some initiatives do require funding for startup or staff time to recruit additional sites in high need locations. The Tennessee General Assembly allocated one time funding in the amount of \$550,000 in 2013 for the Lifeline program, an initiative to increase the number of recovery support services in Tennessee. It is recommended that this funding become recurring.							
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>							
Department of Mental Health and Substance Abuse Services	<table border="1"> <tr> <td data-bbox="584 1228 868 1249">Legislation Required</td> <td data-bbox="868 1228 1153 1249">Regulation Required</td> <td data-bbox="1153 1228 1437 1249">Additional Funding Required</td> </tr> <tr> <td data-bbox="584 1249 868 1270"></td> <td data-bbox="868 1249 1153 1270"></td> <td data-bbox="1153 1249 1437 1270">✓</td> </tr> </table>		Legislation Required	Regulation Required	Additional Funding Required			✓
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<p><b>Recommendation</b> Develop additional Recovery Courts throughout the state.</p>	<p><b>Description</b> Recovery courts are specialized courts or court calendars that incorporate intensive judicial supervision, treatment services, sanctions, and incentives to address the needs of people with substance abuse, veterans or people with mental health issues who are nonviolent offenders. In Tennessee, 44 Recovery Courts are currently funded. These courts should be further expanded to ensure that they are available to those that most need them. It is recommended that funding for additional courts be allocated.</p>						
<p><b>Responsible for Implementation</b> Department of Mental Health and Substance Abuse Services</p>	<p style="text-align: center;"><b>Regulatory or Legislative Action Required</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Legislation Required</td> <td style="width: 33%;">Regulation Required</td> <td style="width: 33%;">Additional Funding Required</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">✓</td> </tr> </table>	Legislation Required	Regulation Required	Additional Funding Required			✓
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<p><b>Recommendation</b> Create up to three additional Residential Recovery Courts.</p>	<p><b>Description</b> The Department of Mental Health and Substance Abuse Services is currently in discussions with the Department of Correction about expanding Residential Recovery Courts to additional people. The next Statewide Residential Recovery Court is under consideration for Middle Tennessee. Currently the Davidson County Residential Drug Court houses 40 females and 60 males. Current planning provides for an additional 60 female beds and 90 male beds for a total of 250 beds that will be open to people from across the state. Additional Residential Recovery Courts are being considered in West Tennessee and Shelby County, subject to availability of funding.</p>						
<p><b>Responsible for Implementation</b> Lead Agency: Department of Mental Health Services and Substance Abuse Services Supporting Agency: Department of Correction</p>	<p style="text-align: center;"><b>Regulatory or Legislative Action Required</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Legislation Required</td> <td style="width: 33%;">Regulation Required</td> <td style="width: 33%;">Additional Funding Required</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">✓</td> </tr> </table>	Legislation Required	Regulation Required	Additional Funding Required			✓
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<b>Recommendation</b>	<b>Description</b>
Develop best practices for opioid detoxification of pregnant women.	Current guidelines from the American Congress of Obstetricians and Gynecologists do not recommend detoxification during pregnancy. However, many women in Tennessee have been safely detoxified during pregnancy without harm to them or their baby. A workgroup should be formed to explore the efficacy of opioid detoxification of pregnant women.
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>
Lead Agency: Department of Mental Health and Substance Abuse Services Supporting Agencies: Tennessee Medical Association, Tennessee Nurses Association, Tennessee Chapter of the American Academy of Pediatrics, Tennessee Chapter of the American Congress of Obstetricians and Gynecologists, Board of Medical Examiners, Board of Osteopathic Examination, Department of Health	None
<b>Recommendation</b>	<b>Description</b>
Provide specialized training to treatment providers on best practices for serving people with opioid addiction.	People with opioid addictions have unique needs. It is recommended that the treatment workforce be trained on how to best serve this population.
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>
Department of Mental Health and Substance Abuse Services	None

<b>Recommendation</b>	<b>Description</b>						
<p>Increase the availability of and refine training for time-limited substance abuse case management services.</p>	<p>Substance abuse case management is a unique time-limited service that helps individuals gain access to resources that will help them overcome obstacles around employment, housing, and education, become productive citizens, and live in recovery from their addiction. A training curriculum should be developed that focuses on the unique aspects of providing substance abuse case management and provided to all agencies that are contracted to provide substance abuse treatment services.</p>						
<p><b>Responsible for Implementation</b></p>	<p><b>Regulatory or Legislative Action Required</b></p>						
<p>Lead Agency: Department of Mental Health and Substance Abuse Services</p>	<table border="1"> <thead> <tr> <th data-bbox="584 556 868 588">Legislation Required</th> <th data-bbox="868 556 1153 588">Regulation Required</th> <th data-bbox="1153 556 1437 588">Additional Funding Required</th> </tr> </thead> <tbody> <tr> <td data-bbox="584 588 868 619"></td> <td data-bbox="868 588 1153 619"></td> <td data-bbox="1153 588 1437 619" style="text-align: center;">✓</td> </tr> </tbody> </table>	Legislation Required	Regulation Required	Additional Funding Required			✓
Legislation Required	Regulation Required	Additional Funding Required					
		✓					

**Goal 6: Expand collaborations and coordination among state agencies.**

**Measure of Success**

By 2018:

- Increase by 20% the number of cross-departmental initiatives implemented.

<b>Recommendation</b>	<b>Description</b>
Continue the Strategic Prevention Enhancement Policy Consortium.	The Strategic Prevention Enhancement Policy Consortium has successfully developed a five-year plan and has made great strides in interdepartmental efforts. This work should be continued and expanded in order to best reach all Tennesseans.
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>
Lead Agency: Department of Mental Health and Substance Abuse Services Supporting Agencies: Departments of Children’s Services, Education, and Health and Bureau of Alcoholic Beverage Commission	None

<b>Recommendation</b>	<b>Description</b>
Continue the Substance Abuse Data Taskforce.	Several departments are working collaboratively to increase and improve data sharing for prescription drug abuse. It is important that this task force continue to meet to provide increased understanding of the extent of the prescription drug problem, to identify patterns of misuse and abuse of the drugs involved, and better target limited resources.
<b>Responsible for Implementation</b>	<b>Regulatory or Legislative Action Required</b>
Lead Agency: Department of Mental Health and Substance Abuse Services Supporting Agencies: Departments of Children’s Services, Correction, Finance and Administration, Health, Safety and Homeland Security, and Transportation, Administrative Office of the Courts, Bureau of TennCare, Tennessee Bureau of Investigation, Tennessee Methamphetamine and Pharmaceutical Task Force, Tennessee Board of Pharmacy, and Tennessee Board of Parole.	None

<b>Recommendation</b>	<b>Description</b>
<p>Develop strategies and resources to assist Department of Children’s Services caseworkers in making referrals for treatment for parents at risk of substance abuse in non-custodial and custodial cases and train Department of Children’s Services caseworkers on effective practices to support recovery.</p>	<p>More than 2,000 children were taken into Department of Children’s Services custody in 2012 as a result of parental substance abuse. Caseworkers in Department of Children’s Services are often the front line individuals dealing with families. It is important that these caseworkers receive updated information about treatment services that are available in their region as well as training about addiction and recovery. This knowledge will help them design appropriate resources and services that could best benefit the family. It is recommended that Department of Children’s Services caseworkers receive training annually about addiction and recovery. The Department of Mental Health and Substance Abuse Services would design and implement the training. It is also recommended that referral information be made readily available to Department of Children’s Services.</p>
<p><b>Responsible for Implementation</b></p>	<p><b>Regulatory or Legislative Action Required</b></p>
<p>Lead Agency: Department of Children’s Services Supporting Agency: Department of Mental Health and Substance Abuse Services</p>	<p>None</p>

## Goal 7: Expand collaboration and coordination with other states.

### Measure of Success

By 2018:

- 5 memorandums of understanding with other states developed.

#### Recommendation

Develop memorandums of understanding between other states that guide information sharing practices for information gained through Prescription Drug Monitoring Programs.

#### Description

It is important to be aware of prescriptions that patients receive in our state, but also across state lines. At this point, information sharing is very difficult and could be improved by developing formalized mechanisms to share information.

#### Responsible for Implementation

Department of Health

#### Regulatory or Legislative Action Required

Legislation Required	Regulation Required	Additional Funding Required
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## References

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- <sup>1</sup> Substance Abuse and Mental Health Services Administration. (2008-2010). *National Survey on Drug Use and Health*. U.S. Department of Health and Human Services, Rockville, MD
- <sup>2</sup> Substance Abuse and Mental Health Services Administration. (2012). *Treatment Episode Data Set—Admissions (TEDS-A)*. U.S. Department of Health and Human Services, Washington, D.C.
- <sup>3</sup> Substance Abuse and Mental Health Services Administration. (2012). *Treatment Episode Data Set—Admissions (TEDS-A)*. U.S. Department of Health and Human Services, Washington, D.C.
- <sup>4</sup> Tennessee Department of Mental Health and Substance Abuse Services. (2011). *Survey of Methadone Clinics*. Nashville, TN.
- <sup>5</sup> Tennessee Department of Mental Health and Substance Abuse Services. (2013). *Tennessee Web-Based Information Technology System*, Nashville, TN.
- <sup>6</sup> Substance Abuse and Mental Health Services Administration. (2008-2010). *National Survey on Drug Use and Health*. U.S. Department of Health and Human Services, Washington, D.C.
- <sup>7</sup> Substance Abuse and Mental Health Services Administration. (2010-2011). *National Survey on Drug Use and Health*. U.S. Department of Health and Human Services, Washington, D.C.
- <sup>8</sup> Substance Abuse and Mental Health Services Administration. (2010-2011). *National Survey on Drug Use and Health*. U.S. Department of Health and Human Services, Washington, D.C.
- <sup>9</sup> Tennessee Department of Mental Health and Substance Abuse Services. (2013). *Tennessee Web-Based Information Technology System*, Nashville, TN.
- <sup>10</sup> Substance Abuse and Mental Health Services Administration. (2012). *Treatment Episode Data Set—Admissions (TEDS-A)*. U.S. Department of Health and Human Services, Washington, D.C.
- <sup>11</sup> Trust for America's Health. (2013) *Prescription Drug Abuse: Strategies to Stop the Epidemic 2013*. Accessed via the web: <http://healthyamericans.org/assets/files/TFAH2013RxDrugAbuseRptFINAL.pdf>
- <sup>12</sup> Substance Abuse and Mental Health Services Administration. (2010). *National Survey on Drug Use and Health*. U.S. Department of Health and Human Services, Washington, D.C.
- <sup>13</sup> Centers for Disease Control and Prevention. MMWR weekly: Vital signs: overdose of prescription opioid pain relievers ---United States, 1999-2008. Retrieved from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm?s\\_cid=mm6043a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm?s_cid=mm6043a4_w)
- <sup>14</sup> Tennessee Department of Health. (2011). *Report to the 2011 107th General Assembly by the Tennessee Department of Health Controlled Substance Database Advisory Committee*, Board of Pharmacy. Nashville, TN.
- <sup>15</sup> Tennessee Department of Health. (2013). *A Report to the 2013 108th General Assembly, Tennessee Department of Health, Controlled Substance Database Advisory Committee*, Board of Pharmacy. Nashville, TN.
- <sup>16</sup> Tennessee Department of Health. (2013). *A Report to the 2013 108th General Assembly, Tennessee Department of Health, Controlled Substance Database Advisory Committee*, Board of Pharmacy. Nashville, TN.
- <sup>17</sup> Merriam Webster Online Dictionary, (2013). Accessed via web: <http://www.merriam-webster.com/medical/overprescribe>
- <sup>18</sup> Gray, James (August 2013). *Position Statement to the Tennessee Medical Association re Tennessee Intractable Pain Treatment Act (Tenn. Code Ann. § 63-6-1101)*.
- <sup>19</sup> Tennessee Department of Corrections and Tennessee Department of Health (2013). Nashville, TN.
- <sup>20</sup> Tennessee Department of Health. (2012). *A Report to the 2013 108th General Assembly, Tennessee Department of Health, Controlled Substance Database Advisory Committee*, Board of Pharmacy. Nashville, TN.
- <sup>21</sup> Healthcare Cost and Utilization Project (HCUP). (2013) Agency for Healthcare Research and Quality, Rockville, MD.
- <sup>22</sup> Healthcare Cost and Utilization Project (HCUP). (2013) Agency for Healthcare Research and Quality, Rockville, MD.

- 
- <sup>23</sup> Office of Policy , Planning and Assessment, Tennessee Department of Health (2013)
- <sup>24</sup> USA Today. (2013). *Drug Overdose Deaths Spike Among Middle Aged Women*. Accessed online: <http://www.usatoday.com/story/news/nation/2013/07/02/drug-overdose-deaths-women/2483169/>
- <sup>25</sup> Tennessee Bureau of Investigation. (2013). *Tennessee Incident Based Reporting System*. Nashville, TN.
- <sup>26</sup> EMT Associates, Inc. (2010) The economic costs of alcohol and other drug abuse in Tennessee, 2008. Prepared for Tennessee Department of Mental Health and Developmental Disabilities, December 2010.
- <sup>27</sup> EMT Associates, Inc. (2010) The economic costs of alcohol and other drug abuse in Tennessee, 2008. Prepared for Tennessee Department of Mental Health and Developmental Disabilities, December 2010.
- <sup>28</sup> Tennessee Department of Children’s Services (2013)
- <sup>29</sup> Tennessee Department of Children’s Services (2013)
- <sup>30</sup> Tennessee Department of Health. (2013). Accessed via web: <http://health.state.tn.us/MCH/NAS/index.shtml>
- <sup>31</sup> Bureau of TennCare (2013). Department of Finance and Administration.
- <sup>32</sup> Tennessee Department of Health. *Neonatal Abstinence Syndrome Summary, Week 31*, Nashville, TN, accessed via web: [http://health.state.tn.us/MCH/PDFs/NAS/NASsummary\\_Week\\_31.pdf](http://health.state.tn.us/MCH/PDFs/NAS/NASsummary_Week_31.pdf)
- <sup>33</sup> TennCare (2013). *Neonatal Abstinence Syndrome among TennCare enrollees, Provisional 2012 data*. Accessed via web at: <http://www.tn.gov/tenncare/forms/TennCareNASData2012.pdf>
- <sup>34</sup> Tennessee Department of Mental Health and Substance Abuse Services. (2013). *Tennessee Web-Based Information Technology System*, Nashville, TN.
- <sup>35</sup> Substance Abuse and Mental Health Services Administration. (2008-2010). *National Survey on Drug Use and Health*. U.S. Department of Health and Human Services, Washington, D.C.
- <sup>36</sup> U.S. Census Bureau, 2007-2011 American Community Survey.
- <sup>37</sup> Substance Abuse and Mental Health Services Administration. (2011). *SAMHSA announces a working definition of “recovery” from mental disorders and substance use disorders*  
Accessed via web at: <http://www.samhsa.gov/newsroom/advisories/1112223420.aspx>
- <sup>38</sup> The Department of Safety and Homeland Security (2012). *Public Safety Action Plan*. Accessed via website at: <http://news.tn.gov/system/files/PUBLIC%20SAFETY%20ACTION%20PLAN.pdf>
- <sup>39</sup> Tennessee Department of Correction (2013)
- <sup>40</sup> Food and Drug Administration. (2013). *Keeping Watch Over Direct-to-Consumer Ads*. Accessed via website at: <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm107170.htm>
- <sup>41</sup> Substance Abuse and Mental Health Services Administration. (2013). Accessed via web: <http://www.dpt.samhsa.gov/patients/mat.aspx>
- <sup>42</sup> Tennessee Department of Mental Health and Substance Abuse Services. (2013)
- <sup>43</sup> Tennessee Department of Health. (2012). *A Report to the 2013 108<sup>th</sup> General Assembly, Tennessee Department of Health, Controlled Substance Database Advisory Committee*, Board of Pharmacy. Nashville, TN.
- <sup>44</sup> Tennessee Department of Health (2013)
- <sup>45</sup> Gray, James (August 2013). *Position Statement to the Tennessee Medical Association re Tennessee Intractable Pain Treatment Act (Tenn. Code Ann. § 63-6-1101)*.
- <sup>46</sup> Tennessee Department of Safety and Homeland Security
- <sup>47</sup> Tennessee Department of Health (2013). Controlled Substance Monitoring Database. Board of Pharmacy. Nashville, TN.
- <sup>48</sup> The Department of Safety And Homeland Security (2013)
- <sup>49</sup> Drug Enforcement Administration. (2013). United States Department of Justice.
- <sup>50</sup> Tennessee Department of Correction. (2013). *Rehabilitative Services, Substance Abuse and Behavioral Programs*. Accessed via website: <http://www.tn.gov/correction/rehabilitative/substance.html>
- <sup>51</sup> Tennessee Department of Correction. (2013). *Rehabilitative Services, Substance Abuse and Behavioral Programs*. Accessed via website: <http://www.tn.gov/correction/rehabilitative/substance.html>
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<sup>52</sup> Tennessee Department of Correction (2013).

<sup>53</sup> Tennessee Department of Health. (2012). *A Report to the 2013 108<sup>th</sup> General Assembly, Tennessee Department of Health, Controlled Substance Database Advisory Committee*, Board of Pharmacy. Nashville, TN.

<sup>54</sup> TheChattanooga.com (2013). *Addison Sharp Prescription Regulatory Act Gains Committee Approval*. Accessed via website: <http://www.chattanooga.com/2013/3/29/247716/Addison-Sharp-Prescription-Regulatory.aspx>

<sup>55</sup> Gray, James (August 2013). *Position Statement to the Tennessee Medical Association re Tennessee Intractable Pain Treatment Act (Tenn. Code Ann. § 63-6-1101)*.