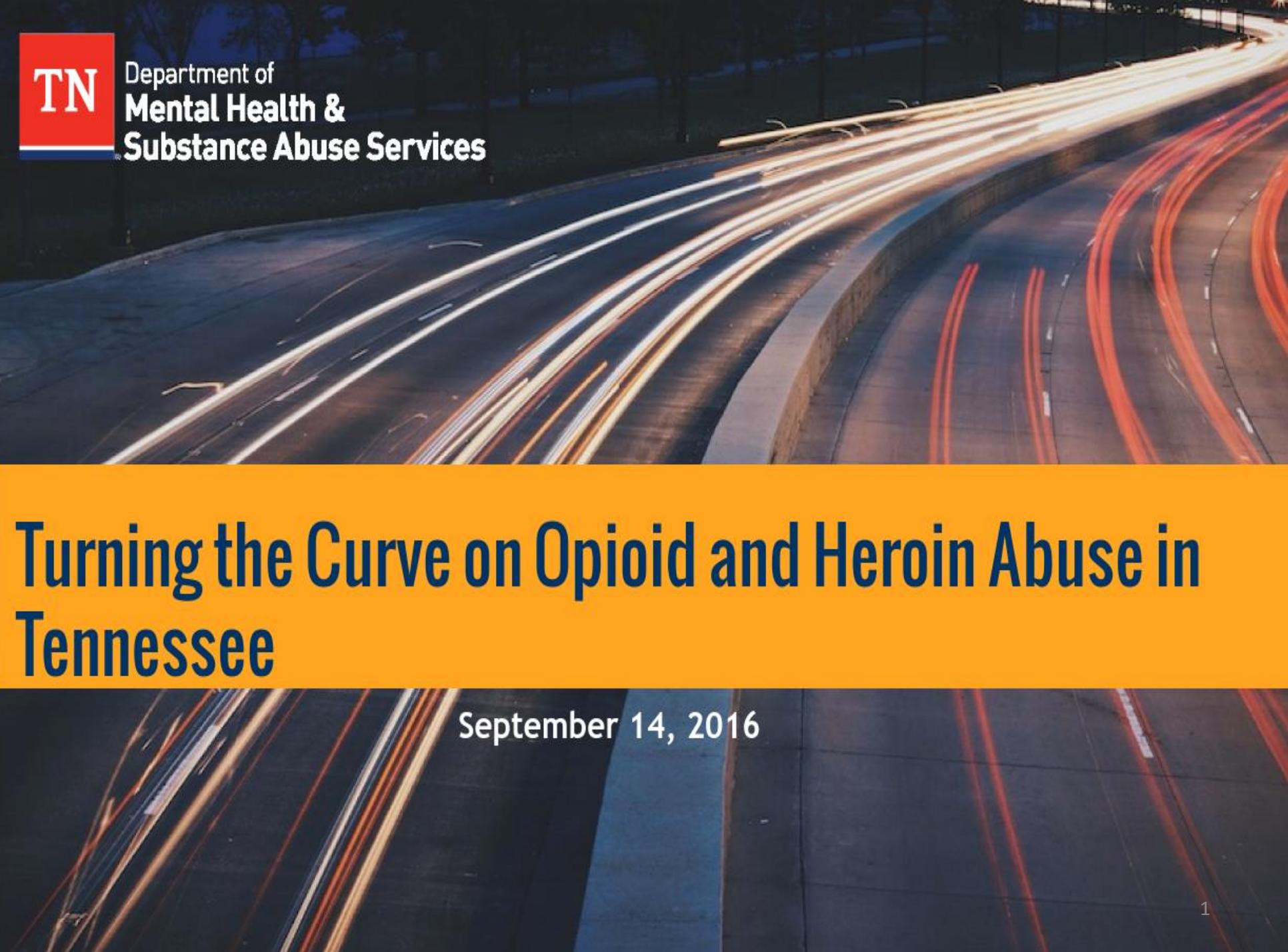


The logo consists of the letters 'TN' in white, bold, sans-serif font, set against a red square background. The square has a thin white border on the left and bottom sides.

TN

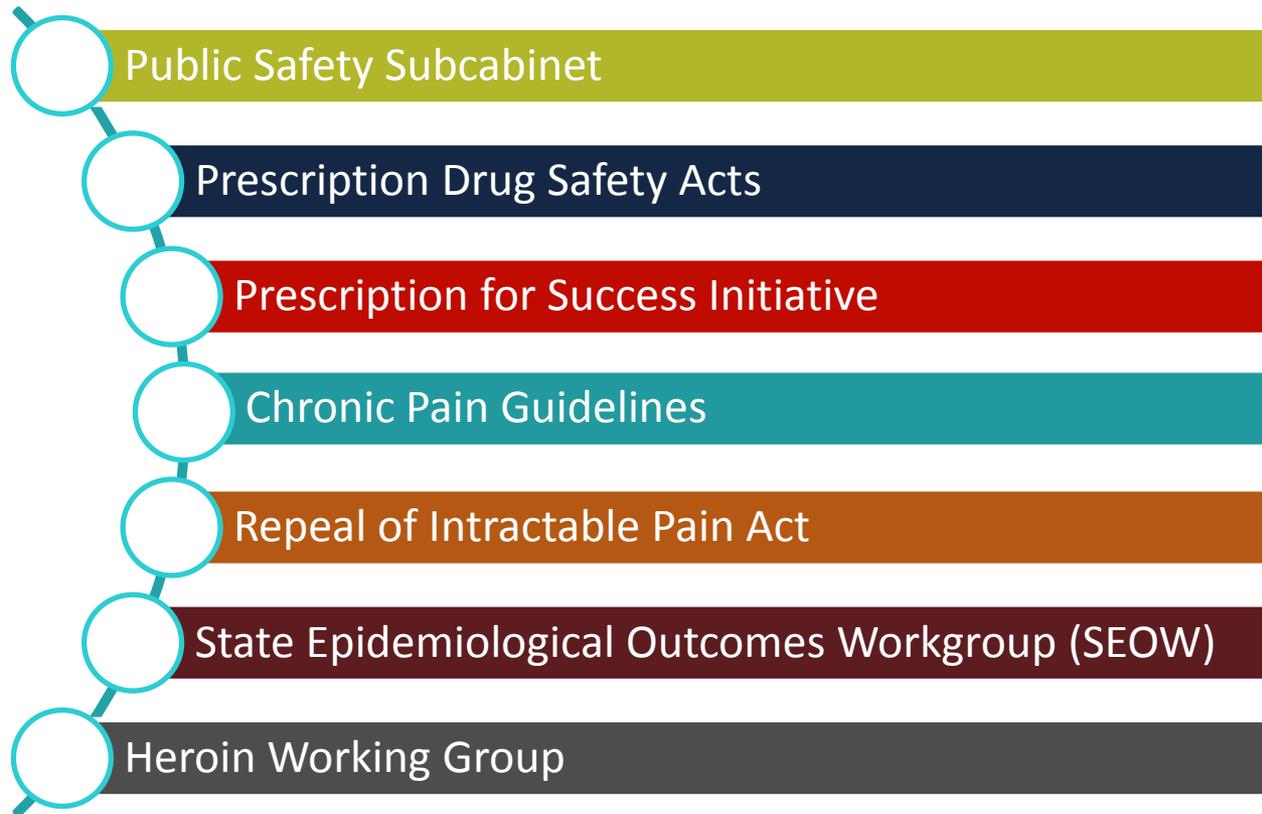
Department of
**Mental Health &
Substance Abuse Services**

The background of the slide is a long-exposure photograph of a highway at night. The image shows multiple lanes of traffic, with light trails from cars and trucks creating a sense of motion. The trails are primarily white and yellow, with some red trails visible on the right side of the road. The road curves to the right, and the overall scene is dark, suggesting nighttime.

Turning the Curve on Opioid and Heroin Abuse in Tennessee

September 14, 2016

Tennessee's response to the opioid epidemic



State partners in the fight against opioid abuse

Public Safety

Department of Safety
& Homeland Security

Law Enforcement
Training Academy

Tennessee Bureau of
Investigation

Department of the
Military

Criminal Justice

Department of
Correction

Board of Parole

Office of Criminal
Justice Programs

Social Services

Department of
Mental Health
& Substance Abuse
Services

Department of
Children's Services

Department of
Health

Prescription for Success

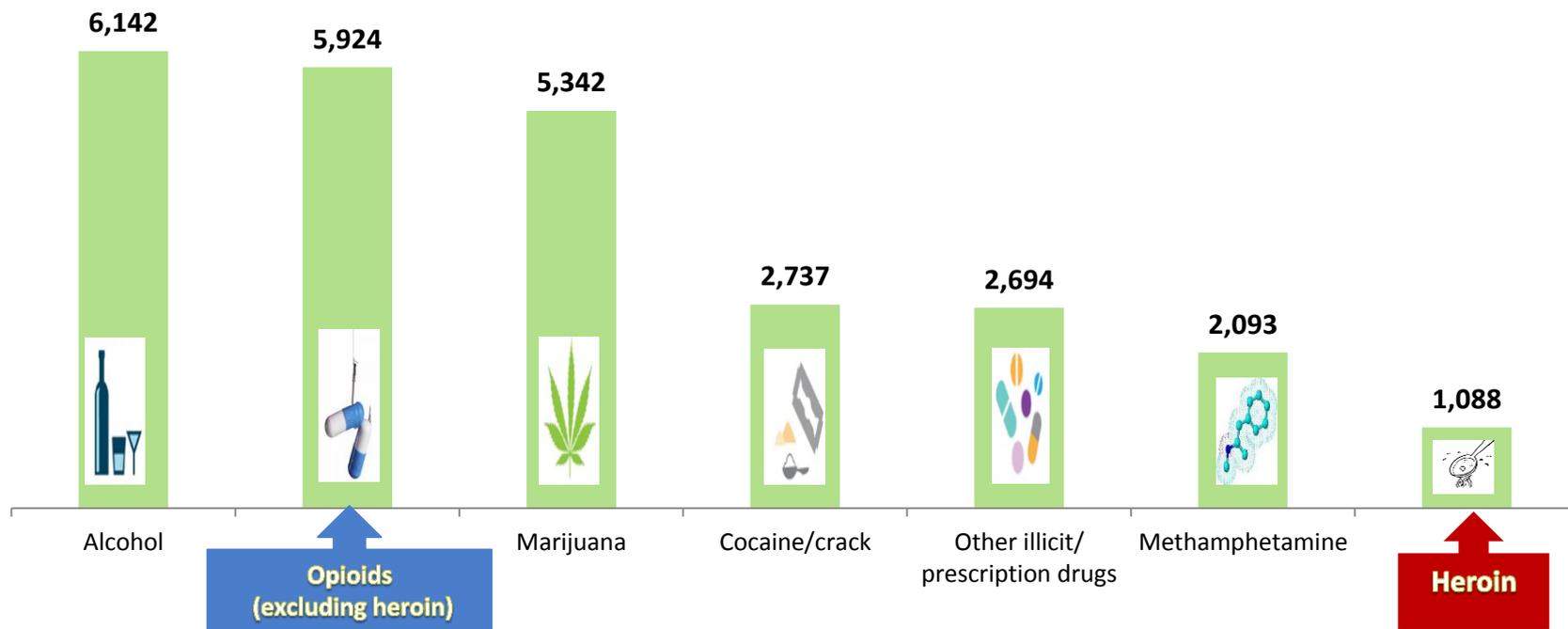
Goals

1. Decrease drug abuse
2. Decrease drug overdoses
3. Decrease amount dispensed
4. Increase drug disposal
5. High impact, low cost services
6. Coordinate with state partners
7. Collaborate with other states



Alcohol, opioids (excluding heroin) and marijuana are the primary substances of abuse for people entering treatment.

Admissions to TDMHSAS substance abuse treatment by primary substance of abuse, FY15



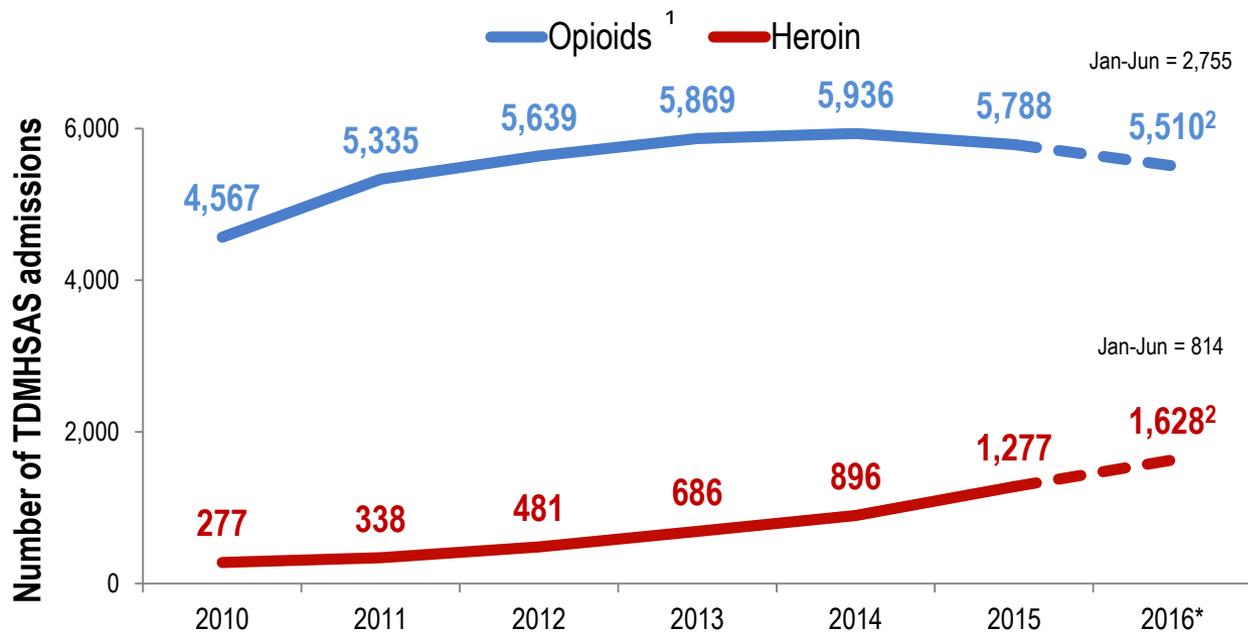
Source: TN-WITS, Tennessee Department of Mental Health and Substance Abuse Services, 2016.

Note: TDMHSAS-funded substance abuse treatment admissions only include admissions for Tennessee residents with incomes below 133% of the federal poverty level who have no insurance.

TDMHSAS treatment admissions for heroin are increasing while admissions for other opioids are decreasing.

Number of heroin and other opioid substance abuse treatment admissions¹ funded by Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS): 2009-2016²

Source: TN-WITS, Tennessee Department of Mental Health and Substance Abuse Services WITS, 2016²

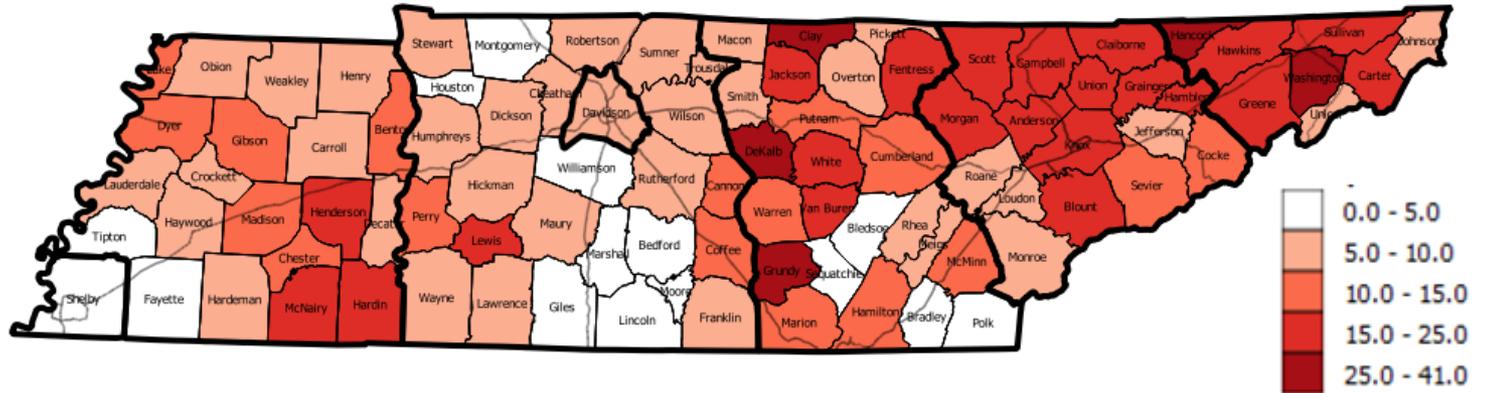


Notes:

- 1) Opioid treatment admissions exclude heroin.
- 2) 2016 rates estimated as of Jan-Jun, 2016.
- 3) TDMHSAS-funded substance abuse treatment admissions only include admissions for Tennessee residents with incomes below 133% of the federal poverty level who have no insurance. Up to three substances can be listed for each treatment admission.

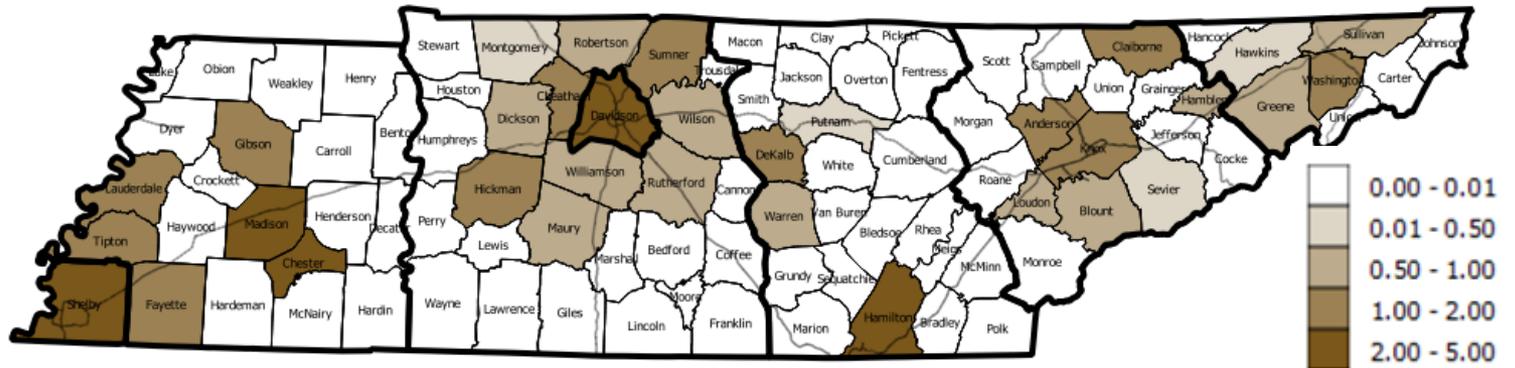
Treatment admission patterns differ for the abuse of heroin and other opioids.

TDMHSAS-funded opioid (excluding heroin) treatment admissions (per 10K population): 2014-2015¹



Source: TN-WITS, Tennessee Department of Mental Health and Substance Abuse Services WITS, 2015. Notes: Rates are only shown for counties where the combined count during the time period (2014/2015) was greater than 5. Rates based on two-year averages. (1) 2015 rates estimated of Jan-Jun, 2015; rates computed per 10K of the population of those 12 years and older. Note: TDMHSAS-funded substance abuse treatment admissions only include admissions for Tennessee residents with incomes below 133% of the federal poverty level who have no insurance.

TDMHSAS-funded heroin treatment admissions (per 10K population): 2014-2015¹



Heroin misuse is occurring in urban areas



but moving into the suburbs.



The highest rates of other opioid misuse are in small towns



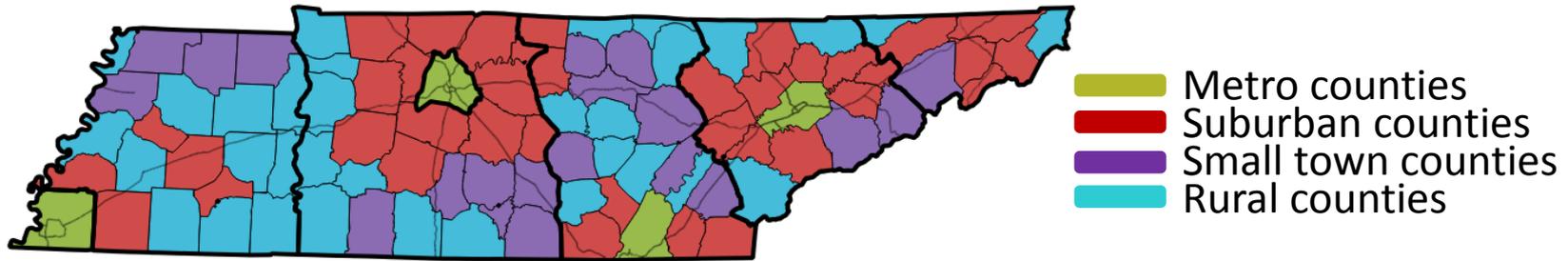
and rural areas.



Key Points

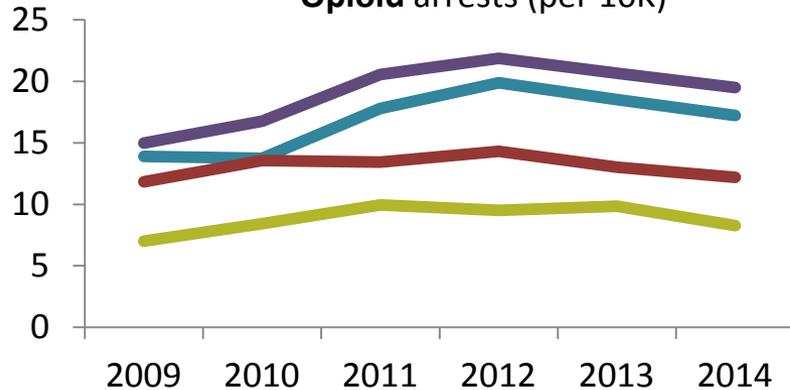


Heroin-related arrests are primarily in large cities, while opioid arrests are in small towns and rural areas.

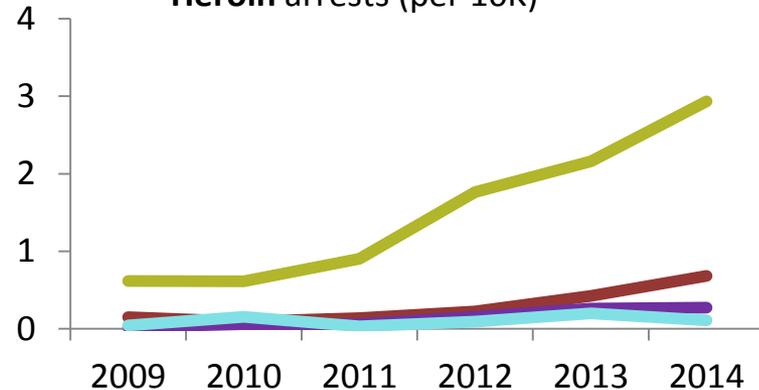


This map shows which counties are considered metro, suburban, small town and rural.

Opioid arrests (per 10K)



Heroin arrests (per 10K)

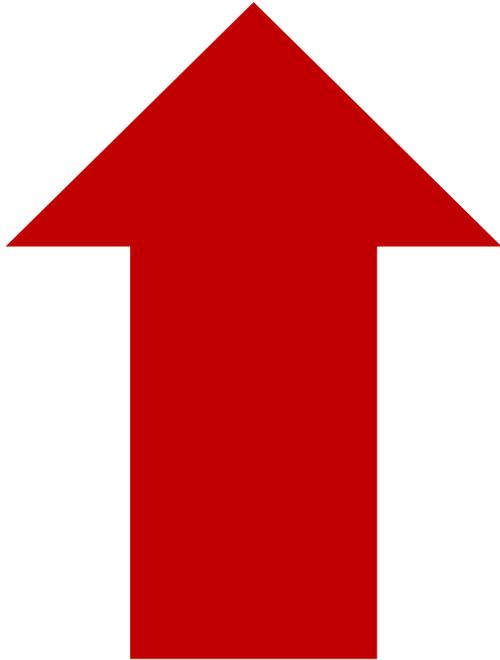


Source: Tennessee Bureau of Investigation CJIS Support Center 2015

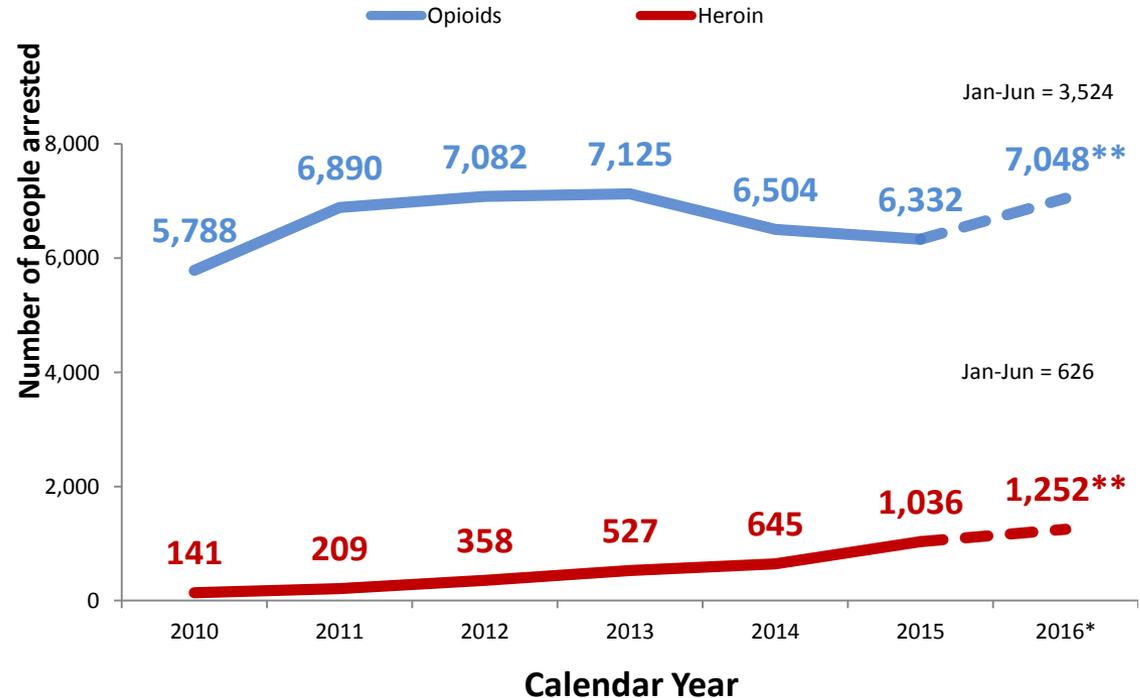
Notes:

- 1) The four most populated counties were examined apart from their surrounding suburbs. The most densely populated counties are: Shelby, Davidson, Knox, and Hamilton counties.
- 2) Metropolitan Statistical Areas: urban areas centered on an urban cluster (urban area) with 50,000 or more population. Shelby, Davidson, Knox, and Hamilton counties were excluded from this group and examined individually.
- 3) Micropolitan Statistical Areas: urban areas centered on an urban cluster (urban area) with a population at least 10,000 but less than 50,000.
- 4) Not a metro or micropolitan county.

People arrested for heroin-related crimes are increasing and other opioid-related crimes may be increasing.



Number of people arrested for heroin- and other opioid*-related crimes: 2010-2016**

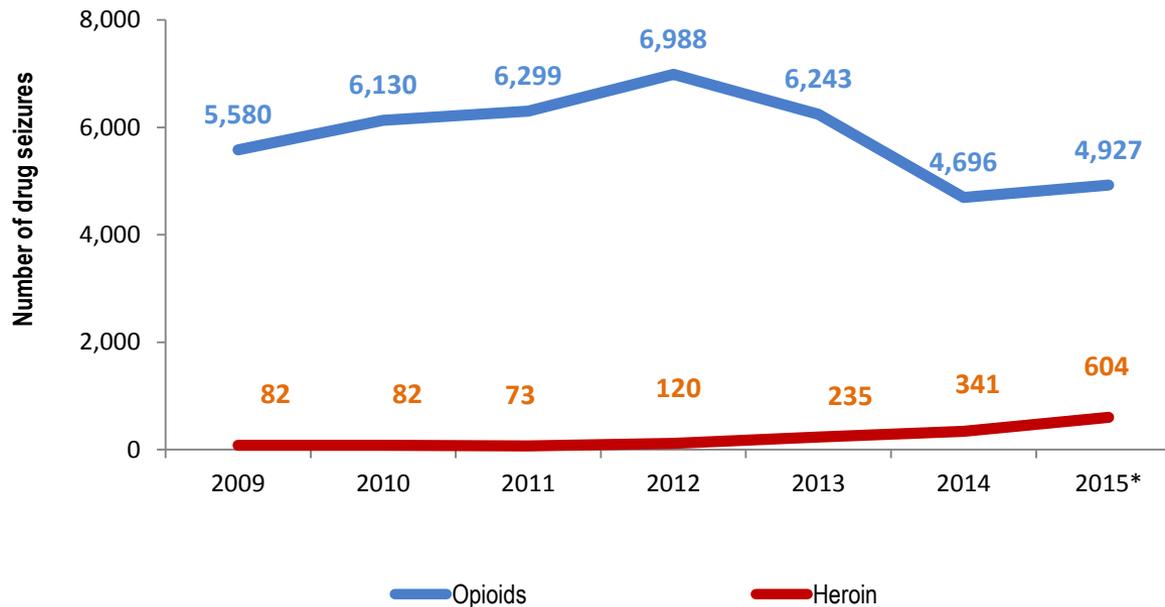


*Opioid-related arrests include arrests for morphine, opium, and all narcotic-related arrests with the exception of cocaine and crack-cocaine arrests. Data represent the number of people arrested.

** The 2016 data is preliminary and represents the number of people arrested between January-June 2016. An annual estimate was made with the assumption of no change for the remainder of the year. Source: Data provided by the Tennessee Bureau of Investigation and projections provided by the Tennessee Department of Mental Health and Substance Abuse Services.

TBI seizures of heroin are on the rise while seizures of other opioids dropped from 2012-14, then rose in 2015.

Number of opioid³ and heroin confirmed TBI seizures¹: TN 2011-2015²



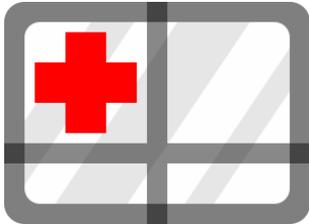
Opioid³ seizures by TBI declined between 2012 and 2014.

Heroin seizures by TBI are rising.

Source: Tennessee Bureau of Investigation (TBI) lab data, 2015.

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) 2015 rates estimated as of Jan-Jun, 2015; (3) opioid seizures exclude buprenorphine and heroin.

Overdose deaths for heroin and other opioids are rising.



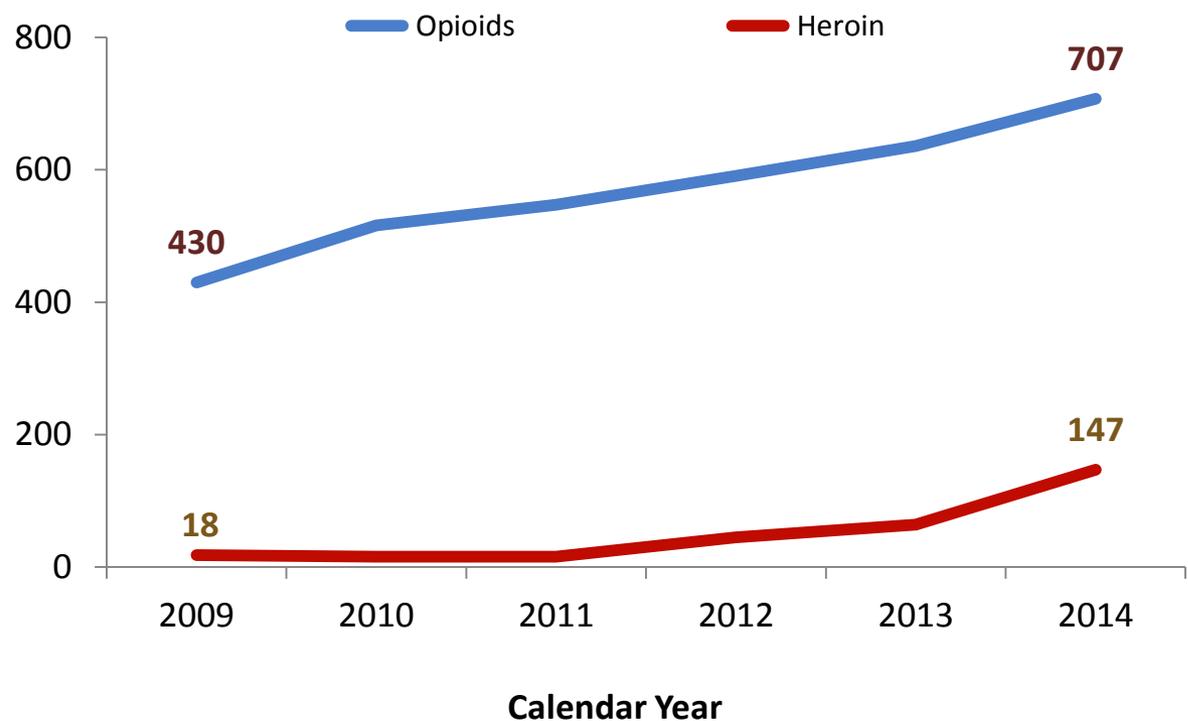
Notes:

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) Source: Tennessee Department of Health, Division of Policy, Planning and Assessment Death Statistical System, 2009-2014.

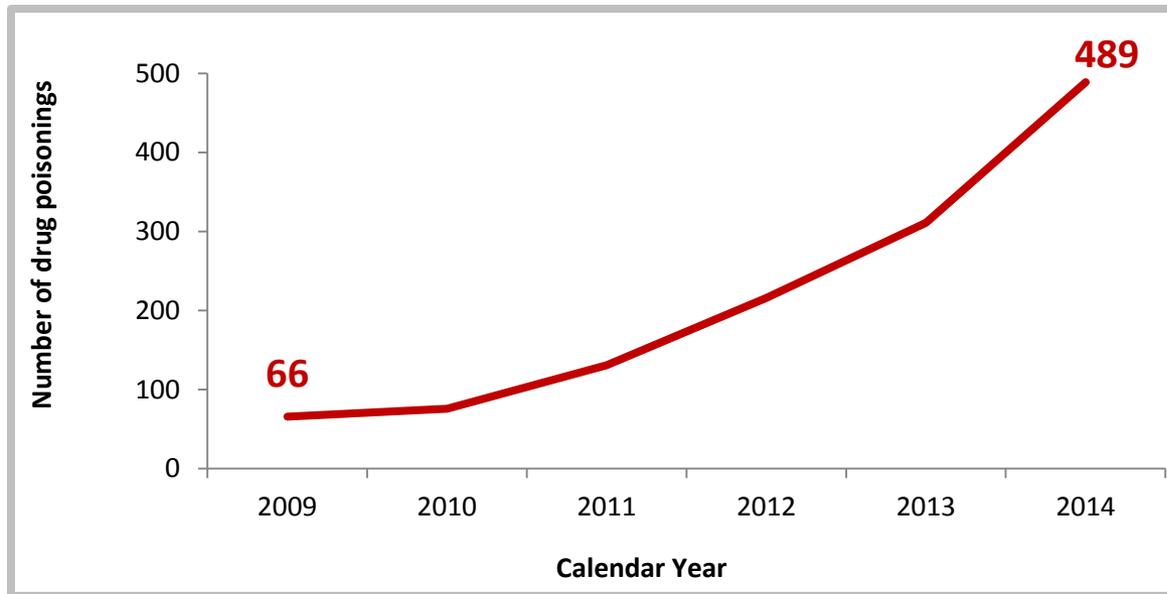
Number of drug overdose deaths¹ for heroin and other opioids reported to the Death Statistical System: Tennessee 2009-2014



Almost 500 hospital discharges listed heroin poisoning.

Number of hospital discharges¹ for heroin poisoning: Tennessee 2009-2014

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment; Hospital Discharge Data System, 2009-2014.



Notes: (1) The data represents all outpatient (emergency room visits, observations less than 24 hours, and inpatient stays of 24-hours or longer) hospital discharges of Tennessee residents. All 18 diagnoses and all three e-codes were evaluated. (2) Heroin poisonings include hospital discharges with ICD-9 codes of 965.01, E850.0, E935.0.

Who is switching to heroin from other opioids in Tennessee?

Significant *risk factors* for treatment participants switching to heroin from other opioids:

❖ *Injection drug use* = 4.2x (more likely to switch)

489 out of 6,085 (8%) injection drugs users switched.

❖ *Starting opioid use after the age of 18* = 1.6x

197 out of 7,165 (3%) opioids user switched.

❖ *Age 25-34* = 1.5x

410 out of 8,712 (5%) people age 25-34 switched.

❖ *Multiple previous treatment admissions* = 1.4x

400 out of 8,558 (5%) people with prior admissions switched.

Notes: From July 2011-December 2015, 736 out of 18,769 people (4%) receiving TDMHSAS services switched from using prescription opioids as the primary substance of abuse to heroin. Those 736 people are described above.



Prescription for Success Achievements

- Decreased prescription opioids
- Increased drug disposal options
- Increased treatment and recovery options
- Increased agency collaboration



Decreased supply of prescription opioids

Prescriptions for opioids dropped 1.1 million (2013-2015) and doctor shopping dropped by 50% (2011-2015).

- Controlled Substance Monitoring Database
- Pain clinic regulations
- Chronic pain guidelines for providers
- Intractable Pain Act repeal
- Passage of the Prescription Safety Acts of 2012 and 2016



Increased drug disposal options

Drug collection and disposal sites increased from 33 to 208 (2012-16).

- *Take Only as Directed* ad campaign
- New disposal options for medications
- Pharmacy participation in drug disposal
- 43 drug abuse community coalitions



Increased treatment and recovery services

Investments in low-cost, high-impact treatment and recovery initiatives:

- 52 recovery courts reaching 225% more enrollees. (2012-2015)
- 42 Oxford House sober living locations with 300 beds
- 2,466 Lifeline recovery trainings
- 233 new recovery meetings
- 123 faith-based recovery communities



Increased collaboration with partners

- Collaboration with other states to monitor controlled substances
- SEOW analysis of interdepartmental substance abuse data
- Interagency working groups
 - Heroin
 - Neonatal Abstinence Syndrome



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