Integration Forum
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Meeting Minutes

Workforce Committee

August 18, 2016

Chair:
Randy Wykoff (East Tennessee State University)

Attendees:

Lynnette Araki (HRSA)
Kellie Gilchrist (HRSA)
Karl Goodkin (ETSU)
Rachel Hauber (ASPPH)
Stephen Ingram (MSHA)
Rita Kelliher (ASPPH)
Mbeja Lomotey (HRSA)
Susan Swider (Rush)
Douglas Taren (AZ)
Cynthia Thomas (TN)
Judy McCook (ETSU)
Lloyd Michener (Practical Playbook)
Megan Miller (ASTHO)
Melissa Moore (HRSA)
Ken Phillips (ETSU)
Aaron Scott (ETSU)
Liz Weist (ASPPH)
David Wood (ETSU)
Ted Wymyslo (Ohio)

ASTHO Staff: Anna Bartels

Summary

- The current situation in Tennessee is an overall decrease in prescription drug seizures and overall volume. However, overdose deaths continue to increase.
- In 2012, ETSU began a Prescription Drug Abuse Working Group with monthly meetings and an inter-professional focus. The Working Group combines research, community outreach, education, resource development, and systems thinking on how to have a greater impact. ETSU also established the Center for Prescription Drug Abuse Prevention & Treatment this year to serve as an inter-professional research center.
- We need a focused, coordinated effort that addresses multiple types of program at all levels of prevention. Multiple systems must be impacted to change the scope of the problem over time.

Featured Resources:

- National Registry for Evidence-Based Programs and Practices
- ASTHO Strategies and Resources for Reducing Harms Associated with Prescription Drugs
- CDC Guideline for Prescribing Opioids for Chronic Pain
- Prescription for Success: Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee

A Decade into the Prescription Drug Abuse Epidemic: Lessons Learned in Tennessee
Robert P. Pack, PhD. , Associate Dean for Academic Affairs, College of Public Health, East Tennessee State University

- Dr. Robert Pack is Professor of Community and Behavioral Health, Associate Dean for Academic Affairs in the College of Public Health at East Tennessee State University (ETSU), and Director of the new ETSU Center for Prescription Drug Abuse Prevention and Treatment. The Center grew out of a university and community collaborative that was started in 2012 to address the regional problem of prescription opioid abuse. At least five funded projects and dozens of other academic products have grown out of the Working Group. Dr. Pack is currently PI of the NIH/NIDA-funded Diversity Promoting Institutions Drug Abuse Research Program at ETSU, the research component of which is the five-year set of three studies titled Inter-professional Communication to Prevent Prescription Drug Abuse and Misuse. He was trained in health education/health promotion at the UAB Ryals School of Public Health and is experienced in designing, running and disseminating theory-based intervention studies. In 2014, he was trained at the NIH-funded Training Institute for Dissemination and Implementation Research in Health.

- The U.S. consumes twice as many opioids per capita than the next closest nation. Tennessee is the second highest state in the country, behind Alabama by a tenth of a point. West Virginia is a distant third.
- The number of drug overdose deaths for opioids and heroin reported in Tennessee have grown from 929 in 2009 to 1,263 in 2014. This has surpassed the number of deaths by automobile accident and become the number one cause of death by unintentional injury.
- This upward trend is found across the entire U.S.
- Overdoses are not the only negative long-term consequence: Counties with high rates of prescription drug abuse are also vulnerable to outbreaks of HIV and hepatitis C due to needle-sharing. There are 220 counties in the U.S. with a high-risk to outbreaks. Tennessee and West Virginia have some counties in the top ten.
- There has been a doubling of drug-related crimes in the state from 2005-2012, even as there has been a reduction of non-drug-related crimes over the same time period.
- There has also been an increase in neonatal abstinence syndrome (NAS) cases in Tennessee. Tennessee mandates reporting of NAS. Efforts also target mothers who have a baby with NAS to prevent a second pregnancy with complications.
- Under 5 percent of the Tennessee population needs early intervention or treatment (second or third level of prevention). 95 percent of the population do not use prescription opioids or use them as prescribed (where prevention efforts would prevent misuse or initiation altogether).
- There are a number of interventions (see: National Registry for Evidence-Based Programs and Practices from SAMHSA) that address substance misuse; however, we need to disseminate them and implement them better. For example, prescription drug monitoring programs are effective, but they work for diversion control among individuals who are already dependent or addicted.
- Medication-assisted treatment and tradition recovery efforts can be done effectively with strong evidence behind them. However, the reliance on Naloxone is a failure of primary prevention.
- Health professions training and continuing education (among all prescribers and pharmacists) to address this issue from prescribing and dispensing sides are critically important. These individuals are also well-positioned to refer people to treatment and recovery. There are many prescribing guidelines and tools that are emerging from CDC, ASAM, ASTHO, and CPNP. These professions can also help show people how to safely store these substances in their homes.
- On the primary prevention side, each dollar invested saves $18. Later-stage tools have more varied returns on investment.
- One of the perspectives put forward in Tennessee is the concept of supply, demand, and potential demand. All three must be reduced in order to minimize prevalence. (Put forward by Commissioner John Dreyzehner, MD, MPH, FACOEM).
- State policies are often interdependent on other characteristics of the state and are locally-determined. Texas has seen the most impact by addressing high volume prescribers. Florida instituted a wide variety of policies, requiring registration of pain clinics, encouraging law enforcement raids, and launching prescription drug monitoring programs.
- In 2012, Tennessee passed the Prescription Safety Act requiring all prescribers to check the state's Controlled Substance Monitoring Database.
- The current situation in Tennessee is an overall decrease in prescription drug seizures and overall volume. Data systems are strengthening, and there is high engagement from the governor. However, overdose deaths continue to increase, heroine seizures are increasing, and diversion of buprenorphine is increasing.
- In 2012, ETSU began a Prescription Drug Abuse Working Group with monthly meetings and an inter-professional focus. The Working Group combines research, community outreach, education, resource development, and systems thinking on how to have a greater impact.

- ETSU established the Center for Prescription Drug Abuse Prevention & Treatment this year to serve as an inter-professional research center. We need a focused, coordinated effort that addresses multiple types of program at all levels of prevention. The ETSU Center and faculty will be assigned different subtopics to provide updates on different types of prevention efforts.
- Key Lessons Learned:
    - The problem is much bigger than anticipated.
    - There are supply-side drivers of the problem, including the industry that profits from prescribing and dispensing pills.
    - Efforts to address the problem are currently fragmented, particularly across states and boundaries.
    - Policy is key – states must do this well and adapt them to the local context.
    - Politicians are concerned about the workforce and people being able to pass drug tests. Workforce health promotion strategies is one avenue for engagement.
    - We must engage with the community (and show up). The Working Group has alternate meetings on-campus and off-campus for this purpose.
    - The stigma about addiction keeps resurfacing as a significant hurdle.
    - There is tension in the recovery community on both sides, for and against the use of medication as people try to recover.
- Dr. Goodkin (ETSU) asked about whether we should view addiction as a chronic illness versus something that people have control over. This is an important differentiation to promote in the community. Further, medication-assisted treatment and behavioral interventions are useful together, and the question arises if medication should be provided in an on-going fashion. Dr. Pack noted that the idea of this as a lifelong issue is important to think about, if someone has an opioid use disorder problem and later requires pain medication for a new medical issue. We should make sure there are resources for those individuals.

Workforce Committee Next Steps

- The next Successes and Measures Committee call will be held August 19 at 2-3 pm EDT. The call will feature presentations from Dr. Stephen Cha, Director, State Innovations Group, Center for Medicare and Medicaid Innovation (CMMI), as well as Elizabeth Walker Romero, Senior Director for Health Improvement at ASTHO to highlight ASTHO's Million Hearts Learning Collaborative.
- Please email integrationforum@astho.org if you have ideas for future call topics.