Addressing the Opioid Epidemic in Tennessee

A Multidisciplinary Approach
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From 1999 to 2013, the amount of prescription opioids dispensed in the U.S. nearly quadrupled.

At least half of all opioid overdose deaths involve a prescription opioid.

More than 40 people die every day from overdoses involving prescription opioids.
For every 1 death there are...

- 10 treatment admissions for abuse\(^9\)
- 26 emergency dept visits for misuse or abuse\(^6\)
- 108 people who abuse or are dependent\(^7\)
- 733 nonmedical users\(^7\)

*Source: CDC*
Health care providers in different states prescribe at different levels.

Number of painkiller prescriptions per 100 people

<table>
<thead>
<tr>
<th>Lowest</th>
<th>Average</th>
<th>Highest</th>
</tr>
</thead>
<tbody>
<tr>
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<td>GA 91</td>
<td>AL 143</td>
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<td>NY 60</td>
<td>SC 102</td>
<td>WV 138</td>
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<td>MN 62</td>
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<td>NV 94</td>
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<tr>
<td>SD 66</td>
<td>SD 66</td>
<td>SD 66</td>
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</tbody>
</table>

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
References
Centers for Disease Control and Prevention, Increases in Drug and Opioid Overdose Deaths, MMWR 2015; 64:1-5
CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA. National Center for Health
Statistics; 2016.
Where does TN rank nationally?

Some states have more painkiller prescriptions per person than others.

Number of painkiller prescriptions per 100 people

- 52-71
- 72-82.1
- 82.2-95
- 96-143

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
Where does TN rank nationally?
Opioid Prescription Rates by County
TN, 2007-2011

Data source: Tennessee Department of Health; Controlled Substance Monitoring Database.
High-Risk Use by Patients Prescribed Opioids for Pain and Its Role in Overdose Deaths

Jane A. Gwira Baumblatt, MD; Caleb Wiedeman, MPH; John R. Dunn, DVM, PhD; William Schaffner, MD; Leonard J. Paulozzi, MD, MPH; Timothy F. Jones, MD

Figure 2. Association of Number of Prescribers and Pharmacies With Risk of Unintentional Opioid Analgesic-Related Overdose Death

- Odds Ratio
- No. of Prescribers or Pharmacies
- 2-3
- 4-5
- ≥6

Reference was patients receiving opioids from 1 pharmacy or prescriber. Error bars indicate 95% CIs.

Figure 3. Association of Mean Daily Dosage of Opioid Analgesics With Risk of Unintentional Opioid-Related Overdose Death

- Odds Ratio
- Mean Daily Dosage, MMEs
- 20-40
- 41-80
- 81-100
- 101-200
- 201-400
- >400

Reference was patients receiving a mean of less than 20 morphine milligram equivalents (MMEs) per year. Error bars indicate 95% CIs.
Recognizing and Understanding Addiction in our State

- Where did this come from?
  - Change in attitudes about treatment of pain
  - Change in teaching about the safety of opioids
  - Development of new medications with abuse potential
  - Incorporation of new expectations into medical practice
  - Patient satisfaction surveys / Prescriber payment changes

- How did this arrive in TN?
  - Pill culture
  - Economic realities
  - Pain medicine gone bad: The rise of the pill mill
Community Outbreak of HIV Infection Linked to Injection Drug Use of Oxymorphone — Indiana, 2015

Weekly
May 1, 2015 / 64(16);443-444

On April 24, 2015, this report was posted as an MMWR Early Release on the MMWR website (http://www.cdc.gov/mmwr).

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On January 23, 2015, the Indiana State Department of Health (ISDH) began an ongoing investigation of an outbreak of human immunodeficiency virus (HIV) infection, after Indiana disease intervention specialists reported 11 confirmed HIV cases traced to a rural county in southeastern Indiana. Historically, fewer than five cases of HIV infection have been reported annually in this county. The majority of cases were in residents of the same community and were linked to syringe-sharing partners injecting the prescription opioid oxymorphone (a powerful oral semi-synthetic opioid analgesic). As of April 21, ISDH had diagnosed HIV infection in 135 persons (129 with confirmed HIV infection and six with preliminarily positive results from rapid HIV testing that were pending confirmatory testing) in a community of 4,200 persons (1).

The age range of the 135 patients is 18–57 years (mean = 35 years; median = 32 years); 74 (54.8%) are male. A small number of pregnant women were diagnosed with HIV infection and started on antiretroviral therapy during pregnancy. As of April 21, no infants had tested positive for HIV. Of the 135 persons with diagnosed HIV infection, 108 (80.0%) have reported injection drug use (IDU), four (3.0%) have reported no IDU, and 23 (17.0%) have not been interviewed to determine IDU status. Among the 108 who have reported IDU, all reported dissolving and injecting tablets of oxymorphone as their drug of choice. Some reported injecting other drugs, including methamphetamine and heroin. Ten (7.4%) female patients have been identified as commercial sex workers. Coinfection with hepatitis C virus has been diagnosed in 114 (84.4%) patients.
US Counties Like Scott Co, IN
Multidisciplinary Approach

- **Prevention**
  - CSMD
  - Prescriber education / SBIRT
  - Public awareness
  - Better understanding / analytics
  - Improved care during pregnancy

- **Treatment**
  - Naloxone
  - Substance abuse treatment
  - Improved NAS treatment

- **Both Prevention and Treatment**
  - Community coalitions
  - Prescription for Success
Multidisciplinary Approach

- **Decrease Supply**
  - Rx opioids, heroin, benzodiazepines
- **Many stakeholders**
  - Community coalitions
  - Public Health
  - Mental health
  - Healthcare
  - Law enforcement
  - State and local government
  - Nonprofits
- **Need “A Team of Teams”**
  - Share information
  - Create relationships and trust
  - Local decision making
Department of Justice
United States Attorney William C. Killian
Eastern District of Tennessee

FOR IMMEDIATE RELEASE
Thursday, October 1, 2015
www.usdoj.gov/issao/tn/e

CHATTANOOGA PILL MILL OWNER SENTENCED TO 44 YEARS IN PRISON

CHATTANOOGA, Tenn. -- On Oct. 1, 2015, Faith Blake, 40, of Chattanooga, Tenn., was sentenced to serve 44 years in federal prison by the Honorable Curtis L. Collier, U.S. District Judge. Upon her release from prison, Blake will serve a three year period of supervised release. Additionally, she was ordered to forfeit $2,700,000 to the United States, which represented the gross income generated by her illegal clinics.
Public Health Approach to the Opioid Abuse Epidemic
Tennessee Department of Health Strategic Map, 2015

Reduce Opioid Misuse, Abuse & Overdose

A

Improve Primary Prevention
- Improve education for consumers, families & HCWs
- Expand use of optimal prescribing guidelines
- Actively support community coalitions
- Expand efforts to reduce NAS
- Facilitate community interventions, including safe disposal of drugs
- Reduce blood borne pathogen transmission

B

Improve Monitoring and Surveillance
- Optimize usability of the CSMD
- Link other data sources to the CSMD
- Improve the high risk patient model
- Develop a high risk prescriber model for individuals and practices
- Develop a high risk dispenser model
- Improve proactive use of clinical monitoring tools

C

Improve Regulation and Enforcement
- Provide prescriber/dispenser education on regulation & enforcement
- Improve collaboration with law enforcement
- Expedite investigations supporting Board oversight of prescribers
- Effectively regulate “Pill Mills”
- Expand treatment alternatives to incarceration
- Improve proactive use of clinical monitoring tools

D

Increase Utilization of Treatment (2º Prevention)
- Destigmatize & approach addiction as a treatable chronic illness
- Expand SBIRT training and use
- Expand the availability and use of Naloxone
- Address legal barriers to receiving care
- Partner with Mental Health to expand treatment options for opioid misuse
- Advocate for Prescription for Success including treatment and care

E

Increase Access to Appropriate Pain Management
- Require pain management clinic physicians to have specialty certification
- Develop a model for desirable integrated pain practices
- Recognize pain practices that meet the model
- Work with academic partners to improve training of prescribers
- Understand how patient care is impacted by sudden clinic closure

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
Improve Primary Prevention

- Improve education for consumers, families, and health care workers
- Expand use of optimal prescribing guidelines
- Actively support community coalitions
- Expand efforts to reduce NAS
- Facilitate community interventions, including safe disposal of drugs
- Reduce harm from needle use
Improve Monitoring and Surveillance

- Optimize use of the CSMD
- Link other data sources to the CSMD
- Improve the high risk patient model
- Develop a high risk prescriber model for individuals and practices
- Develop a high risk dispenser model
- Improve proactive use of clinical monitoring tools
Improve Regulation and Enforcement

- Provide prescriber/dispenser education on regulation and enforcement
- Improve collaboration with law enforcement
- Expedite investigations supporting Board oversight of prescribers
- Eliminate “Pill Mills”
- Improve legislation to allow proactive regulation
Increase Utilization of Treatment

- Destigmatize and approach addiction as a treatable chronic illness
- Expand SBIRT training and use
- Expand appropriate use of MAT
- Expand treatment alternatives to incarceration
- Partner with Mental Health to expand treatment options for opioid misuse
- Advocate for Prescription for Success including treatment and care
What are we seeing?

- Reductions in doctor shopping
- Reductions in total MME being prescribed
- Increased use of the CSMD
- Increased awareness of pain guidelines and appropriate use of pain medication
- Continued high rates of overdose deaths
- Continued increases in NAS
Cumulative Number of Doctor and Pharmacy Shoppers for 1\textsuperscript{st} and 2\textsuperscript{nd} Quarter of Each Year
**Making a Difference: State Successes**

**New York 75% ↓**

**2012 Action:**
New York required prescribers to check the state’s prescription drug monitoring program before prescribing painkillers.

**2013 Result:**
Saw a 75% drop in patients who were seeing multiple prescribers to obtain the same drugs, which would put them at higher risk of overdose.

**Florida 50% ↓**

**2010 Action:**
Florida regulated pain clinics and stopped health care providers from dispensing prescription painkillers from their offices.

**2012 Result:**
Saw more than 50% decrease in overdose deaths from oxycodone.

**Tennessee 36% ↓**

**2012 Action:**
Tennessee required prescribers to check the state’s prescription drug monitoring program before prescribing painkillers.

**2013 Result:**
Saw a 36% drop in patients who were seeing multiple prescribers to obtain the same drugs, which would put them at higher risk of overdose.

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**Sources:**
Decreasing the number of doctor shoppers is necessary, but not sufficient, as 60% of patients saw one prescriber.
Comparison of Number of Overall Prescriptions, Number of Opioid Prescriptions and Their Morphine Milligram Equivalents Dispensed and Reported to CSMD, 2010-2014
Neonatal Abstinence Syndrome Surveillance Summary
Week 35: August 28– September 3, 2016

Year to Date Reporting Summary

<table>
<thead>
<tr>
<th>Maternal County of Residence</th>
<th># Cases</th>
<th>% Cases²</th>
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<tr>
<td>Davidson</td>
<td>47</td>
<td>6.9</td>
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<tr>
<td>East</td>
<td>153</td>
<td>22.5</td>
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<tr>
<td>Hamilton</td>
<td>10</td>
<td>1.5</td>
</tr>
<tr>
<td>Jackson/Madison</td>
<td>3</td>
<td>0.4</td>
</tr>
<tr>
<td>Knox</td>
<td>62</td>
<td>9.1</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>78</td>
<td>11.5</td>
</tr>
<tr>
<td>North East</td>
<td>121</td>
<td>17.8</td>
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<tr>
<td>Shelby</td>
<td>1</td>
<td>0.2</td>
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<tr>
<td>South Central</td>
<td>36</td>
<td>5.3</td>
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<tr>
<td>South East</td>
<td>24</td>
<td>3.5</td>
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<tr>
<td>Sullivan</td>
<td>50</td>
<td>7.3</td>
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<tr>
<td>Upper Cumberland</td>
<td>73</td>
<td>10.7</td>
</tr>
<tr>
<td>West</td>
<td>23</td>
<td>3.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>681</td>
<td>100.1</td>
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Cumulative Cases NAS Reported

Source of Exposure

<table>
<thead>
<tr>
<th>Source of Exposure</th>
<th># Cases³</th>
<th>% Cases</th>
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</thead>
<tbody>
<tr>
<td>Medication assisted treatment</td>
<td>464</td>
<td>68.1</td>
</tr>
<tr>
<td>Legal prescription of an opioid pain reliever</td>
<td>76</td>
<td>11.2</td>
</tr>
<tr>
<td>Legal prescription of a non-opioid</td>
<td>53</td>
<td>7.8</td>
</tr>
<tr>
<td>Prescription opioid obtained without a prescription</td>
<td>183</td>
<td>26.9</td>
</tr>
<tr>
<td>Non-opioid prescription substance obtained without a prescription</td>
<td>82</td>
<td>12.0</td>
</tr>
<tr>
<td>Heroin</td>
<td>17</td>
<td>2.5</td>
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<tr>
<td>Other non-prescription substance</td>
<td>108</td>
<td>15.9</td>
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<tr>
<td>No known exposure</td>
<td>8</td>
<td>1.2</td>
</tr>
<tr>
<td>Other⁴</td>
<td>38</td>
<td>5.6</td>
</tr>
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</table>

1. Summary reports are archived weekly at:  http://tn.gov/health/article/nas-summary-archive
2. Total percentage may not equal 100.0% due to rounding.
3. Multiple maternal substances may be reported; therefore the total number of cases in this table may not match the total number of cases reported.
4. Other exposure may include cases reported to the archived surveillance system with classifications not captured in the current system.
Reductions in average daily morphine milligram equivalents (MME) of opioid analgesics 2012 - 2014
Reductions in average morphine milligram equivalents (MME) of opioid analgesics 2012 - 2014

Greater than 60
Greater than 90
Greater than 100
Greater than 120
Greater than 200

2012: 554,086
2013: 518,059
2014: 488,744

2012: 272,537
2013: 246,454
2014: 215,023

2012: 158,162
2013: 139,559
2014: 114,133

2012: 49,632
2013: 35,944
2014: 26,112
What are we worried about?

- Fueling a rise in heroin use
- Scott County
- Shifting demographics
How can you all help?

- Get the word out!
- Help your family, friends and neighbors understand this issue.
- Participate in drug take back projects.