

EXECUTIVE SUMMARY

PRESCRIPTION FOR SUCCESS:

*Statewide Strategies to
Prevent and Treat the
Prescription Drug Abuse Epidemic
in Tennessee*



A report produced by the Tennessee Department of Mental Health and Substance Abuse Services, in conjunction with:



Summer 2014

Introduction

Prescription drug abuse is a pervasive, multi-dimensional issue impacting Tennessee individuals, families, and communities. Of the 4,850,000 adults in Tennessee, it is estimated that 221,000 (or 4.56%) have used pain relievers, also known as prescription opioids, in the past year for non-medical purposes. Of those adults, it is estimated that 69,100 are addicted to prescription opioids and require treatment for prescription opioid abuse. The other 151,900 are using prescription opioids in ways that could be harmful and may benefit from early intervention strategies. The abuse of prescription drugs, specifically opioids, is an epidemic in Tennessee, with disastrous and severe consequences to Tennesseans of every age including: overdose deaths, emergency department visits, hospital costs, newborns with Neonatal Abstinence Syndrome, children in state custody, and people incarcerated for drug-related crimes.

“Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee” is a strategic plan developed by the Tennessee Department of Mental Health and Substance Abuse Services in collaboration with sister agencies impacted by the prescription drug epidemic. The Tennessee Department of Mental Health and Substance Abuse Services would like to acknowledge the contributions of the following partners: Departments of Health, Children’s Services, Safety and Homeland Security, and Correction, Bureau of TennCare, the Tennessee Bureau of Investigation, and the Tennessee Branch of the United States Drug Enforcement Agency. Special thanks are extended to the commissioners of each of the partner agencies as well as those people who were interviewed and provided expertise and resources.

“Prescription for Success” is comprehensive and multi-year in scope and nature. However, this plan does not obligate the Administration or the General Assembly to any additional funding requests to fulfill this plan’s purpose. Funding requests related to the initiatives in this document will be determined through the normal General Assembly budgeting process.

Please note: All references to the term “prescription drugs” are referring to controlled or scheduled prescription drugs.

To access the full *“Prescription for Success”* report, please go online to tn.gov/mental/prescriptionforsuccess. If you have any questions, please contact TDMHSAS Commissioner E. Douglas Varney at (615) 532-6500 or by email at Doug.Varney@tn.gov.





BILL HASLAM
GOVERNOR
STATE OF TENNESSEE

Fellow Tennesseans:

Prescription drug abuse is a serious problem in our state that is devastating to families and our communities. That is why I am pleased agencies across state government have come together to produce Prescription For Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee, a comprehensive, multi-faceted plan to combat the prescription drug abuse problem in our state.

The plan has three major components: a description of the extent of the prescription drug problem in Tennessee, information about how the problem is currently being addressed, and a plan for the future that includes specific, measurable goals that will allow us to determine if the lives of individuals and families in Tennessee have been improved as a result of these efforts. A menu of policy options is provided for the state's leaders to consider as we work to make progress toward these goals.

Combatting prescription drug abuse is aligned with my priorities as Governor. Tennesseans that are drug-free make better and more productive employees, family members and community members. In addition, stemming this epidemic will save our state millions of dollars in incarceration and treatment costs.

This plan requires many state agencies to work together, but there are also ways that individuals and communities can be part of solving this problem. I hope that we all can be part of reducing prescription drug misuse and abuse in our state and that you will find ways to connect with these efforts.

Sincerely,

Governor Bill Haslam

By The Numbers

- **More Seeking Treatment:** In 2012, prescription opioids became the primary substance of abuse for people in TDMHSAS-funded treatment, overtaking alcohol for the first time.
- **Non-Medical Reasons:** Almost 5% of Tennesseans have used pain relievers in the past year for non-medical purposes.
- **Younger Tennesseans:** Young Tennesseans (18- to 25-year-olds) are using prescription opioids at a 30% higher rate than the national average.
- **More Prescriptions Being Dispensed:** There were 25% more controlled substances dispensed in Tennessee in 2012 than in 2010.
- **Doctor Shopping:** In March 2013, more than 2,000 people received prescriptions for opioids or benzodiazepines from four or more prescribers.
- **Prescribing Practices:** As of August 1, 2013, 25 physicians had been prosecuted for overprescribing during 2013.
- **Sources of Prescription Drugs:** More than 70% of people who use prescription drugs for non-medical reasons got them from a friend or relative.
- **Healthcare Costs:** The number of emergency department visits for prescription drug poisoning has increased by approximately 40% from 2005 to 2010.
- **Overdose Deaths:** There has been a 220% increase in the number of drug overdose deaths since 1999, growing from 342 in 1999 to 1,094 in 2012.
- **Criminal Justice System Involvement:** Drug-related crimes against property, people, and society have increased by 33% from 2005 to 2012.
- **Lost Productivity:** The cost of lost productivity due to prescription drug abuse in Tennessee was \$142.9 million in 2008; adjusted for 2013 inflation, that is \$155.2 million.
- **Children in State Custody:** About 50% of the youth taken into Department of Children's Services custody resulted from parental drug use.
- **Neonatal Abstinence Syndrome:** Over the past decade, we have seen a nearly ten-fold rise in the incidence of babies born with Neonatal Abstinence Syndrome in Tennessee.
- **Treatment Costs:** It is estimated that the cost of providing state-funded treatment services to individuals that abuse prescription drugs and live below the poverty level would cost \$27,933,600.



Current Efforts

Across the state, there are a number of efforts already in place to combat the prescription drug epidemic by a number of state agencies, including numerous collaborative programs. These can be broken into five categories: Prevention, Early Intervention, Enforcement, Treatment, and Recovery:

Prevention

- Governor's Public Safety Subcabinet
- Neonatal Abstinence Syndrome Subcabinet
- Substance Abuse Data Taskforce
- Community Prevention Coalitions
- Prescription Drug Disposal (take-back events and permanent drop boxes)
- Information Dissemination ("Take Only As Directed")
- Controlled Substance Monitoring Database
- Pain Clinic Oversight
- Drug Overdose Reporting
- Development of Guidelines for Prescribing Narcotics
- Formulary Regulations
- Pharmacy Lock-In Program
- Prescriber Identification

Early Intervention

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Enforcement

- Law Enforcement Access to Controlled Substances
- State Trooper Training
- Drug and Diversion Investigations
- Medicaid Fraud Control
- Forensic Services
- Methamphetamine and Pharmaceutical Task Force
- Drug Enforcement Administration Requirements

Treatment

- Recovery (Drug) Courts, including the Residential Recovery Court
- Community Treatment Collaborative
- Community Housing with Intensive Outpatient Services
- Medication Assisted Therapies
- Impaired Healthcare Professionals Program
- Technical Violators Diversion Program
- Community Treatment Collaborative
- Co-occurring Treatment
- Treatment for youth and young adults in custodial care
- Treatment for babies born addicted to substances

Recovery

- Oxford House Program
- Lifeline Program
- Community Housing with Intensive Outpatient Services

A Plan for the Future

The response to prevent and treat prescription drug abuse demands comprehensive and coordinated solutions involving many different state departments. The following strategies have been developed to meet the seven goals:

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

- Support community coalitions as the vehicle through which communities will successfully prevent and reduce prescription drug diversion, abuse, and overdose deaths.
- Continue and expand the “Take Only As Directed” statewide prescription drug media campaign.
- 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.
- Support the Coalition for Healthy and Safe Campus Communities.

Goal 2. Decrease the number of Tennesseans who overdose on controlled substances.

- Improve the uniformity and reliability of drug overdose reporting by all county medical examiners.
- Implement new case management system for medical examiners.
- Enact a Good Samaritan Law.

Goal 3. Decrease the amount of controlled substances dispensed in Tennessee.

- Complete the development of guidelines for prescribing opioids and encourage adoption.
- 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.
- Improve the utility of the Controlled Substance Monitoring Database.
- Review and revise the Tennessee Intractable Pain Treatment Act and the Tennessee Code related to pain management clinics to address current opioid prescribing practices.
- Revise pain clinic rules to better address the prescription drug problem in Tennessee.
- Develop additional specific guidelines for prescribing narcotics for Acute Care Facilities (Urgent Care and Emergency Departments).
- Design a smartphone application that will provide prescribers automatic updates on milligram/morphine equivalents and other technological enhancements.

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

- Develop guidelines for the destruction of pharmaceuticals received from local Take-Back events and permanent prescription drug collection boxes.
- Establish additional permanent prescription drug collection boxes.
- Establish local incineration sites for the destruction of unused prescription medications.
- Provide training on the new Drug Enforcement Administration’s regulations.

A Plan for the Future

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

- Expand Screening Brief Intervention Referral to Treatment (SBIRT) into Tennessee Department of Health primary care sites statewide.
- Provide additional state funding for evidence-based treatment services for people with prescription opioid dependency who are indigent and unable to pay for services.
- Expand Screening Brief Intervention Referral to Treatment (SBIRT) into Tennessee Department of Health primary care sites statewide.
- Expand the use of SBIRT in Tennessee.
- Provide additional specialized treatment options for mothers with opioid addiction whose babies have been born with NAS or who are at risk of losing their children.
- Study efficacy and feasibility of Recovery Schools and Collegiate Recovery Communities.
- Provide additional low budget/high impact services such as Oxford Houses, Lifeline, 12-Step Meetings, and Faith-Based initiatives.
- Develop additional Recovery Courts throughout the state.
- Create up to three additional Residential Recovery Courts.
- Develop best practices for opioid detoxification of pregnant women.
- Provide specialized training to treatment providers on best practices for serving people with opioid addiction.
- Increase the availability of and refine training for time-limited substance abuse case management services.



Goal 6. Expand collaborations and coordination among state agencies.

- Continue the Strategic Prevention Enhancement Policy Consortium.
- Continue Substance Abuse Data Taskforce.
- 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.

Goal 7. Expand collaboration and coordination with other states.

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



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