White Paper Summary on

Prescription Drug Abuse

According to the Tennessee Department of Health, Tennessee ranks 2nd in the nation per capita for prescription opiate abuse. Although, we are starting to see our rate of growth decline (.03 per cent from 2012-2013), rates remain high for both overdose deaths (1,263 cases in 2014) and neonatal abstinence syndrome (972 cases in 2014). According to reports from the Controlled Substance Monitoring Database, there was an overall decline in Medical Morphine Equivalents by 10 percent in 2014, which demonstrates a change in overall prescribing. For several years the Tennessee General Assembly has passed laws to assist in reducing the impact of this epidemic. Efforts should continue to be refined and outcomes tracked to see what strategies are producing the most positive outcomes. Areas that continue to be of concern are:

- Continuation of the Prescription Safety Act of 2012
- Greater access to Naloxone to prevent overdose deaths
- Establish incinerators in the 3 grand divisions to dispose of collected medications

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Number of Registrants in CSMD, 2010 - 2014

Year	Registrants	Change (%)
2010	13,182	-
2011	15,323	16.2
2012	22,192	44.8
2013	34,802	56.8
2014	38,871	11.7
2015 (as of July 31)	41,650	9.8

Since the Prescription Safety Act of 2012, Tennessee has seen a significant increase in registrants from 15,323 in 2011 to 41,650 as of July 31, 2015. The Tennessee Department of Health is also reporting a 10 percent decrease in Milligram Morphine Equivalents (MME) being reported to the database. This means we are beginning to see a change in prescribing patterns for controlled substances in the state. These numbers demonstrate the effectiveness in using the CSMD as a tool to monitor and assure patient safety. It most certainly needs to continue beyond the sunset date of June 30, 2016.

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Introduction

Deaths from drug overdose have been rising steadily over the past two decades and have become the leading cause of injury death in the United States.[1] Every day in the United States, 114 people die as a result of drug overdose[1], and another 6,748 are treated in emergency departments (ED) for the misuse or abuse of drugs.[2] Nearly 9 out of 10 poisoning deaths are caused by drugs.[1] Prescription drugs account for nearly 60 percent of all deaths from drug overdose, and pain relievers such as oxycodone, hydrocodone, and methadone are involved in three of every four prescription drug overdose fatalities.[2]

Americans, constituting only 4.6 percent of the world's population, have been consuming 80 percent of the global opioid supply, and 99 percent of the global hydrocodone supply, as well as two-thirds of the world's illegal drugs. Retail sales of commonly used opioid medications (including methadone, oxycodone, fentanyl base, hydromorphone, hydrocodone, morphine, meperidine, and codeine) have increased from a total of 50.7 million grams in 1997 to 126.5 million grams in 2007. This is an overall increase of 149 percent with increases ranging from 222 percent for morphine to up to 866 percent for oxycodone. Average sales of opioids per person have increased from 74 milligrams in 1997 to 368 milligrams in 2007, a 402 percent increase.[3]

Tennessee is one of the states being impacted, with the Eastern grand division experiencing the highest incidences of both overdose deaths and babies born diagnosed with Neonatal Abstinence Syndrome (NAS). In 2013, the Tennessee Department of Health established a reporting system for hospitals diagnosing newborns with NAS to more accurately track and monitor one of the most devastating outcomes of the prescription drug epidemic with 921 babies being reported. In 2014, that number rose to 972. Of those being reported, 52.61 percent were reported in East Tennessee, with another 11.66 percent in the Upper Cumberland region. Another important data point to consider is that 73.7 percent are receiving medications from medical providers for either supervised replacement therapy, for pain management, or for treatment of psychological disorders.[5]

Scope of the problem

- Drug overdose was the leading cause of injury death in 2012. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes.[5]
- Drug overdose death rates have been rising steadily since 1992 with a 117% increase from 1999 to 2012 alone.[5]
- In 2012, 33,175 (79.9%) of the 41,502 drug overdose deaths in the United States were unintentional, 5,465 (13.2%) were of suicidal intent, 80 (0.2%) were homicides, and 2,782 (6.7%) were of undetermined intent.[5]
- In 2011, drug misuse and abuse caused about 2.5 million emergency department (ED) visits. Of these, more than 1.4 million ED visits were related to pharmaceuticals.[6]
- Between 2004 and 2005, an estimated 71,000 children (18 or younger) were seen in EDs each year because of medication overdose (excluding self-harm, abuse and recreational drug use).4
- Among children under age 6, pharmaceuticals account for about 40% of all exposures reported to poison centers.[6]

- In 2012, prescription opioids became the primary substance of abuse for people in TDMHSAS funded treatment, overtaking alcohol for the first time. [9]
- Tennesseans 18-25 years of age are using prescription opioids at a 30 percent higher rate than the national average.[9]
- There were 25 percent more controlled substances dispensed in Tennessee in 2012 than in 2010.[9]
- The number of emergency department visits in Tennessee for prescription drug poisoning has increased by approximately 40 percent from 2005 to 2010.[9]
- There has been a 220 percent increase in the number of drug overdose deaths since 1999, growing from 342 in 1999 to 1,094 in 2012.[9]

Most Common Drugs Involved in Overdoses

- In 2012, of the 41,502 drug overdose deaths in the United States, 22,114 (53%) were related to pharmaceuticals.[7]
- Of the 22,114 deaths relating to pharmaceutical overdose in 2012, 16,007 (72%) involved opioid analgesics (also called opioid pain relievers or prescription painkillers), and 6,524 (30%) involved benzodiazepines.[7] (Some deaths include more than one type of drug.)
- In 2011, about 1.4 million ED visits involved the nonmedical use of pharmaceuticals. Among those ED visits, 501,207 visits were related to anti-anxiety and insomnia medications, and 420,040 visits were related to opioid analgesics.[8]
- Benzodiazepines are frequently found among people treated in EDs for misusing or abusing drugs.2 People who died of drug overdoses often had a combination of benzodiazepines and opioid analgesics in their bodies.[7]

Efforts in Tennessee

There are a number of efforts across the state being deployed to attack the prescription drug abuse epidemic, with prevention efforts being the most critical. At the community level, there are community prevention coalitions, prescription drug disposal take back events and placement of permanent drop boxes, as well as education, training and information dissemination. Other efforts being undertaken are early intervention initiatives such as SBIRT (Screening Brief Intervention Referral to Treatment). There are also enforcement efforts, treatment and recovery services and programs. Together, these strategies are working to change current conditions, but more work is needed to move the numbers in Tennessee.[9]

Prescription for Success

In June of 2014, Governor Haslam revealed a three year plan to reduce the impact of prescription drug abuse, Prescription for Success.

Goals of this Plan:

1) Decrease the number of Tennesseans that abuse controlled substances

2) Decrease the number of Tennesseans who overdose on controlled substances

3) Decrease the amount of controlled substances dispensed in Tennessee

4) Increase access to drug disposal outlets in Tennessee

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

6) Expand collaborations and coordination among state agencies

7) Expand collaboration and coordination with other states

Under each of these goals is a set of strategies to achieve the desired outcome. A sustainable effort is needed in each of seven areas.

Legislative Recommendations

The Prescription Safety Act of 2012 was an important piece of legislation that required medical providers with a DEA to register with the Controlled Substance Monitoring Database (CSMD) and to access information in the database prior to writing a controlled substance for a patient. It also shorted the length of time for reporting from 30 days to 7 days, with hopes of getting closer to real time. Since this act, we have seen a significant increase in registrants from 15,323 in 2011 to 41,650 as of July 31, 2015. Most importantly, is that the Tennessee Department of Health is also reporting a 10 percent decrease in Milligram Morphine Equivalents being reported to the database. This means we are beginning to see a change in prescribing patterns for controlled substances. Tennessee was the first state to make participation a requirement and many states have followed our lead. These numbers demonstrate the effectiveness in using the CSMD as a tool to monitor and assure patient safety. It most certainly needs to continue beyond the sunset date of June 30, 2016.

In 2014, Tennessee passed a life saving bill allowing for lay persons in this state to administer naloxone (an antidote to reverse the signs of a drug overdose). In this bill, we protected both the prescribers of naloxone and the lay person administering the drug through civil immunity. In order for this to be most effective, in 2015 the General Assembly passed a Good Samaritan law limiting criminal immunity for those rendering aide. Although these laws have been passed, there is a lack of willingness and/or knowledge of prescribers to write the prescriptions needed for lay persons to obtain naloxone. In other states, they have removed the prescription requirement and it is available for purchase at pharmacies over the counter. This does not mean it is on the shelf for customers to pick up, but it is behind the pharmacy counter and can be dispensed upon request.[10] Kentucky passed a law in 2015 to allow pharmacists to dispense naloxone upon registration with the state's board of pharmacy and agreeing to adhere to the

guidelines required for distribution. This model could be replicated in Tennessee and would be voluntary for pharmacists and not a requirement.[10]

There has been an expansion of permanent drug disposal locations throughout Tennessee by local law enforcement agencies in the last few years. The idea behind this effort is to create opportunities for individuals to get medications out of their homes that they are no longer using and safely dispose of them. 70 percent of teens report in national surveys on drug use and health that they obtain medications from family and friends. By reducing access to medications, we can reduce the likelihood of these getting into the wrong hands. In spite of the expansion of drug disposal, a problem remains in the cost and convenience of properly incinerating medications collected. Law enforcement agencies are struggling with the cost and finding convenient locations that meet Environmental Protection Agency (EPA) requirements. One way to address this concern is by establishing incinerators in the center of each Grand Division in the state. This would allow easy, affordable access for any agency willing to safely collect and assure proper disposal. Pharmacies are now allowed to establish collection boxes as well, but would also have to bear the cost of disposal.

Glossary

***Drug*:** Any chemical compound used for the diagnosis or treatment of disease or injury, for the relief of pain, or for the feeling it causes. A drug is either a pharmaceutical (including both prescription and over-the-counter products) or illicit.

Overdose: When a drug is eaten, inhaled, injected, or absorbed through the skin in excessive amounts and injures the body. Overdoses are either intentional or unintentional. If the person taking or giving a substance did not mean to cause harm, then it is unintentional.

***Misuse or abuse*:** The use of illicit or prescription or over-the-counter drugs in a manner other than as directed.

Neonatal Abstinence Syndrome (NAS): A set of drug withdrawal symptoms a newborn exhibits due to the Mother's prenatal substance use, requiring gradual detoxification to lesson painful symptoms.

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