



TDMHSAS

Tennessee Department of Mental Health
and Substance Abuse Services

Governor's Public Safety Forum

Governor's Public Safety Action Plan with a
concentration on: Prescription Drug Abuse

December 6th, 2012

Presentation by: Commissioner E. Douglas Varney

Prescription Drug Abuse Affects Everyone

- Families as a whole
 - The abuse of prescription drugs, particularly opioids, is costly not only for the people with an addiction and their families but also for their families.
- Women
 - In 2009, 27% of women listed prescription opioids as their primary substance of abuse, compared to 21% of men.
 - Also, 35% of pregnant women admitted to state-funded treatment services in Tennessee listed prescription opioids as their primary substance of abuse.
- Children
 - The Tennessee Department of Children's Services pays millions of dollars each year to provide homes and treatment for children with substance abuse issues or children of parents with substance abuse issues who cannot care safely for their children.
 - Cost of caring for children in state custody increased from \$29 million in 2008 to \$52 million in 2011.
- Young Adults
 - In 2009, almost 13% of Tennesseans ages 18-25 reported abusing prescription opioids in the past year, compared to almost 5% of all Tennesseans older than 12.
 - 10th and 12th graders state the average age at which they first abused prescription opioids was 14.
- The Workforce
 - Employers pay for prescription drug abuse through diminished productivity and costs associated with replacing workers who fail drug tests or die prematurely, have workplace accidents, and force employers to find workers who are healthy and drug-free.
 - Among people admitted for state-funded drug treatment in Tennessee in 2010, people with at least a high school education, who are married, and employed at least part-time are three times more likely to identify prescription drugs as their primary drug of choice than people who have less than a high school education and unmarried, and are unemployed.
 - Recent study attributed 46% of the societal cost of opioid abuse to the workforce.

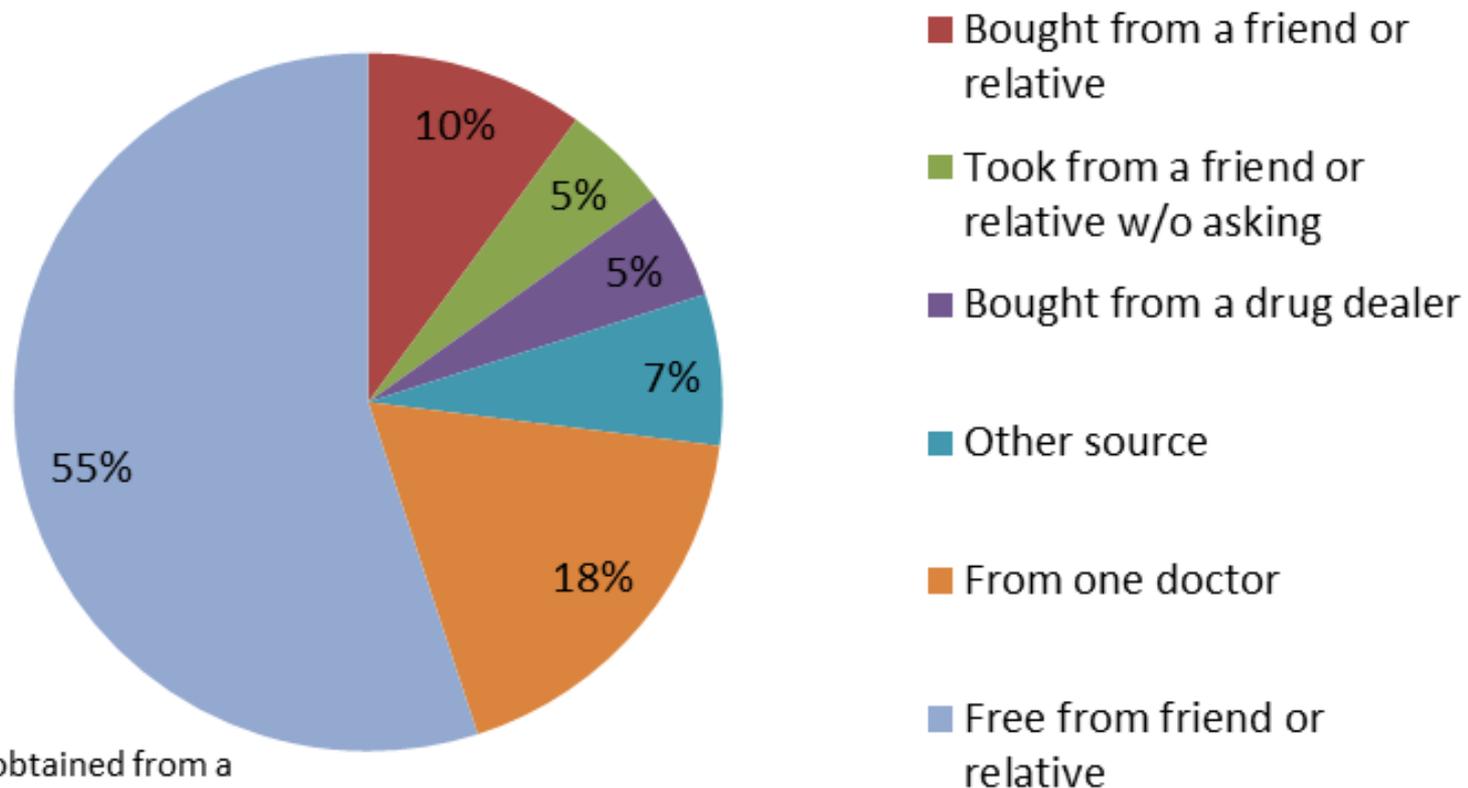
The Prescription Drug Epidemic is Especially Painful to Tennessee

- Abuse of prescription opioids is the number one drug problem for Tennesseans receiving state-funded treatment services.
- Tennessee is the 2nd leading state in regards to pounds of opiate pain reliever drug sold.
- Prescription opioids ranked #1 abused drug among individuals receiving state-funded treatment services. This increased from 416 in 2000 to 3,331 in 2010.
- From 2010 to 2011 there was a 15% increase in convicted DUI offenders abusing opiates
- Number of treatment admissions jumped from 5.5% to 28% from 2000-2010, compared to 1.5%-8% elsewhere in the United States.
- The percentage of people seeking treatment for the abuse of prescription opioids in Tennessee is projected to be 33% of all admissions to state-funded treatment programs.

The Prescription Drug Epidemic is Especially Painful to Tennessee

- Prescription opioid dependence cause about 2,000 new people annually to seek treatment at private-for-profit methadone (opioid) treatment centers in Tennessee.
- Although opioid treatment centers originally targeted heroin users, a 2011 TDMHSAS survey indicated that 78% of these people in these centers were receiving treatment based on their abuse of prescription opioids. Another 17% said they abused both prescription opioids and heroin, while only 4% reported abusing heroin alone.

Source of Opioids for Most Recent Nonmedical Use Among Past Year Users



* 70% obtained from a friend or relative *

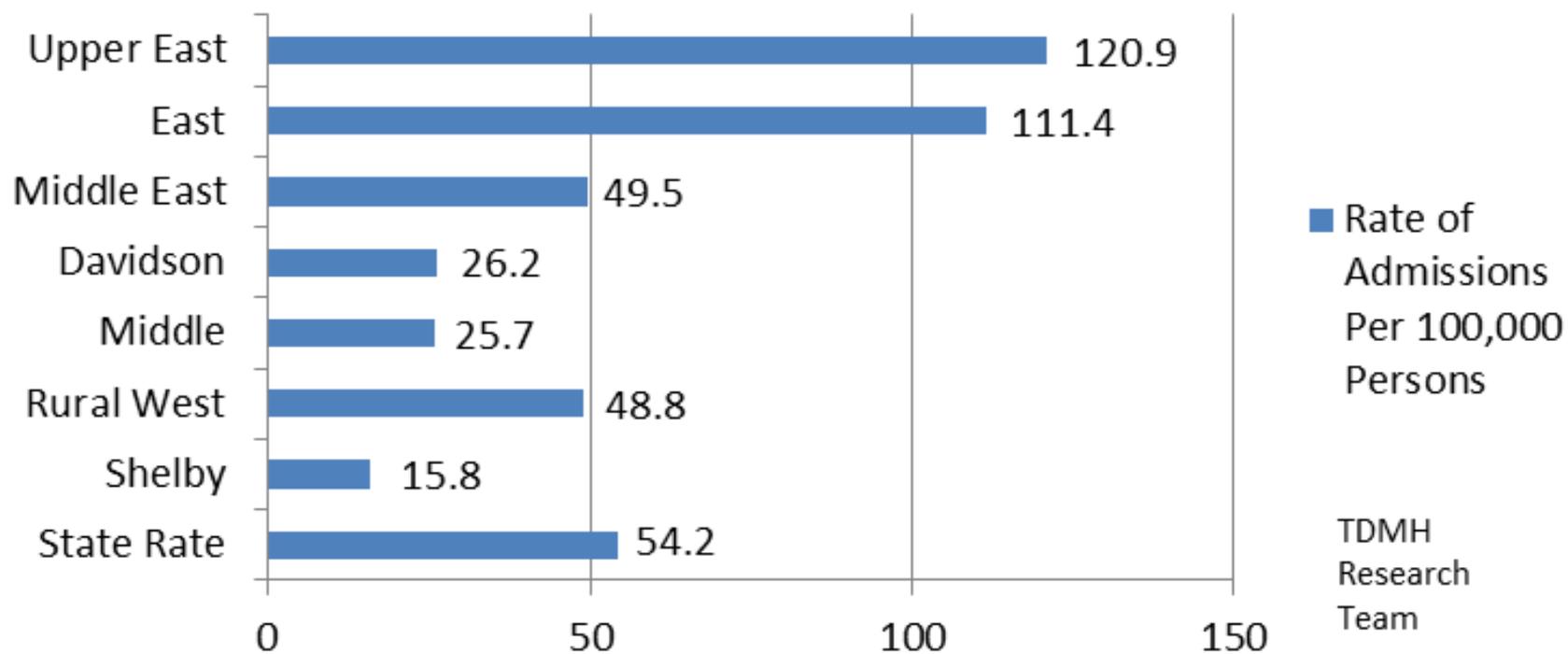
Percent of publicly funded substance abuse treatment admissions due to prescription opioids and alcohol in Tennessee and United States: 1992 - 2011 with a 2012 - 2015 projection



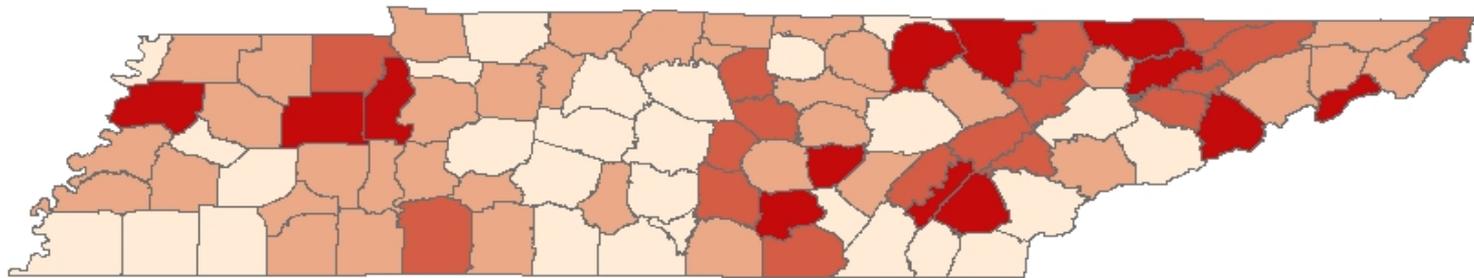
Source: Tennessee Department of Mental Health and Substance Abuse Services

* Indicates projected percentage of admissions

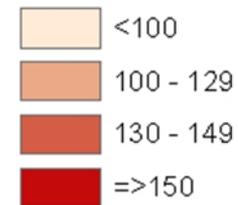
Persons Admitted to State-Funded Treatment for Opioid Abuse in Tennessee (Rate Per 100,000 Persons): Fiscal Year 2011



Opioid Prescription Rates by County TN, 2007

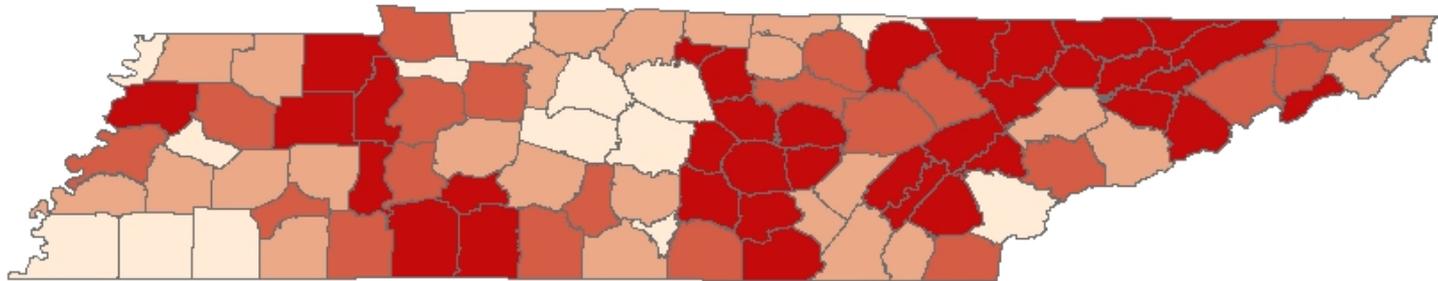


Prescription Rate per 100 Population

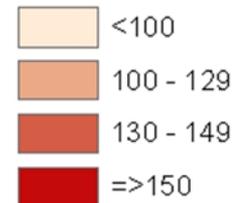


Opioid Prescription Rates by County

TN, 2011



Prescription Rate per 100 Population



Action Steps to Tackle Prescription Drug Abuse

Education and Prevention (Action Steps 7, 9, 10, & 11)

- Increase public awareness about the dangers of prescription drug abuse
- Increase data sharing: in-depth analysis of prescription drug abuse is important

Reduce Access (Action Steps 7 & 8)

- Support health care organizations in becoming champions for prescription drug abuse prevention and treatment (insurers, hospitals, pharmacists, doctors, physician assistants, nurses, dentists, dental hygienists, veterinarians)
- Support law enforcement efforts in fight against prescription drug abuse
- Enforce laws and regulations to reduce unethical and dangerous practices among prescribers, pain and methadone clinics
- Develop a regional approach to monitor and crack down on prescription drug trafficking

Treatment (Action Steps 8 & 19)

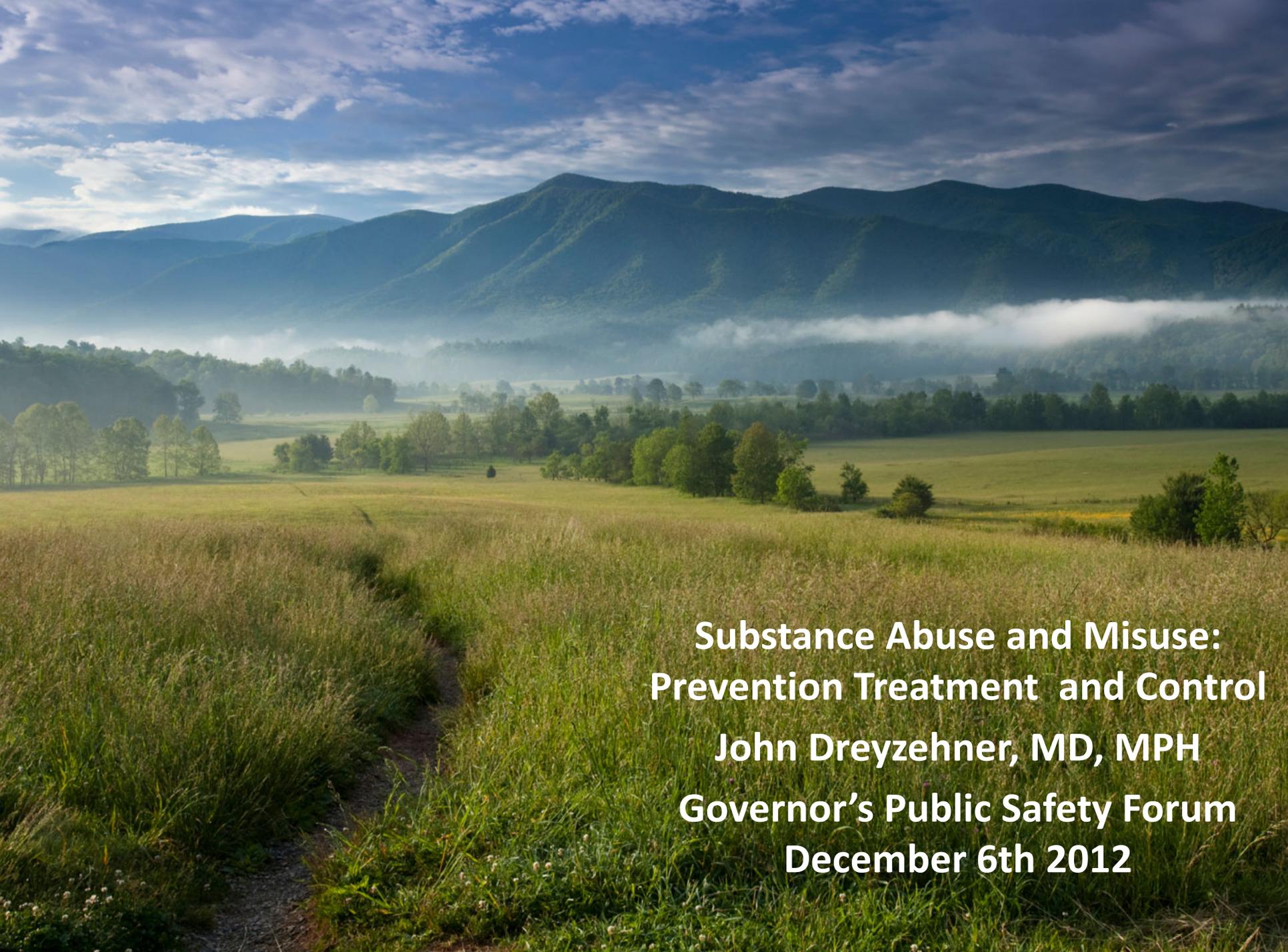
- Work with health insurers
- Increase community treatment resources
- Expand the number of primary care providers offering screening, brief intervention, and treatment services
- Support community initiatives by establishing recovery networks

Expand and Improve Drug Courts (Action Steps 20 & 22)

- Increase treatment resources for drug courts to divert drug-related felony offenders from prison
- Better fit given the statutory authority and consistent with the duties and powers given to TDMHSAS
- Drug Court activities are closely aligned with other programs overseen by TDMHSAS
- With prescription drug epidemic, will focus all of our resources in the most efficient, effective and collaborative way
- Expand the number
- Share best practices
- Improve data collection

For More Information Contact:

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- ▣ Doug.Varney@tn.gov
- ▣ 615-532-6503



**Substance Abuse and Misuse:
Prevention Treatment and Control**

John Dreyzehner, MD, MPH

Governor's Public Safety Forum

December 6th 2012

Stacie Allison says she became addicted after she was given a legitimate prescription for narcotics following some complications with her first pregnancy...

Stacie says it's all about preventing people from getting hooked in the first place.

She believes doctors are the ones with the most power to make a difference, to curb what seems to be an endless supply.

And for the few doctors who are abusing the prescription pad, the mother of five wants them to know this.

"You are killing people. You are hurting families. You have got to stop.

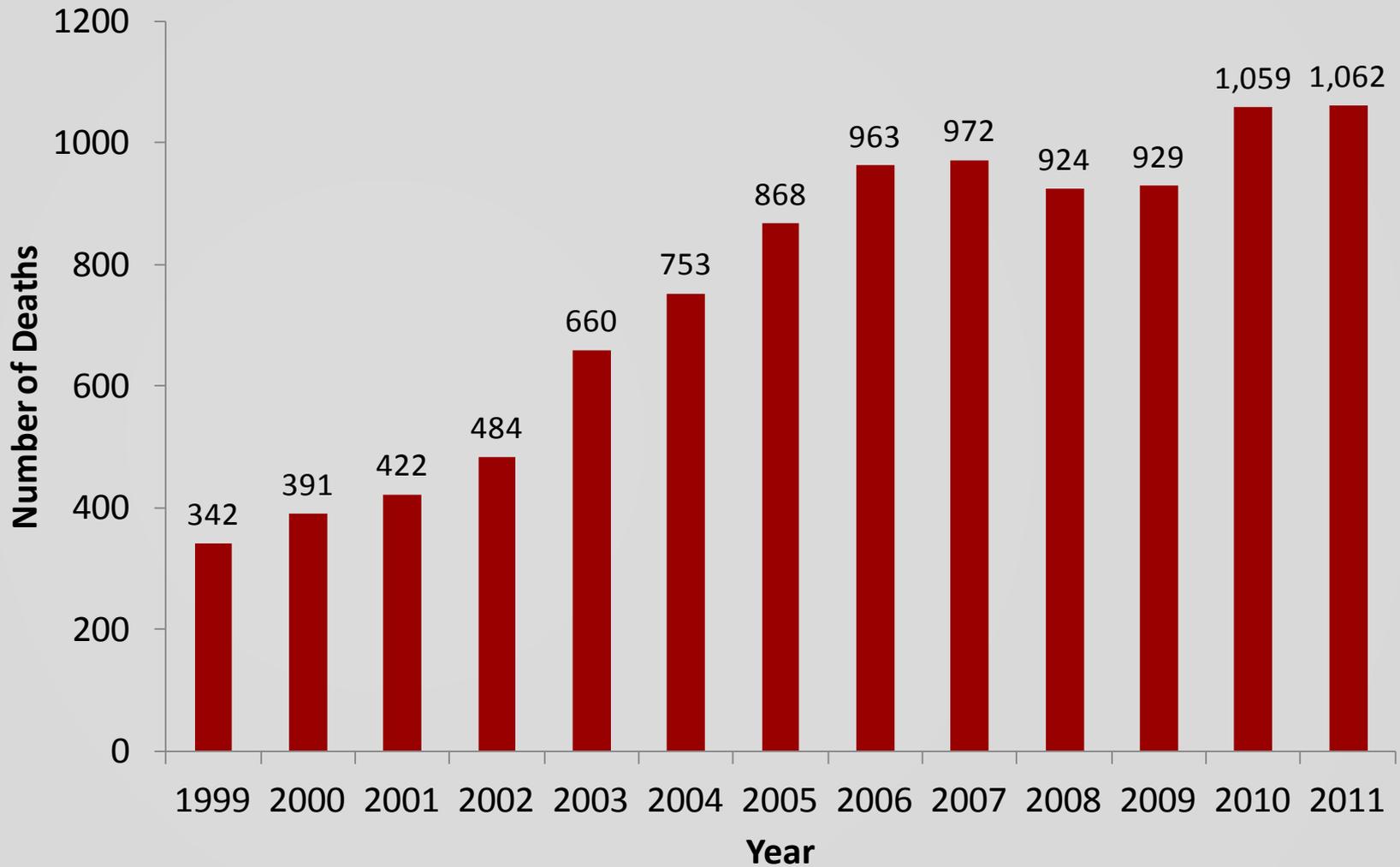
You are taking mothers away from their children.

People are dying."



WATE, Knoxville. February 10, 2012

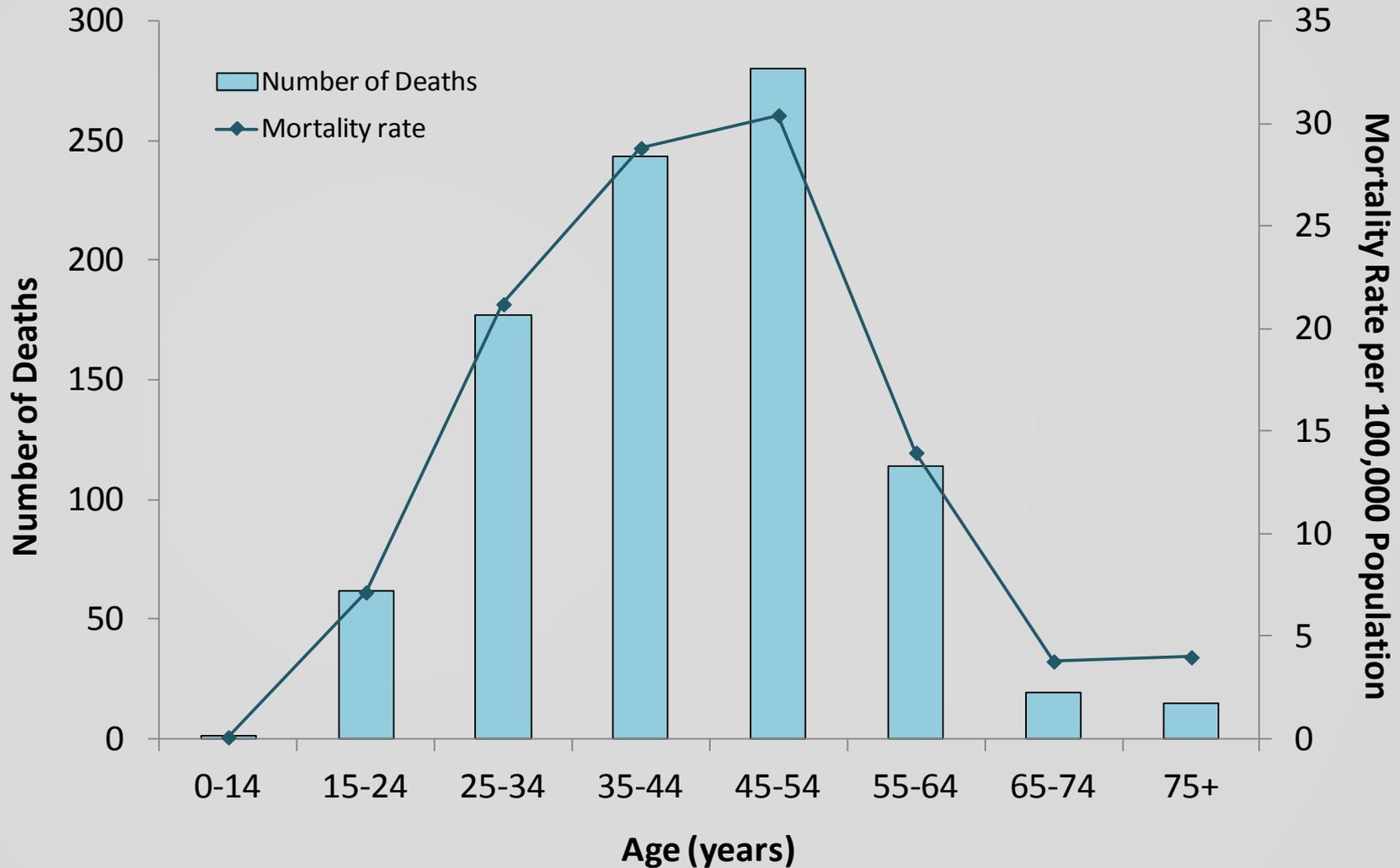
Deaths Due to Drug Overdose Tennessee, 1999-2011



Data source: Tennessee Department of Health, Office of Health Statistics, Death Statistical System. Overdose deaths were defined as having underlying cause of death ICD-10 codes X40-X44, X60-X64, X85, and Y10-Y14.



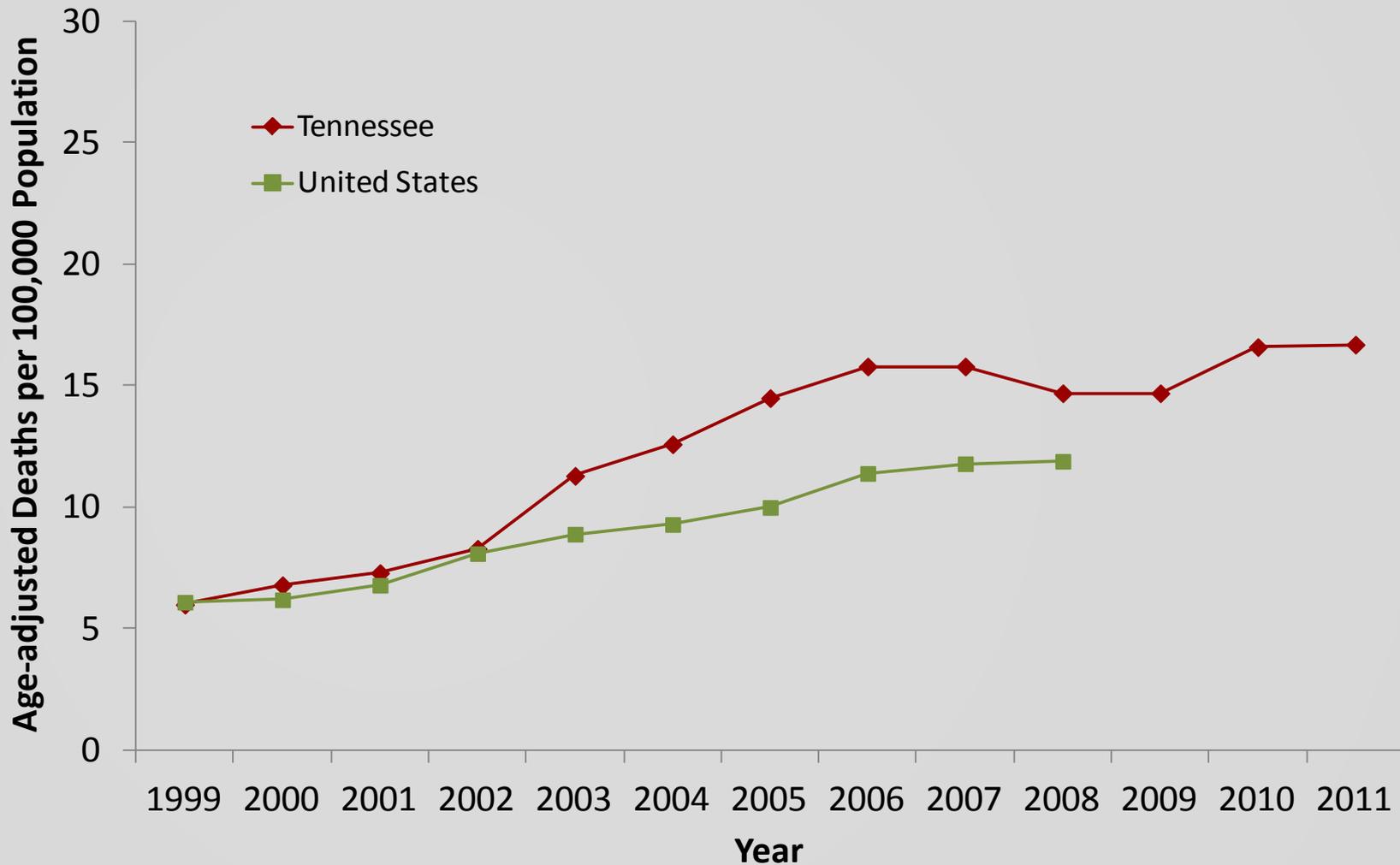
Accidental Drug Overdose Deaths by Age Group Tennessee Residents, 2011



Data source: Tennessee Department of Health, Office of Health Statistics, Death Statistical System. Accidental overdose deaths were defined as having underlying cause of death ICD-10 codes X40-X44.



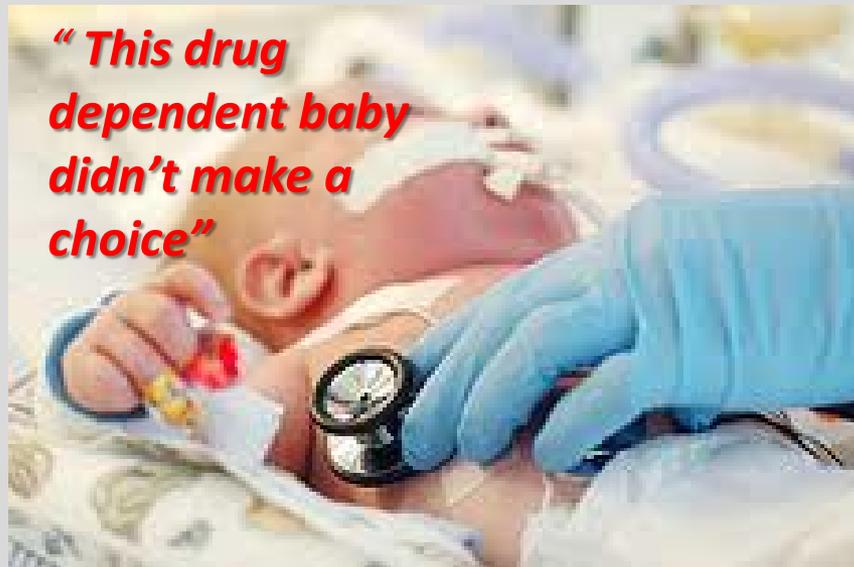
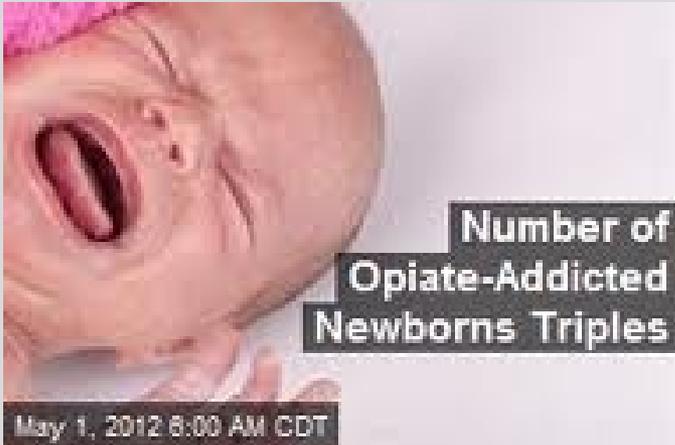
Deaths Due to Drug Overdose Tennessee and the United States, 1999-2011



Data sources: Tennessee Department of Health, Office of Health Statistics, Death Statistical System; and Warner M, Chen LH, Makuc DM, Anderson RN, Minino AM. Drug Poisoning Deaths in the US, 1980-2008. NCHS Data Brief, No. 81. Hyattsville, MD: National Center for Health Statistics, 2011. Overdose deaths were defined as having underlying cause of death ICD-10 codes X40-X44, X60-X64, X85, and Y10-Y14. Rates were age-adjusted to the 2000 standard US population using the direct method of standardization.



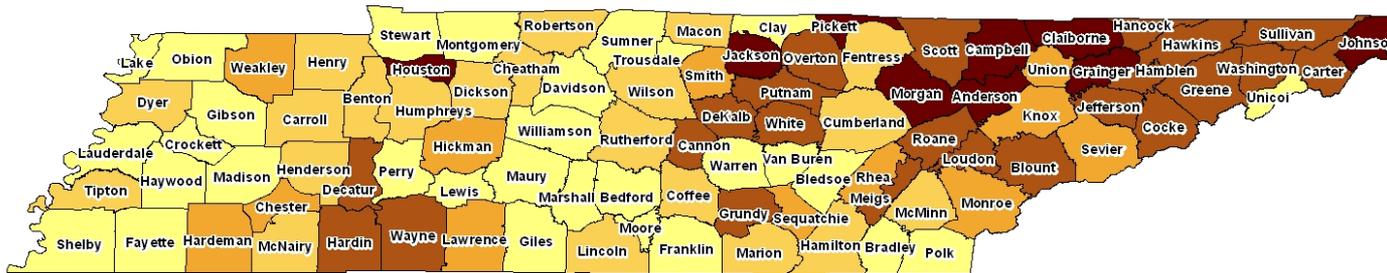
Neonatal Abstinence Syndrome (NAS)



512 NAS Babies, \$40,931/Baby

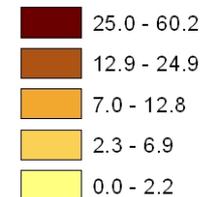
Inpatient Hospitalizations with Any Diagnosis of Neonatal Abstinence Syndrome

All Patients Regardless of TennCare Status, Tennessee 2010



Statewide Rate: 6.6/1,000

Rate per 1,000 Live Births

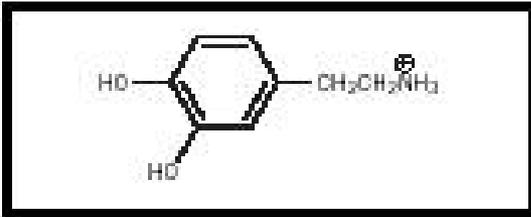


Data sources: Tennessee Department of Health; Office of Health Statistics; Hospital Discharge Data System (HDDS) and Birth Statistical System (BSS).

Numerator is number of inpatient hospitalizations with age less than one and any diagnosis of neonatal abstinence syndrome (ICD9-CM 779.5). HDDS records may contain up to 18 diagnoses. Infants were included in the numerator if any of these 18 fields were coded as neonatal abstinence syndrome. Note that these are discharge-level data and not unique patient data. For HDDS data, county is patient's county of residence.

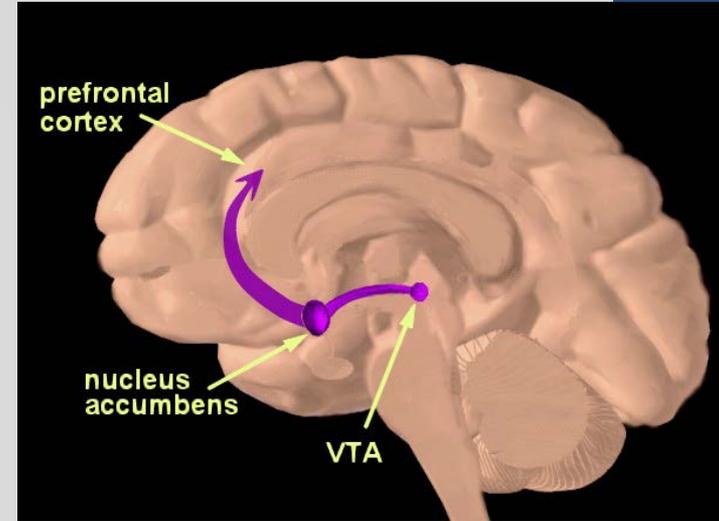
Denominator is number of live births. For BSS data, county is mother's county of residence.

A Unified Theory of Behavioral Excess

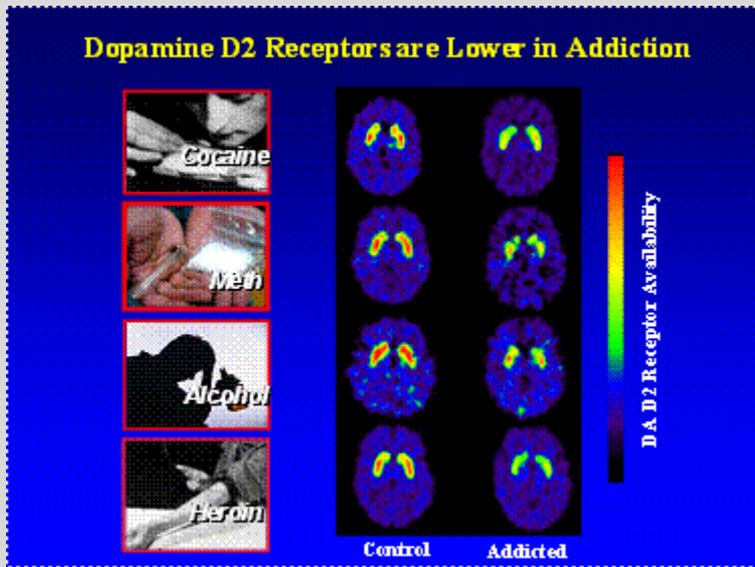


DOPAMINE

Alcohol
Smoking
Drugs
Food (sugar)
Gambling
Sex
Social interaction (real/virtual)



**DOPAMINERGIC
REWARD
CENTER**



Supply and Demand: The Substance Abuse/Misuse Market Triangle



A good morning after a sleep-through night

That's how a patient feels after a restful night's sleep provided by Quaalude-300 (methaqualone). He wakes up alert and ready to face the demands of the day. Quaalude-300 patients usually awaken easily and without evidence of "hangover," because he slept well all night. Quaalude usually helps produce 6 to 8 hours of restful sleep... and he doesn't have to be awake for a long period of time before he went to sleep. (Quaalude can induce sleep in 10 to 30 minutes). Now the physician has one less time, sleepy and apprehensive patient to contend with.

Non-barbiturate Quaalude-300 is chemically unrelated to other sedative-hypnotics. Its therapeutic value has been established in controlled clinical studies and by wide usage of methaqualone throughout the world. Side effects reported have been mild, transient, and have often proved to be statistically insignificant when compared to placebo effects. (See brief summary on last page of advertisement.) For these reasons, make the prescribing physician sleeps a little better, too.

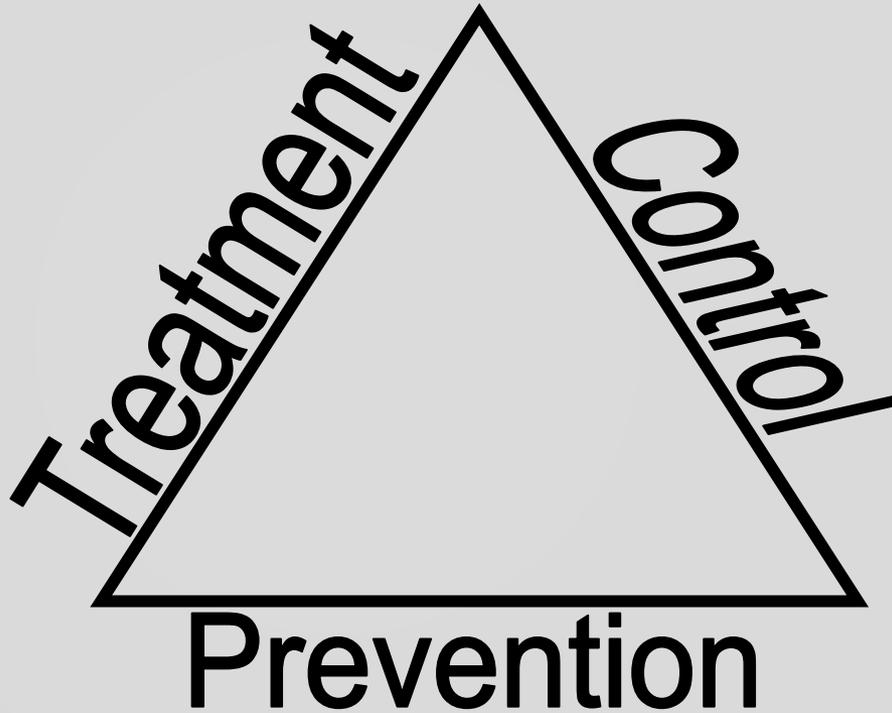
a non-barbiturate
Quaalude-300
(methaqualone) 300 mg tablets

WILLIAM H. ROBERTS, INC.
Fort Washington, Pa. 19034

For additional prescribing information, please turn page.



Substance Abuse/Misuse Constraining the Market



Safety Subcabinet Plan

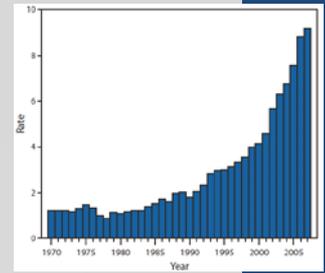
Tennessee Department of Health

- **Complex problems like the statewide substance abuse issues requires the use of multiple, reinforcing strategies**
- **Action Steps**
 - **STEP 1:** Require prompt reporting of controlled substance prescriptions to the Prescription Monitoring Program (PMP) database
 - **STEP 2:** Create tougher restrictions on over-prescribing pain clinics
 - **STEP 3:** Develop a regional approach with surrounding states, including the sharing of timely database information
 - **STEP 4:** Increase use of the Prescription Monitoring Program (PMP) database by prescribers and dispensers
 - **STEP 6:** Teach medical/pharmacy students about prescription drug abuse, the database system, and the laws in Tennessee that govern prescribers and dispensers
 - **STEP 13:** Require uniform drug overdose reporting by all county medical examiners



PSA: What do we want?

(Goals for prescription data use)



1. Individual patient safety
 - o Avoid inadvertent overdosing or misuse (prevention)
 - o Identify and refer patients to get help (treatment)
 - o Stop “doctor shoppers” diverting (control)
2. Informed Prescribers
 - o Assist prescribers with timely, accurate information about all Rx for narcotic analgesics and benzodiazepines (prevention and control)
3. Protect the public health
 - o Identify prescribers who are not practicing within appropriate standards of care in order to regulate their practice (control)
 - o Conversations to understand and educate
 - o Checking a database is like asking about allergies: first, do no harm (prevention)

TN PSA of 2012: Key Features

Prescriber Obligations

- **Required to check the database** before prescribing any opioid or benzodiazepines as a new course of treatment and **at least annually** when said controlled substance remains part of the treatment
- **Exemptions** from checking the database include:
 - A hospice patient
 - A non-refillable treatment for a surgical procedure at a licensed health care facility
 - A **7-day**, non-refillable treatment
- **Pain management prescribers shall document in the patient's record the reason** for prescribing a controlled substance
- Effective dates:
 - **Prescribers must register with the database by January 1, 2013**
 - Prescribers or their designated health care practitioner extender **shall begin checking the database before prescribing any opioid or benzodiazepine after April 1, 2013**



TN PSA of 2012: Key Features

Dispenser Obligations

- **Dispensers shall report to the database every 7 days**
- The **committee may, by rule, shorten the reporting time** dispensers are required to submit controlled substances to the database
- **Dispensers shall have the professional responsibility to check the database** is the dispenser is aware or reasonably certain that a person is attempting to obtain a controlled substance illegally
- Dispensers shall begin reporting to the database every 7 days **by January 1, 2013**
- The **provisions of this act shall expire on June 30, 2016**



Thank you for your attention



TN PSA of 2012: Key Features (detail)

Dispenser Obligations

- **Dispensers shall report to the database every 7 days** all controlled substances dispensed during the previous 7 day period
- Reporting exemptions:
 - A drug administered directly to a patient
 - Drug samples
 - A drug dispensed by a licensed veterinarian for a non-human patient for a maximum of 48 hours
 - A DEA licensed narcotic treatment program
 - A drug dispensed by a licensed health care facility in an amount to treat a maximum of 48 hours
 - Any period of time in which the controlled substance database is suspended or the internet is not operational
- The **committee may, by rule, shorten the reporting time** dispensers are required to submit controlled substances to the database
- The committee may waive electronic reporting requirements for a period of 2 years if undue hardship is shown
- Dispensers shall have the professional responsibility to check the database is the dispenser is aware or reasonably certain that a person is attempting to obtain a controlled substance illegally
- Dispensers shall begin reporting to the database every 7 days by January 1, 2013
- The **provisions of this act shall expire on June 30, 2016**



TN PSA of 2012: Key Features (detail)

Prescriber Obligations

- **Required to check the database** before prescribing any opioid or benzodiazepines as a new course of treatment and **at least annually** when said controlled substance remains part of the treatment
- **Exemptions** from checking the database:
 - A hospice patient
 - A non-refillable treatment for a surgical procedure at a licensed health care facility
 - A 7-day, non-refillable treatment
 - Committee determines a particular controlled substance presents a low potential for abuse
 - Any period of time in which the controlled substance database is suspended or the internet is not operational
- Pain management prescribers **shall document in the patient's record the reason** for prescribing a controlled substance
- Licensed veterinarians who prescribe controlled substances to non-human patients shall not be required to register with the database
- Effective dates:
 - **Prescribers must register with the database by January 1, 2013**
 - After January 1, 2013, new prescribers must register with the database within 30 days of notification of licensure
 - Prescribers or their designated health care practitioner extender **shall begin checking the database before prescribing any opioid or benzodiazepine after April 1, 2013**

