

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

Figure 1. Prevalence (%) of non-medical pain reliever use in the past year¹: TN 2006-2013

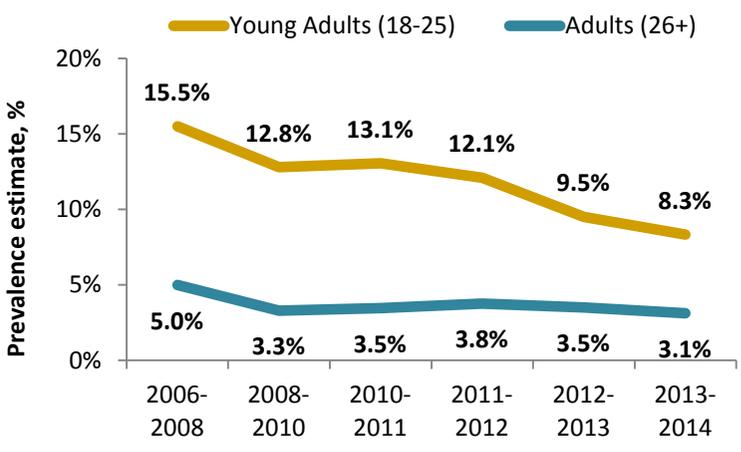
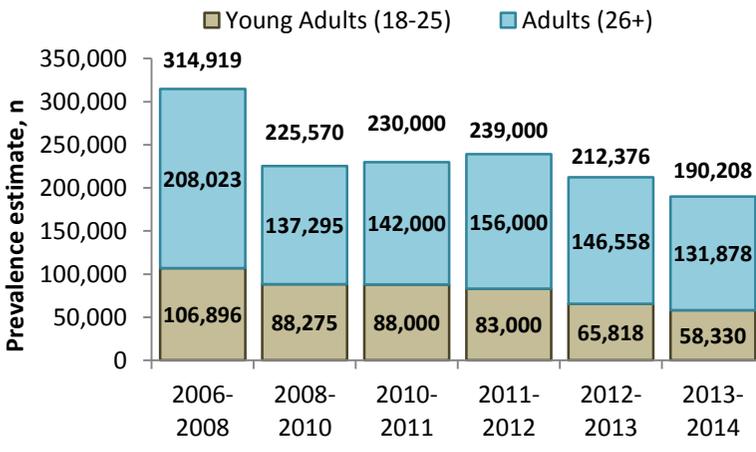


Figure 2. Prevalence (n) of non-medical pain reliever use in the past year¹: TN 2006-2013



62,000 fewer
 young adults reported abuse of pain relievers during 2012-2013 than in 2006-2008:
 a decline from 15.5% to 9.5%.

Mandatory participation in the CSMD in 2012 reduced the number of high utilization patients.

Prescription opioid seizures, crimes, and arrests declined after the Prescription Safety Act of 2012.

Figure 3. Cumulative number of high utilization patients* by quarter in the Controlled Substances Monitoring Database (CSMD)²: CY 2011 to 2014

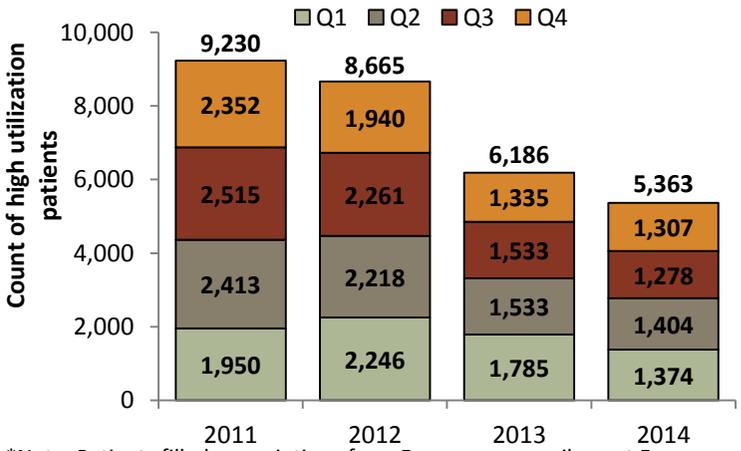
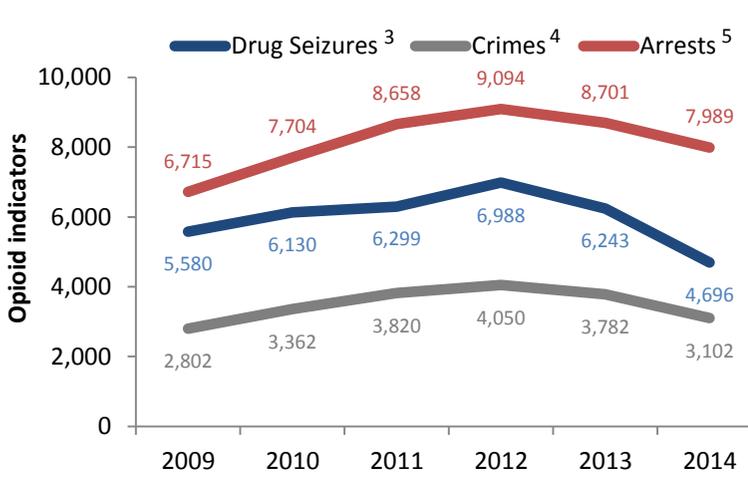


Figure 4. TBI prescription opioid indicators (per 10K): TN 2009-2014



*Note: Patients filled prescriptions from 5 or more prescribers at 5 or more dispensers within 3 months.

Sources: (1) National Survey on Drug Use and Health (NSDUH), 2015; (2) Tennessee Department of Health, CSMD Annual Report to the Legislator, 2015; (3) Tennessee Bureau of Investigation Lab Data 2015; (4, 5) Tennessee Bureau of Investigation CJIS Support Center 2015.

Notes: (3) TDMHSAS-funded substance abuse treatment admissions only include treatment admissions for Tennessee residents living in poverty. For each admission, up to three substances of abuse are provided by the patient; (4) Crimes as reported to the Tennessee Bureau of Investigation. For opioid-related crimes, information collected in the following categories: oxycodone, hydrocodone, and all other prescription drugs. Reporting on oxycodone plus hydrocodone provides the most focused information on opioids possible given how data is collected; (5) Arrests as reported to TBI. Opioid-related arrests include arrests for morphine, opium, and all narcotic-related arrests with the exception of cocaine and crack-cocaine arrests reported to TBI; (5) opioids exclude heroin

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

Figure 1. Drug poisonings: TN 2009-2014¹

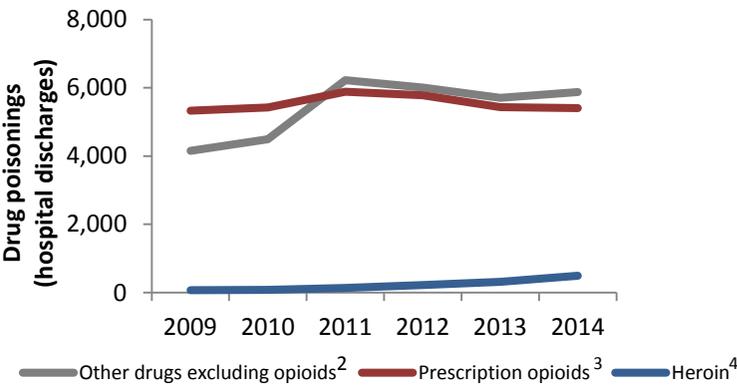
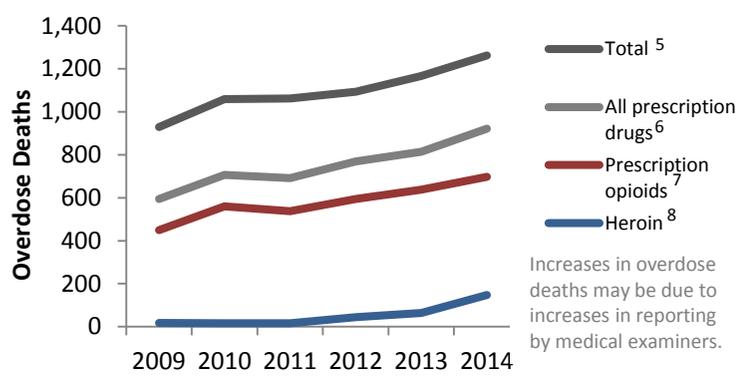


Figure 2. Reported drug overdose deaths: TN 2009-2014¹

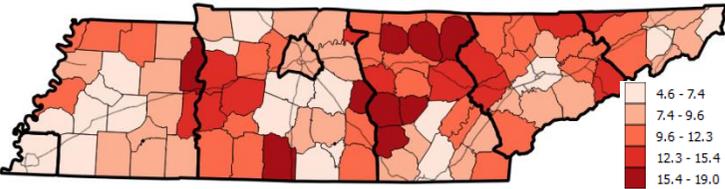


Increases in overdose deaths may be due to increases in reporting by medical examiners.

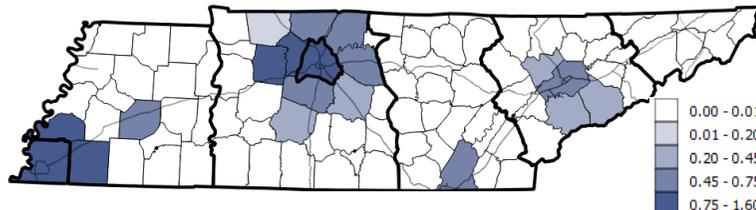
Prescription opioid poisonings and overdose deaths primarily occur in rural counties.

Heroin poisonings and overdose deaths primarily occur in major Tennessee cities.

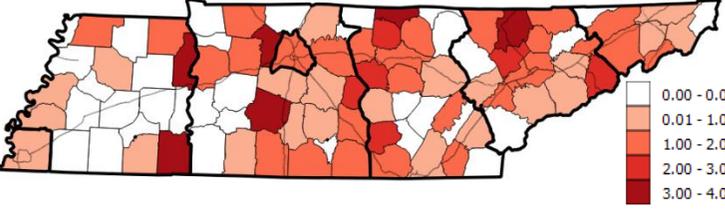
Map 1. Prescription opioid poisonings³ (per 10K population): 2013 and 2014¹



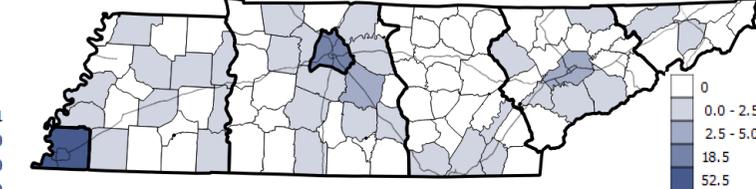
Map 3. Heroin poisonings⁴ (per 10K population): 2013 and 2014¹



Map 2. Prescription opioid overdose deaths⁷ (per 10K population): 2013 and 2014¹



Map 4. Heroin overdose deaths⁸ (annual avg): 2013 and 2014¹



Notes: Due to the small number of incidents, annual average from 2013 to 2014 is given

Prescription opioid poisonings⁷ decreased since 2012 while overdose deaths³ increased since 2009.

Heroin overdose deaths and poisoning increased dramatically since 2009.

Figure 3. Prescription opioid poisonings³ and overdose deaths⁷: Tennessee 2009-2014¹

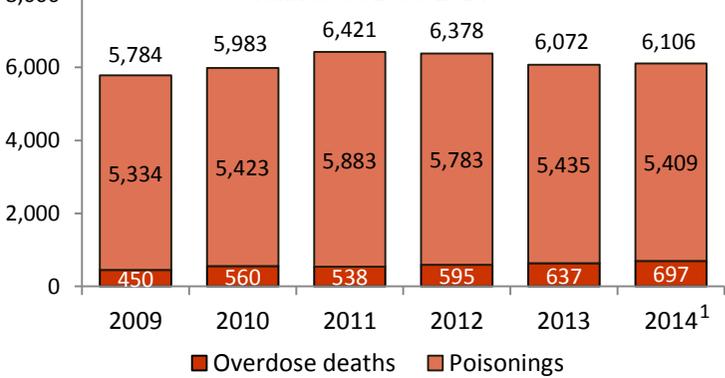
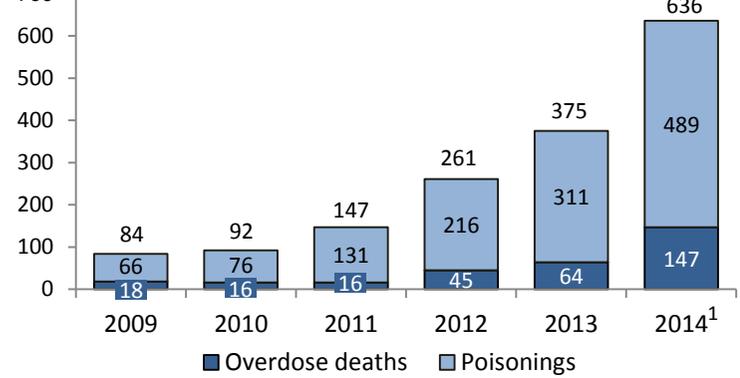


Figure 4. Heroin poisonings⁴ and overdose deaths⁸: Tennessee 2009-2014¹

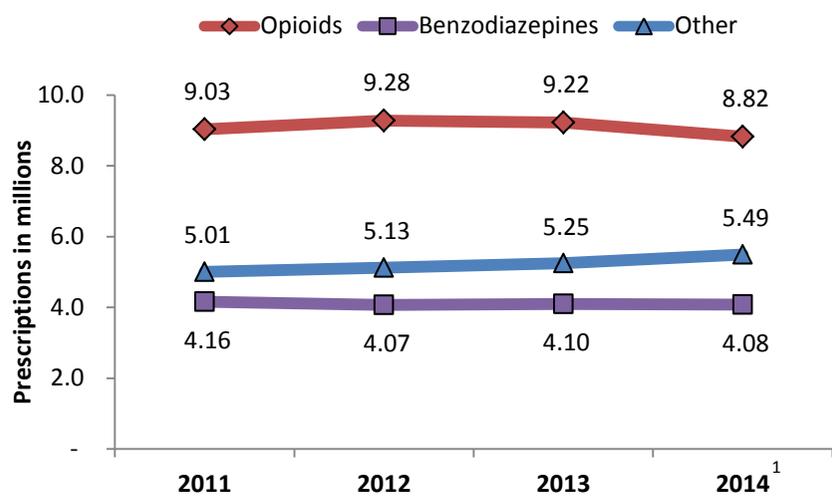


Sources: Tennessee Department of Health, Division of Policy, Planning and Assessment, Nashville, TN; (1) Death Statistical System, 2014; (2) Hospital Discharge Data System, 2009-2013, 2014 provisional Notes: For maps, two year averages reported and Rates are only shown for counties where the combined count during the time period (2014/2015) was greater than 5. Not all drug overdose deaths specify the drug(s) involved, and a death may involve more than one specific substance. A poisoning is an inpatient or outpatient hospital discharge where a person was alive when brought to the hospital and received treatment. (1) 2014 data is provisional; (2) Includes hospital discharges with ICD-9 codes of 970.0, 965.02, 967.0, 967.6, 967.8, 967.9, 969.6, 969.72, 970.1, 970.81, E850.1, E851, E852.5, E852.8, E852.9, E854.1, E854.2, E854.3, E935.1, E937.0, E937.6, E937.8, E937.9, E939.6, E940.0, E940.1, E950.1, E950.2, E980.1, E980.2. (3) Opioids poisoning include hospital discharges with ICD-9 codes of 965.09, E850.2, E935.2; (4) Heroin poisonings includes hospital discharges with ICD-9 codes of 965.01, E850.0, E935.0. (5) Drug overdose deaths are based on the following ICD-10 underlying cause of death codes: X40-X44, X60-X64, X85, Y10-Y14. (6) Prescription drug 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: 36-T39, T40.2-T40.4, T41-T43.5, and T43.7-T50.8. This category includes some over-the-counter medications. (7) Opioid 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. (8) 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.

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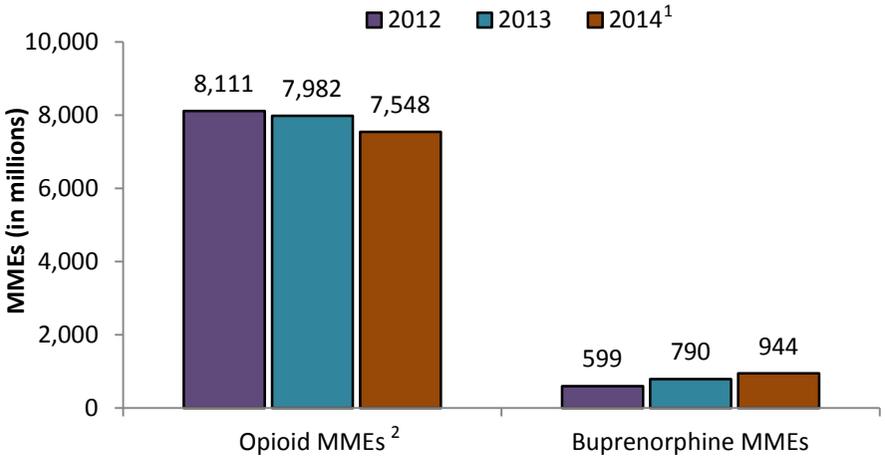
Goal 3: Decrease the amount of controlled substances dispensed in Tennessee

Figure 1. Number of controlled substance prescriptions (in millions) reported to the Controlled Substance Monitoring Database: 2011 to 2014¹



460 thousand
fewer opioid prescriptions reported to the CSMD in 2014¹ compared to 2012.

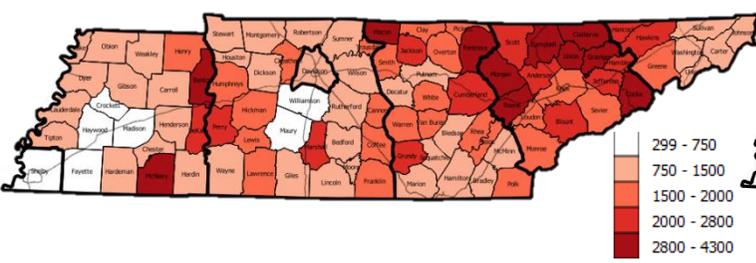
Figure 2: Number of Morphine Milligram Equivalents (MMEs) dispensed and reported to the CSMD: TN 2012-2014



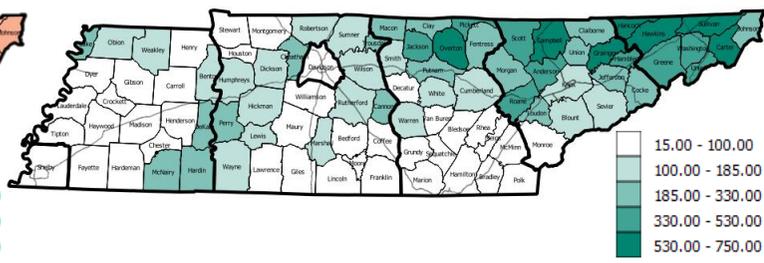
563 million
fewer opioid² MMEs dispensed in 2014 compared to 2012.

345 million
more buprenorphine MMEs dispensed in 2014 compared to 2012.

Map 1. Opioid² Morphine Milligram Equivalents dispensed and reported to the CSMD (MME; per population): 2014¹



Map 2. Buprenorphine Morphine Milligram Equivalents dispensed and reported to the CSMD (MME; per population): 2014¹

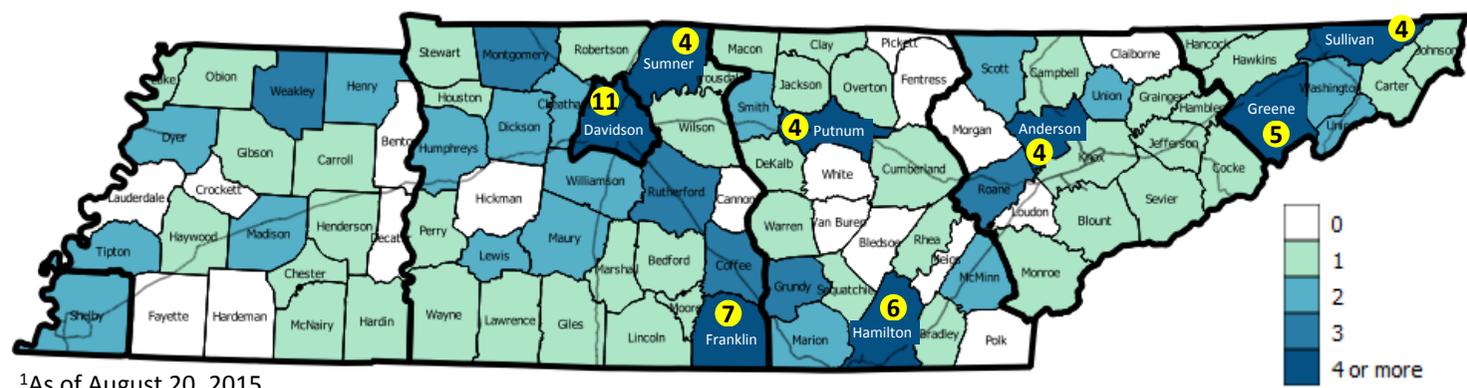


Sources: (Figure 1) Tennessee Department of Health, CSMD Annual Report to the Legislator, 2015; (Figure 2, Maps 1-2) Tennessee Department of Health Controlled Substance Monitoring Database, 2015

Notes: Calendar year data reported. (1) 2014 data is provisional; (2) opioid MMEs exclude buprenorphine

Goal 4: Increase access to drug disposal outlets in Tennessee

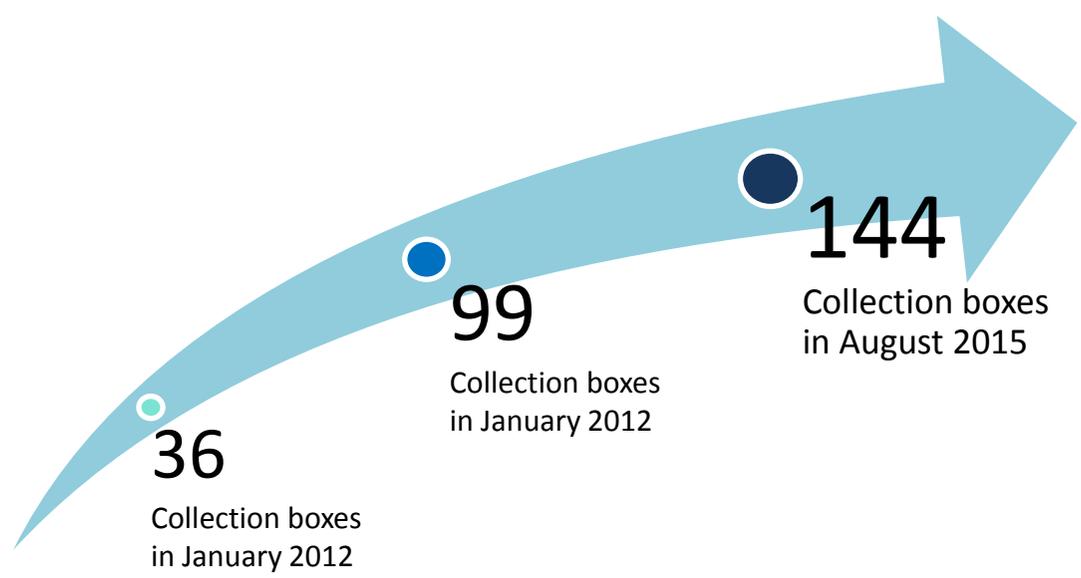
Figure 1. Number and location of permanent drug collection boxes ¹



¹As of August 20, 2015

108 permanent drug collection boxes have been added across Tennessee since 2012

Figure 2. Number of permanent prescription drug collection boxes in Tennessee



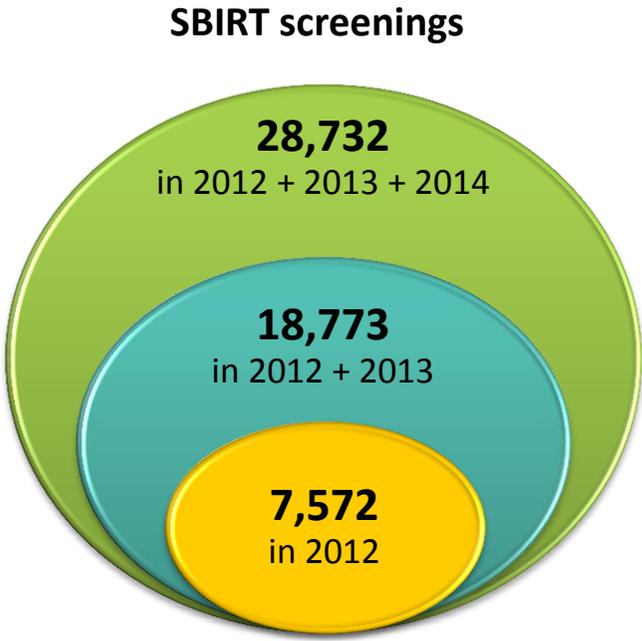
Source: Tennessee Department of Mental Health and Substance Abuse Services, 2015

Note: Calendar year data reported

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

Early Intervention

Figure 1: Number of TDMHSAS-funded Screening, Brief Intervention, and Referral to Treatment (SBIRT) screenings: 2012-2014



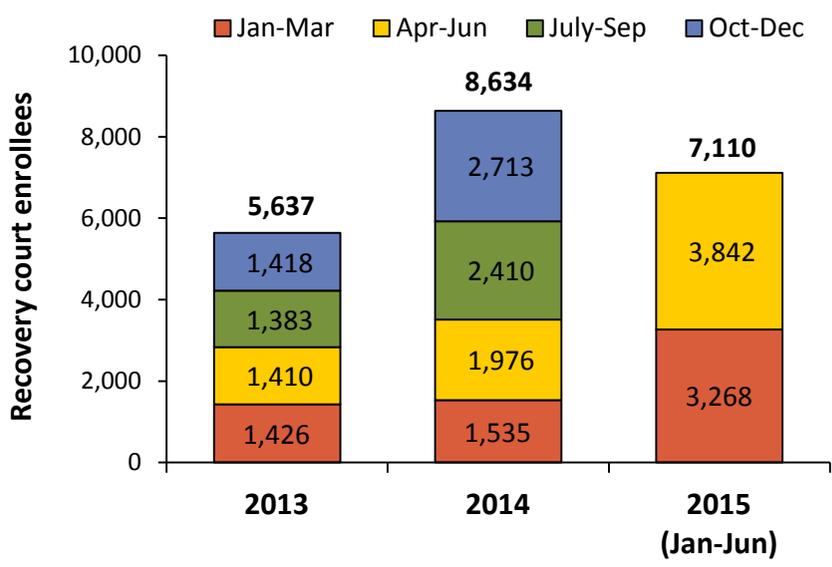
Currently
33,999
total SBIRT screenings have occurred
between January 2012 and June 2015

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

Recovery Court

Recovery courts specialize in addressing the needs of nonviolent offenders who have substance abuse, co-occurring mental health issues, or who are veterans.

Figure 2: Enrollment in TDMHSAS-funded adult recovery (drug) courts: 2013 to 2015¹



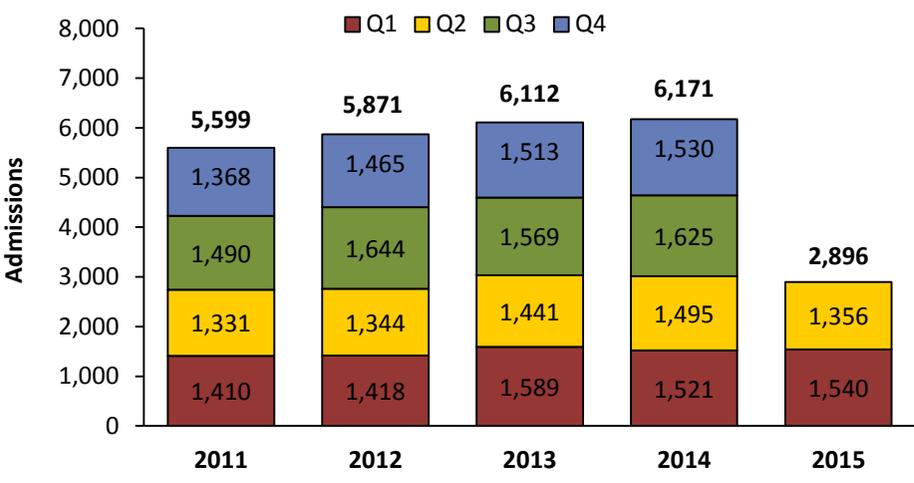
53%
increase in the number of
recovery court enrollees
from 2013 to 2014

Source: Tennessee Department of Mental Health and Substance Abuse Services, 2015
Notes: Calendar year data reported; (1) partial year reported (Jan-Jun 2015)

Goal 5_{continued}: Increase access and quality of early intervention, treatment and recovery services

TDMHSAS Funded Treatment

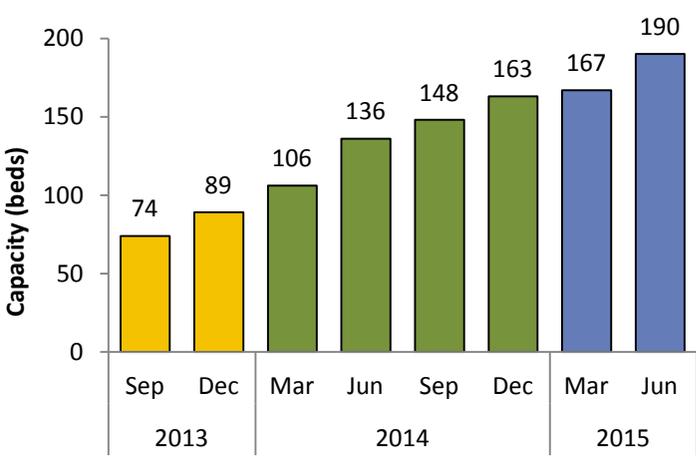
Figure 6: Number of admissions to TDMHSAS-funded treatment services with prescription opioids as a substance of abuse: 2011 to 2015¹



10%
increase in the number of TDMHSAS admissions with prescription opioids as a substance of abuse from 2011 to 2014

Recovery Services

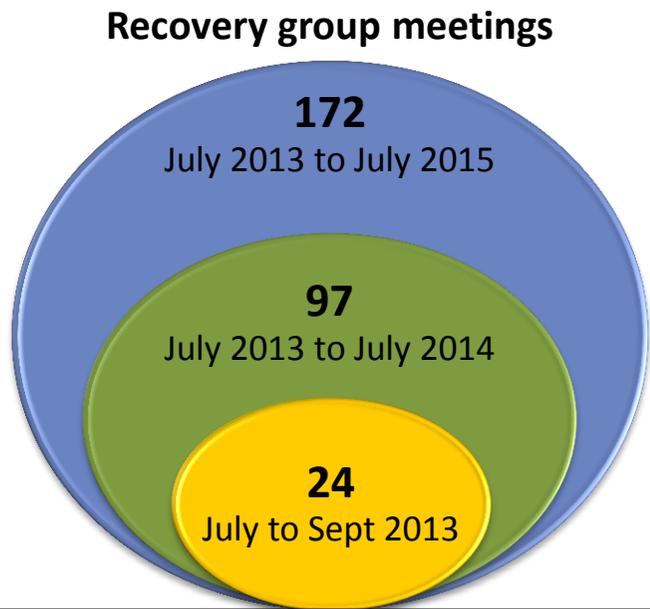
Figure 6: Monthly capacity of Oxford Houses in Tennessee: Sept 2013 – June 2015



Capacity of Oxford Houses increased by **116 beds** between Sept 2013 and June 2015

The Oxford House program is a group of self-supporting, drug-free homes for people in recovery from substance abuse.

Figure 6: Number of recovery group meetings established by Lifeline: July 2013-July 2015



172 recovery group meetings established by Lifeline between July 2013 and July 2015

Lifeline increases understanding and provides access to treatment and recovery services in Tennessee.

Source: Tennessee Department of Mental Health and Substance Abuse Services, 2015
Notes: Calendar year data reported; (1) partial year reported (Jan-Jun 2015)