Integration Forum Workforce Committee

August 18, 2016
Phone: 866-740-1260 Access Code: 3185489

Chairs:
Yumi Jarris (Georgetown University School of Medicine)
Randy Wykoff (East Tennessee State University)
### Meeting Agenda:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 pm</td>
<td>Welcome</td>
</tr>
</tbody>
</table>
| 2:05 pm | Presentation: 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 |
| 2:35 pm | Q & A /Discussion                                                        |
| 2:50 pm | Committee Member Updates                                                 |
| 2:55 pm | Workforce Committee Next Steps                                           |
| 3:00 pm | Adjourn                                                                  |
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
Prescription drug abuse a decade into the epidemic: Lessons learned in Tennessee

August 18, 2016
USA is #1 in the World
• USA consumes twice as many opioids per capita than the next closest nation.

Tennessee is #2 in the #1 Country
• Alabama #1 by a tenth of a point; West Virginia is a distant third

East Tennessee is #1 in the State

Figure 5. Amount of morphine milligram equivalents (MMEs)\(^1\) dispensed and reported to the CSMD: Tennessee 2012-2014

**Source:** Tennessee Department of Health Controlled Substance Monitoring Database, 2015

![Bar chart showing MMEs by year and type for 2012, 2013, and 2014.](chart.png)

Notes: (1) MMEs are reported (unit = 1,000,000 MMEs); (2) Opioids exclude buprenorphine

<table>
<thead>
<tr>
<th>Year (CY)</th>
<th>2012 (MMEs(^{1,2}))</th>
<th>2013 (MMEs(^{1}))</th>
<th>2014 (MMEs(^{1}))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid MMEs(^1)</td>
<td>8,111 (93.1%)</td>
<td>7,982 (91.0%)</td>
<td>7,548 (88.4%)</td>
</tr>
<tr>
<td>Buprenorphine MMEs(^1)</td>
<td>599 (6.9%)</td>
<td>790 (9.0%)</td>
<td>994 (11.6%)</td>
</tr>
<tr>
<td>Total MMEs(^1)</td>
<td>8,710</td>
<td>8,772</td>
<td>8,541</td>
</tr>
</tbody>
</table>

Note: Count (% of total MMEs)
Figure 10. Number of drug overdose deaths for opioids and heroin reported to the Death Statistical System: Tennessee 2009-2014


Notes:
- Not all drug overdose deaths specify the drug(s) involved, and a death may involve more than one specific substance.
- Increases in overdose deaths may be due to increases in reporting by medical examiners.
1) Drug overdose deaths are based on the following ICD-10 underlying cause of death codes: X40-X44, X60-X64, X85, Y10-Y14.
2) "Opioid Analgesic" overdose deaths include non-heroin opioid overdose deaths and were summarized based on an underlying cause of death being a drug overdose and the multiple causes of death containing at least one of the following ICD-10 codes: T40.2, T40.4, T40.6.
3) "Heroin" overdose deaths were summarized based on an underlying cause of death being a drug overdose and the multiple causes of death containing at least one of the following ICD-10 codes: T40.0 - T40.1.
4) "Methadone" overdose deaths were summarized based on an underlying cause of death being a drug overdose and the multiple causes of death containing at least one of the following ICD-10 codes: T40.3.
5) "Buprenorphine" overdose deaths were summarized based on an underlying cause of death being a drug overdose and the multiple causes of death containing at least one of the following ICD-10 codes: T50.7.

Table 10. Reported drug overdose deaths for opioids, heroin, methadone, buprenorphine, and all overdose deaths: Tennessee 2009-2014

<table>
<thead>
<tr>
<th>Year (CY)</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids²</td>
<td>430 (48.4%)</td>
<td>516 (52.9%)</td>
<td>547 (50.7%)</td>
<td>591 (54.4%)</td>
<td>636 (54.6%)</td>
<td>707 (55.2%)</td>
</tr>
<tr>
<td>Heroin³</td>
<td>18 (1.9%)</td>
<td>16 (1.5%)</td>
<td>16 (1.5%)</td>
<td>45 (4.1%)</td>
<td>64 (5.5%)</td>
<td>147 (11.6%)</td>
</tr>
<tr>
<td>Methadone⁴</td>
<td>99 (10.7%)</td>
<td>125 (11.8%)</td>
<td>85 (8.0%)</td>
<td>101 (9.2%)</td>
<td>86 (7.4%)</td>
<td>71 (5.6%)</td>
</tr>
<tr>
<td>Buprenorphine⁵</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>2 (0.2%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>All overdose deaths</td>
<td>929</td>
<td>1,059</td>
<td>1,062</td>
<td>1,094</td>
<td>1,166</td>
<td>1,263</td>
</tr>
</tbody>
</table>

Note: Count (% of all overdose deaths)

J. Pennings, 12/11/2015
Tennessee Department of Mental Health and Substance Abuse Services
Drug overdose deaths in 2002 and 2014 by county (darkest red >20/100K)

Regional drug overdose deaths in 2014 by county (darkest red >20/100K)
26 overdoses reported Monday evening

By TAYLOR STUCK  Updated 13 hrs ago  📰 (146)

HUNTINGTON - Around 3:30 p.m. Monday, reports of overdoses started pouring into Cabell County 911 Dispatch. By 9 p.m., 26 overdoses had been reported, more than Cabell County EMS responds to in a week.
Counties vulnerable to outbreaks of HIV and hepatitis C

Source: Centers for Disease Control and Prevention
Figure 1. Compilation of heroin indicators: Tennessee 2009-2014

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<table>
<thead>
<tr>
<th>Year (CY)</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Seizures¹</td>
<td>82</td>
<td>82</td>
<td>73</td>
<td>120</td>
<td>235</td>
<td>341</td>
</tr>
<tr>
<td>TDMHSAS Admissions²</td>
<td>152</td>
<td>284</td>
<td>259</td>
<td>509</td>
<td>712</td>
<td>917</td>
</tr>
<tr>
<td>Crimes³</td>
<td>218</td>
<td>162</td>
<td>266</td>
<td>548</td>
<td>793</td>
<td>1,098</td>
</tr>
<tr>
<td>Arrests³</td>
<td>187</td>
<td>182</td>
<td>254</td>
<td>496</td>
<td>663</td>
<td>917</td>
</tr>
<tr>
<td>Drug Poisonings</td>
<td>64</td>
<td>74</td>
<td>129</td>
<td>210</td>
<td>305</td>
<td>482</td>
</tr>
</tbody>
</table>

Sources:
1) Tennessee Bureau of Investigation Lab Data 2015
2) Tennessee Department of Mental Health and Substance Abuse Services WITS 2015
3) Tennessee Bureau of Investigation CIIS Support Center 2015
4) Tennessee Department of Health, Division of Policy, Planning and Assessment; Hospital Discharge Data System, 2009-2013, 2014 provisional

Notes:
1) The data represent the number of incidents in which a drug was seized, tested by the TBI lab, and confirmed to be the substance. This data does not reflect the amount of the drug that was seized.
2) TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living in poverty. Up to three substances can be listed for each treatment admission.
4) Heroin poisonings include hospital discharges with ICD-9 codes of 965.01, E850.0, E935.0.
Figure I-8. Number of Drug and Non-drug Related Crimes in Tennessee

Source: Tennessee Bureau of Investigation (2013)
Figure 11. Unique cases\(^1\) of Neonatal Abstinence Syndrome (NAS)\(^2\) per 1,000 live births: Tennessee 2009-2014\(^3\)

Map 21. Unique cases\(^1\) of NAS (per 1,000 live births): 2013 and 2014\(^4\)

Table 11. Number of unique cases\(^1\) of NAS and live births: Tennessee 2009-2014\(^3\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of NAS Discharges</th>
<th>Number of Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>406</td>
<td>82,109</td>
</tr>
<tr>
<td>2010</td>
<td>505</td>
<td>79,345</td>
</tr>
<tr>
<td>2011</td>
<td>634</td>
<td>79,462</td>
</tr>
<tr>
<td>2012</td>
<td>899</td>
<td>80,202</td>
</tr>
<tr>
<td>2013</td>
<td>1,224</td>
<td>79,954</td>
</tr>
<tr>
<td>2014(^3)</td>
<td>1,276</td>
<td>81,609</td>
</tr>
</tbody>
</table>

Notes:
1) Within each year, only the first hospital discharge of an infant was counted.
2) Analysis includes inpatient hospitalization and outpatient visits, with age less than 1 and any diagnosis of drug withdrawal syndrome of newborn (ICD-9-CM 779.5). Hospital Discharge Data System records may contain up to 18 diagnoses. Infants were included if any of these diagnoses fields were coded 779.5.
3) 2014 data is provisional.
4) Two year average. Rates are only shown for counties where the combined count during the time period (2013/2014) was greater than 5.
69,100 Tennesseans
Addicted to Prescription Opioids
Need Treatment

151,900 Tennesseans
Risky Prescription Opioid Use
Need Early Intervention

4,629,000 Tennesseans
Do Not Use Prescription Opioids or use them as prescribed
Need Prevention and Promotion Strategies

- 4.56% of Tennessee Population

- 95.44% of Tennessee Population

A complex problem…
A complex problem... for which we have many effective tools

$1$ invested saves $18$ ($18:1$ ROI)

36% decrease in doctor shopping in TN

$7-12:1$ ROI

$5:1$ ROI for voluntary reversible long acting contraceptive (VRLAC)

$4:1$ ROI for employers

$2.21:1$ ROI

Prescribing guides are current and accessible

Essential; 1 save: 227 kits

See reference list for sources regarding ROI figures
Supply & demand

PDA/M Prevalence

Potential prescription drug demand

Aggregate Efforts

Supply

Demand

Potential demand

Concept: Commissioner John Dreyzehner, MD, MPH, FACOEM
State policy studies for PDA/M

• Usually there several policies put forward at once
• Policies are specific to, and inter-dependent with the context of the state
• Often have a lag period before impact
• Eg: TX and FL both enacted strong but different pill mill laws, WA was an early adopter of prescribing guidelines.
Texas: most impact seen with high volume prescribers
Figure 2. Semiannual drug overdose death rates* for selected drugs, and selected prescription drug diversion and misuse actions taken — Florida, 2006–2012†

- The source of overdose death data is the Florida Medical Examiners Commission.

E. July 1, 2011. Physician dispensing prohibited and statewide regional strike forces activated.
F. September 1, 2011. Mandatory reporting to prescription drug monitoring program begins.
“The Prescription Safety Act of 2012, signed by Haslam on the steps of the Anderson County courthouse, will require all prescribers from Bristol to Memphis — physicians, dentists and others — to check the state's Controlled Substance Monitoring Database for a patient's drug history before prescribing any painkiller or tranquilizer.”
PRESCRIPTION FOR SUCCESS:

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

Public Health Approach to the Opioid Abuse Epidemic
Tennessee Department of Health Strategic Map, 2016

Reduce Opioid Misuse, Abuse & Overdose

A. Improve Primary Prevention
   1. Improve education for consumers, families & HCWs
   2. Expand use of optimal prescribing guidelines
   3. Actively support community coalitions
   4. Expand efforts to reduce NAS
   5. Facilitate community interventions, including safe disposal of drugs
   6. Reduce harm from needle use

B. Improve Monitoring and Surveillance
   1. Optimize use of the CSMD
   2. Link other data sources to the CSMD
   3. Improve the high risk patient model
   4. Develop a high risk prescriber model for individuals and practices
   5. Develop a high risk dispenser model
   6. Improve proactive use of clinical monitoring tools

C. Improve Regulation and Enforcement
   1. Provide prescriber/dispenser education on regulation & enforcement
   2. Improve collaboration with law enforcement
   3. Expedite investigations supporting Board oversight of prescribers
   4. Eliminate “Pill Mills”
   5. Improve legislation to allow proactive regulation

D. Increase Utilization of Treatment (2° Prevention)
   1. Destigmatize & approach addiction as a treatable chronic illness
   2. Expand SBIRT training and use
   3. Expand appropriate use of MAT
   4. Expand treatment alternatives to incarceration
   5. Partner with Mental Health to expand treatment options for opioid misuse
   6. Advocate for Prescription for Success including treatment and care

E. Increase Access to Appropriate Pain Management
   1. Require pain management clinic physicians to have specialty certification
   2. Develop a model for desirable integrated pain practices
   3. Increase access for uninsured
   4. Work with academic partners to improve training of prescribers
   5. Describe how patient care is impacted by sudden clinic closure
   6. Expand the availability and use of Narxone

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Expand and Strengthen Key Partnerships and Collaborative Infrastructure

Secure/Realign Resources and Infrastructure to Implement Comprehensive Approaches

Use Data, Evaluation and Research to Inform Interventions and Continuous Improvement

Adopted 1/11/16
Current situation in TN

• Sharp decrease in overall prescribed MME in TN corresponds in timing to the advent of the Prescription Drug Safety Act of 2012
  – Mandated use of the PDMP
• Steep decline in prescription drug seizures by police
• Overall, MME volume is down in TN but overdose deaths continue to increase
• Heroin and Suboxone/buprenorphine seizures are increasing
  – Diversion is a problem
  – Increases stigma with law enforcement
• Suboxone access is increasing … Suboxone done well is welcome
Current situation in TN

- Data systems are strengthening
- High engagement from Governor on down
- Expertise in the Cabinet and staff
- Conversations are happening in the community
  - 16 articles in the past month re: “opioid wars”
ETSU PDA/M Working Group

• Monthly meetings
  – Since Spring 2012
  – 140+ on the email list
  – 20-40 attend every month
  – Inter-professional focus
    • Research
    • Community Outreach
    • Education
    • Resource development
    • Systems thinking
The PDAM Working Group

>100 members

NIH/NIDA-funded DIDARP Research Team

State-funded NAS team

NAS outcomes team

TBR RX Stimulant Misuse

Fall 2016 - Clinical training proposal to reduce PDAM-NIH/NIDA

Carter County Coalition team

Government & Workforce Engagement

-NIDA proposal for Data systems-Under review

-AHRQ proposal for expansion of MAT into rural areas-

Next new idea

Next new idea
PDA/M Working Group Members

- Allied Health: 2
- Anti-Drug Coalitions: 5
- Community Agencies and Partners: 8
- Counseling/Psychology: 13
- Dentistry: 1
- Economic Development/Local Businesses: 3
- Education (All Levels): 9
- Judicial and Elected Officials: 4
- Law Enforcement: 2
- Medicine: 31
- Nursing: 9
- Pharmacy: 15
- Public Health: 24
- Social and Other Sciences: 3
“The Working Group keeps me connected to the research and evidence. It is a great sounding board when I’m feeling stuck. And the passion and energy of the members is restoring and energizing.”

Alice McCaffrey, Sullivan County Anti-Drug Coalition
Regional Public Health Impact

Project garners $65K for drug prevention coalition

JOHNSON CITY (June 6, 2015) - A $65,000 grant from the Tennessee Department of Mental Health & Substance Abuse Services is helping a relatively new organization better spread its substance abuse prevention efforts throughout Carter County.

Angel Heggeman, program director at East Tennessee drug prevention coalition alcohol, tobacco and other community to create an environment to prevent substance abuse.

"Nathan's center has all the resources needed for substances," Heggeman said. "We are concerned because of the drug problem and it is such a problem.

So, Heggeman decided to start a coalition to help prevent drug abuse in the Carter County Drug Free Kids program. The hidden program with the county schools.

Last year, a $65,000 grant from the Tennessee Department of Health is the Opioid Overdose Prevention Project that increased access to training and awareness of naloxone.

Now, the one-year funding of $65,000 will allow the coalition to help a coalition of community resources, training programs and health care professional.

Opioid Overdose Prevention and Rescue

Volunteer to Save a Life

Carter Co. Drug Prevention Coalition raises awareness of opioid overdose antidote

By Tiana Bohner, Multimedia Journalist/News Producer, TBohner@WCYB.com

POSTED: 11:12 PM Oct 14 2015

Text Size:

By Jeff Keeling

April Johnson took time out of her job as a speech therapist to become part of the solution to the area's opioid overdose crisis.

Johnson and seven other county and state public health professionals began creating a different approach to prevention, early intervention and education.

Carter Co. Drug Prevention Coalition raises awareness of opioid overdose antidote
Focused, Coordinated Effort

Dissemination & Implementation of Effective Prevention Programs
Rx Monitoring Programs & Diversion Control
Traditional & Medically Assisted Treatment
Overdose Reversal with Naloxone

Non-use

Health Professions Training & Continuing Education
Screening, Brief Intervention & Referral to Tx
Neonatal Abstinence Syndrome: Treatment of Mother, Infant & Preventing Second Pregnancy
Evidence-Based Drug Courts

1st Initiation
Dependence
Addiction
Level of Prevention
2nd
3rd
4th
Death
Key lessons learned

- The problem is bigger than we anticipated
- There are supply-side drivers of the problem
- Efforts to address the problem are fragmented
- Policy is key – states have to do this well
- Politicians are concerned about workforce
- Engage with the community / show up
- Stigma about addiction keeps coming up
- Tension in recovery community


Next Steps and Announcements:

- The next Successes and Measures Call will be Friday, August 19, 2-3 ET

Questions or Ideas?
E-mail integrationforum@astho.org