SECTION 2

Current Efforts to Combat the Prescription Drug Epidemic in Tennessee

CURRENT EFFORTS TO COMBAT THE PRESCRIPTION DRUG EPIDEMIC IN TENNESSEE

A variety of state agencies are engaged in efforts to combat the prescription drug epidemic in Tennessee. This section of the report will focus on the current efforts to address the problem. These strategies are comprehensive and include prevention, early intervention, enforcement, treatment, and recovery. This section will begin with a brief overview of each of these important strategies and then give information from state departments about their current efforts in these areas.

Overarching Framework

The overarching framework for services provided to combat prescription drug abuse in Tennessee is the Institute of Medicine's Continuum of Care. The Institute of Medicine's framework provides a classification system that recognizes the importance of the whole spectrum of interventions for behavioral health disorders, from prevention through treatment to recovery support. Research has shown us that it is important to implement the right strategy at the right time and that a variety of strategies must be used to adequately address the prescription drug problem in Tennessee.

Definition and Description of Prevention

Prevention strategies are delivered prior to the onset of a disorder, and are intended to prevent or reduce the risk of developing a behavioral health problem, such as prescription opioid abuse. While prevention strategies are difficult in the short term to quantify, there is good evidence that over time, prevention can have a powerful effect as evidenced by successful efforts related to reducing tobacco use and increasing seat belt use.

Definition and Description of Early Intervention

Early intervention primarily focuses on high-risk users who do not meet the criteria for a substance use disorder, but are using in ways that may be causing them problems in their physical health or in their activities of daily life. Early intervention models bridge prevention and treatment and seek to interrupt abusive behavior before addiction develops.

Definition and Description of Enforcement

Enforcement activities focus on ensuring that laws meant to keep the public safe are followed. Enforcement activities related to prescription opioids include ensuring that individuals are not "doctor shopping" and that doctors are not prescribing illegally.

Definition and Description of Treatment

Treatment interventions are designed for individuals that meet the criteria for abuse or dependence. These interventions are designed to treat existing disorders in a therapeutic way while developing foundational skills that will allow an individual to deal with the many issues surrounding addiction. Treatment interventions include a variety of services including assessment, detoxification, residential services, and outpatient services.

Definition and Description of Recovery

The Substance Abuse and Mental Health Services Administration defines recovery as, "A process of change through which individuals improve their health and wellness, live a self-directed life, and

strive to reach their full potential."[37] Recovery is a lifelong process and while relapse often occurs, it is not considered the end of someone's recovery journey; instead, it is part of the journey and an opportunity for growth and learning.

Recovery services help service recipients live a full and productive life and may result in the reduction or complete remission of problems, or abstinence from addictive behaviors. Recovery services include housing, employment assistance, and self-help groups like Alcoholics Anonymous and Narcotics Anonymous.

CURRENT STRATEGIES: COLLABORATIVE EFFORTS

The prescription drug epidemic is a multi-dimensional problem that must be addressed in a collaborative and coordinated fashion. Many state departments have recognized the need for coordination and are actively working together to address the problem systemically. The efforts described below involve multiple state departments and include the following initiatives: The Governor's Public Safety Subcabinet, the Neonatal Abstinence Syndrome Workgroup, the Substance Abuse Data Taskforce, and the Morgan County Residential Recovery Court.

Governor's Public Safety Subcabinet

The Governor's Public Safety Subcabinet was created in 2012 with the following goals:

- To develop and implement a measurable public safety action plan designed to have a significant impact on crime in Tennessee; and
- To help create a climate in communities across the state that fosters the creation of more and better jobs[38].

The Public Safety Subcabinet is coordinated by the Department of Safety and Homeland Security and is made up of commissioners and directors from the departments of Mental Health and Substance Abuse Services; Health; Children's Services; Correction; Board of Parole; Finance & Administration, Office of Criminal Justice; Transportation, Governor's Highway Safety Office; Commerce & Insurance, Law Enforcement and Training Academy; and Military, as well as the Tennessee Bureau of Investigation.

The subcabinet workgroup identified three major challenges that significantly impact crime in our communities:

- Drug abuse and trafficking
- Violent crime
- Repeat offenders

For the purpose of this report, we will focus specifically on the action items that are pertinent to preventing, treating and regulating prescription drug abuse. Those 19 pertinent action steps are outlined in Table II-1 below:

Table II-1. Action Steps

Action Step #	Action Step
1	Require prompt reporting of controlled substance prescriptions to the CSMD.
2	Create tougher restrictions on over-prescribing pain clinics.
3	Develop a regional approach with surrounding states, including the sharing of timely database information
4	Increase use of the CSMD by prescribers and dispensers.
5	Strengthen penalties for doctor shopping.
6	Teach health professional students and assure continuing education for prescribers and dispensers about prescription drug abuse, the CSMD, and the laws in TN that govern prescribers and dispensers.
7	Develop and implement a statewide prescription drug take-back initiative that is accessible to all Tennesseans.
8	Implement more effective regulation and monitoring of Opioid Treatment Programs.
9	Increase public awareness about prescription drug abuse through an on-going communications campaign.
10	Increase and improve data sharing among state agencies about prescription drug use and abuse, including use of similar formats, language, and geographic breakdowns in data collection.

11	Assist health care organizations and providers in developing expertise and standard protocols in the prevention and treatment of drug abuse.
12	Expand law enforcement access to the CSMD.
13	Require uniform drug overdose reporting by all county medical examiners.
19	Expand access to recovery (drug) courts across Tennessee, with emphasis on treating serious methamphetamine and/ or prescription drug addictions.
20	Focus more of the state recovery (drug) court funding for courts serving defendants who would otherwise be incarcerated at the state's expense.
21	Establish regional residential drug court facilities.
22	Establish a uniform, effective, and comprehensive evaluation process on the performance of recovery (drug) courts.
23	Provide 40-hour courses on drug interdiction to all road state troopers.
24	Develop a new database under which officers can submit real time information on traffic stops involving suspicious levels of prescription drugs and query the database for prior suspicious stops involving the same suspects.

To implement the Public Safety Action Plan, strong partnerships with key stakeholders are required. A variety of state departments are responsible for implementing various action steps related to the goal of "tackle(ing) aggressively the growing problem of prescription drug abuse." In order to produce successful outcomes for each of the action steps, it will take a coordinated and comprehensive effort of diverse stakeholders.

Neonatal Abstinence Syndrome Subcabinet Workgroup

A collection of state leaders known as the Neonatal Abstinence Syndrome Subcabinet Workgroup is working collaboratively to reduce the number of babies born dependent on drugs, bring attention to the growing problem in Tennessee, and provide more information to physicians and the general public. The workgroup is composed of commissioners or their designees from the departments of Health, Mental Health and Substance Abuse Services, Children's Services, Human Services, and the Bureau of TennCare.

The workgroup petitioned, and the U.S. Food and Drug Administration approved, the adoption of a new "Black Box Warning" that would appear in medication reference material used by clinicians and would alert them to have heightened awareness of the possibility of unintended harm to a newborn from the mother's use of narcotics. The request to the U.S. Food and Drug Administration follows earlier action by the Department of Health to make Neonatal Abstinence Syndrome a reportable condition effective Jan. 1, 2013, and collect Neonatal Abstinence Syndrome specific data, a move that is allowing health officials to identify cases more quickly and accurately as part of an expanded effort to reduce Neonatal Abstinence Syndrome births statewide.

The Department of Health has created a multi-institutional, multi-disciplinary research consortium dedicated to better understanding prevention and treatment of Neonatal Abstinence Syndrome. A one-day meeting was held in Knoxville and focused on identifying key evaluation questions and identifying the infrastructure needed to answer the identified questions.

Uniform Data Collection and Sharing

Several departments are working collaboratively to increase and improve data sharing for prescription drug abuse. The goals of the group include using similar formats, language, and geographic breakdowns in data collection. The agencies involved in the Substance Abuse Data Taskforce include the departments of Children's Services, Correction, Finance and Administration, Health, Mental Health and Substance Abuse Services, Safety and Homeland Security, and

Transportation, along with the Administrative Office of the Courts, the Bureau of TennCare, the Tennessee Bureau of Investigation, the Tennessee Methamphetamine and Pharmaceutical Task Force, the Tennessee Board of Pharmacy, the Tennessee Board of Parole, and the Tennessee National Guard.

This work is needed in order to provide an increased understanding of the extent of the problem, identify patterns of misuse and abuse of the drugs involved, and better target limited resources by focusing on what has proven to be effective.

The tasks of the Substance Abuse Data Taskforce are:

- ✓ Evaluate legal barriers to releasing data from the Controlled Substance Monitoring Database to state agencies and propose any necessary legislation to overcome those barriers;
- ✓ Research National Institutes of Health and Centers for Disease Control and Prevention standard reporting on prescription drug abuse and over-prescribing;
- ✓ Identify and clarify potential language issues;
- ✓ Identify units of data collection and barriers to use (HIPAA, small numbers, etc.);
- ✓ Design geographic information system applications for displaying critical data;
- ✓ Improve reporting to include geographic analysis;
- ✓ Identify a list of metrics using a multi-departmental web-based Delphi technique;
- ✓ Communicate common definitions; and
- ✓ Widely disseminate data to all entities that are seeking it.

On April 10, 2013, the Taskforce met to standardize reporting categories for prescription drugs. A draft document to improve standard reporting of drugs statewide has been developed.

Looking Toward the Future

- The Substance Abuse Data Taskforce should continue to meet regularly in order to improve data and share findings as it relates to prescription drugs.

Residential Recovery Court

The Morgan County Recovery Court is a collaborative effort between the Department of Mental Health and Substance Abuse Services and the Department of Correction, and is the first statewide Residential Recovery Court in the nation. The Recovery Court is a nine- month residential program with an additional nine months of aftercare in the community following release. The Morgan County Recovery Court has a 100-bed capacity and began enrolling felony offenders on August 1, 2013. Six Judicial Districts (9, 13, 15, 21, 23, and 26) will ultimately feed into the Morgan County Recovery Court. The Recovery Court will cost an average of $35 per person per day compared to $67 per day in prison.[39]

The Department of Mental Health and Substance Abuse Services has implemented a new Recovery Court data system, which became fully operational on July 1, 2013. Client-level data collected in the new problem-solving court module includes: participant demographic information; substances of abuse by method and age of first use; treatment level of care and progress; weekly progress summary sheet; criminal history; and military/veteran status. Descriptive statistics about Tennessee Recovery Courts were compiled in October 2013. These statistics will help better quantify the outcomes and

help promote or build successful strategies.

Looking Toward the Future

- Create up to three additional Residential Recovery Courts.
    - The Department of Mental Health and Substance Abuse Services is currently in discussions with the Department of Correction about expanding Residential Recovery Courts to additional people. The next Statewide Residential Recovery Court is under consideration for Middle Tennessee. Currently the Davidson County Residential Drug Court houses 40 females and 60 males. Current planning provides for an additional 60 female beds and 90 male beds for a total of 250 beds that will be open to people from across the state. Additional Residential Recovery Courts are being considered in West Tennessee and Shelby County, subject to availability of funding. The new Middle Tennessee Residential Recovery Court is projected to be operational in fiscal year 2015.

CURRENT STRATEGIES: TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

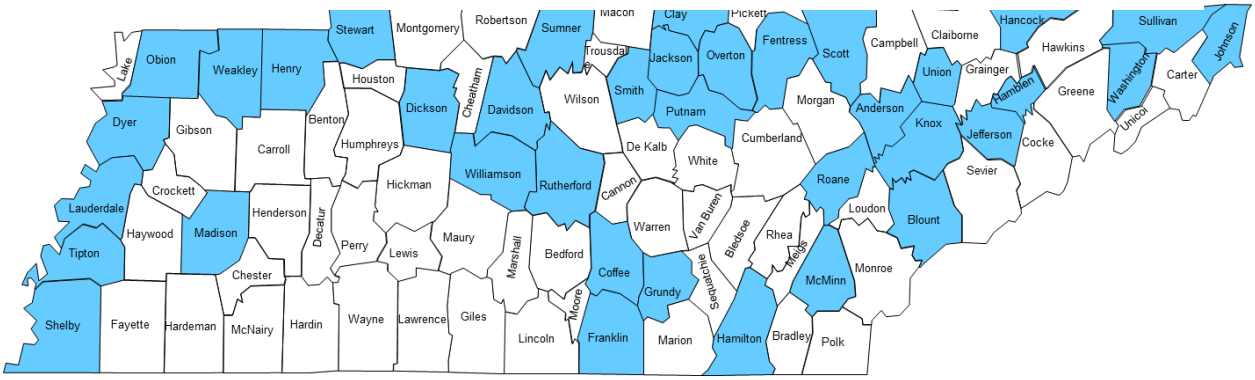
The Tennessee Department of Mental Health and Substance Abuse Services has a continuum of strategies in place to address the prescription drug epidemic. Those strategies begin with prevention and community-level work and extend all the way to recovery services. These strategies are essential to addressing the prescription drug problem in Tennessee and are described below.

Community Prevention Coalitions

One of the primary strategies utilized by the Department of Mental Health and Substance Abuse Services is supporting the work of Community Prevention Coalitions. Community Prevention Coalitions focus on "environmental" prevention strategies rather than programmatic, one-on-one work. Environmental prevention strategies, such as public awareness campaigns, public policy development, and work with law enforcement, tend to create an environment in which people are less likely to misuse or abuse substances. Sectors represented in Community Prevention Coalitions include law enforcement, youth, parents, businesses, media, schools, youth-serving organizations, faith-based communities, civic and volunteer groups, health care professionals, state, local or tribal agencies, and other organizations involved in reducing substance abuse in the community.

Currently the Department of Mental Health and Substance Abuse Services funds 37 Community Prevention Coalitions. The locations of these coalitions are identified in Map II-1 below.

Map II-1. Tennessee Community Prevention Coalitions



Source: Tennessee Department of Mental Health and Substance Abuse Services

One area where the coalitions' focus their efforts is on non-medical use of prescription drugs. The Department of Mental Health and Substance Abuse Services believes that local communities are better able to understand and address their own issues with prescription drugs and empowers them to do so by providing financial support and technical assistance for the development and implementation of strategic plans.

The community coalition process is outlined below:

1) Conduct a Community-Level Needs Assessment
2) Plan strategically about the best way to address the needs and gaps identified during the assessment process by identifying and selecting evidence-based interventions
3) Implement the Strategic Plan
    - Strategic Plan activities that are implemented usually include the following types of strategies (Adapted from Community Anti-Drug Coalition of America's Seven Strategies to Effect Community Change):
        - Modify/change community policies to promote positive behaviors and discourage negative behaviors.
        - Provide information that increases understanding of negative consequences of substance use and abuse and positive impacts of substance abuse prevention efforts.
        - Enhance prevention skills among coalition members and staff, community members, service providers, law enforcement, educators, and youth.
        - Provide support to individuals or organizations to take action.
        - Increase barriers to substance misuse and abuse and reduce access to substances.
        - Increase incentives for behaviors that should be encouraged and increase penalties for behaviors that should be discouraged.
        - Change physical design of space or change the environment to encourage or discourage targeted behaviors.

The 37 community coalitions funded by the Department of Mental Health and Substance Abuse Services have been actively engaged in efforts to combat the prescription drug epidemic in Tennessee. Table II-2 is a sample of some of the notable Prescription Drug Policy Work they have done:

Table II-2. Notable Policy Work Examples

•**Sumner County** established a practice between Walgreens and the sheriff's office to conduct take-backs at five easily accessible retail locations.
•**Madison County** worked with law enforcement to ensure a full investigation is completed for all drug thefts and reported into a computer-based system.
•**Franklin County** helped establish a policy that school nurses must use drug disposal sites for destroying unused student medications. Additionally, they worked to establish a policy that all new school system employees be drug tested upon hire.
•**Putnam County** organized a medical professionals' workgroup for responsible prescribing practices and enlisted concerned doctors to help reduce overprescribing. Additionally, they established a local standard of care in prescribing for long-term chronic pain through a voluntary survey. Putnam County also educated community groups and policymakers concerning the need for a policy requiring emergency departments to check the prescription database in cases of accidental overdose and report overdoses to the prescribing doctor and Board of Medical Examiners.
•**Knox County** worked with local government to establish a zoning ordinance to regulate pain clinics.
•**Coffee County** worked with local law enforcement departments to approve policy changes allowing for permanent take-back boxes as well as procedures for collecting and sharing data concerning the controlled substances.
•**Roane County** worked with the city of Kingston to establish an ordinance that restricts business licenses issued for pain clinics within their city limits.

Looking Toward the Future

- Currently only 37 of Tennessee's 95 counties have state-funded coalitions. These 37 coalitions are working diligently to tackle the prescription drug problem in their communities. However,

in order to fully maximize the community coalition model, funding should be increased to expand the capacity of current coalitions and fund additional community coalitions.

- Support the Coalition for Healthy and Safe Campus Communities.
    - The Coalition for Healthy and Safe Campus Communities, an organization that works with college campuses across the state on prevention efforts, has proven to be an effective mechanism for sharing information and changing behaviors on college campuses in Tennessee. It is recommended that the funding for the Coalition for Health and Safe Campus Communities be expanded to further their prevention efforts around prescription drugs on college campuses.

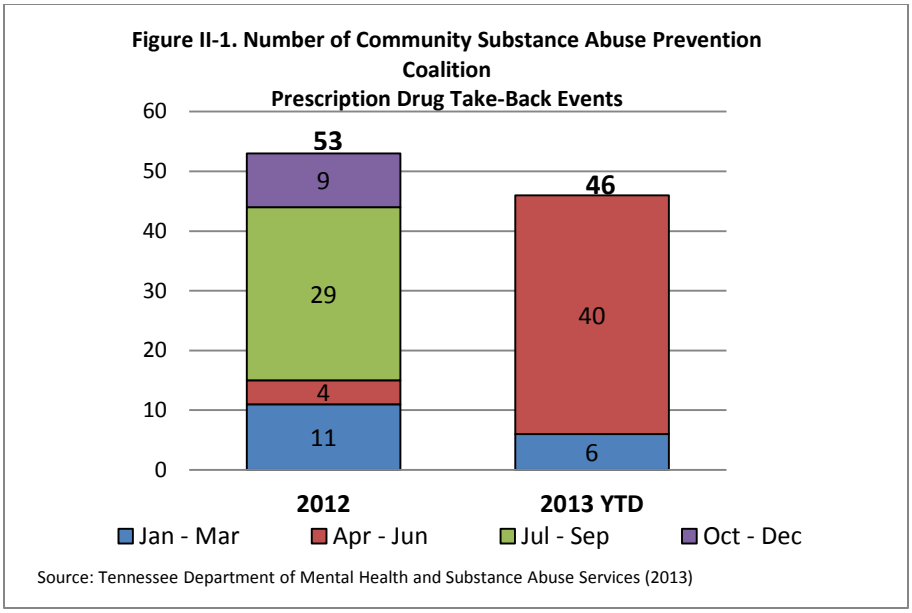
Prescription Drug Disposal (Take-backs and Permanent Prescription Drop Boxes)

An additional prevention initiative that the Department of Mental Health and Substance Abuse Services is actively working toward in collaboration with the Community Prevention Coalitions is disposal of prescription drugs. Access to prescription drugs is one factor leading to the prescription drug epidemic. One way to control access to prescription drugs is by developing mechanisms for safe, convenient, and responsible means of disposal. Drug disposal must have law enforcement cooperation as access to prescription drugs must be carefully controlled. The Department of Mental Health and Substance Abuse Services has been actively engaged in two types of disposal activities: Take-Back Events and Permanent Prescription Drop Boxes.

Take-Back Events

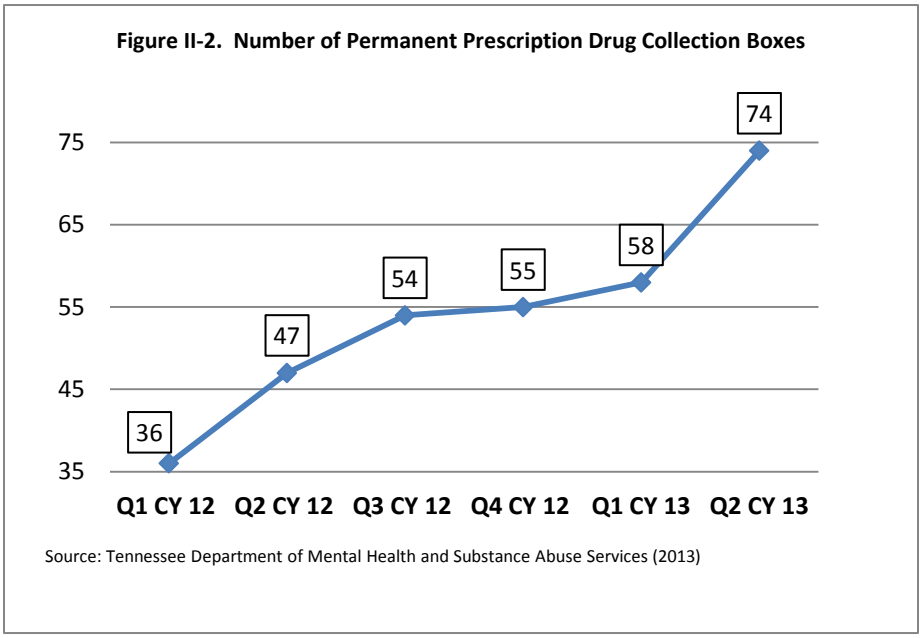
Take-Back Events are one-day events where the public is encouraged to discard their unused, unwanted, and expired prescription medications from around their homes. These events also raise awareness of the prescription drug epidemic and inform the public about why disposing of prescription drugs is critical.

Community Prevention Coalitions work with local stakeholders, law enforcement, and the Drug Enforcement Administration's Nashville District Office to coordinate local take-back events and hosted 46 events from January through June of 2013. The number of take-back events for 2012 and 2013 is shown in Figure II-1. Three Tennessee college campuses (Bethel University, the University of Tennessee at Chattanooga, and Middle Tennessee State University) also engage in regular Take-Back events.



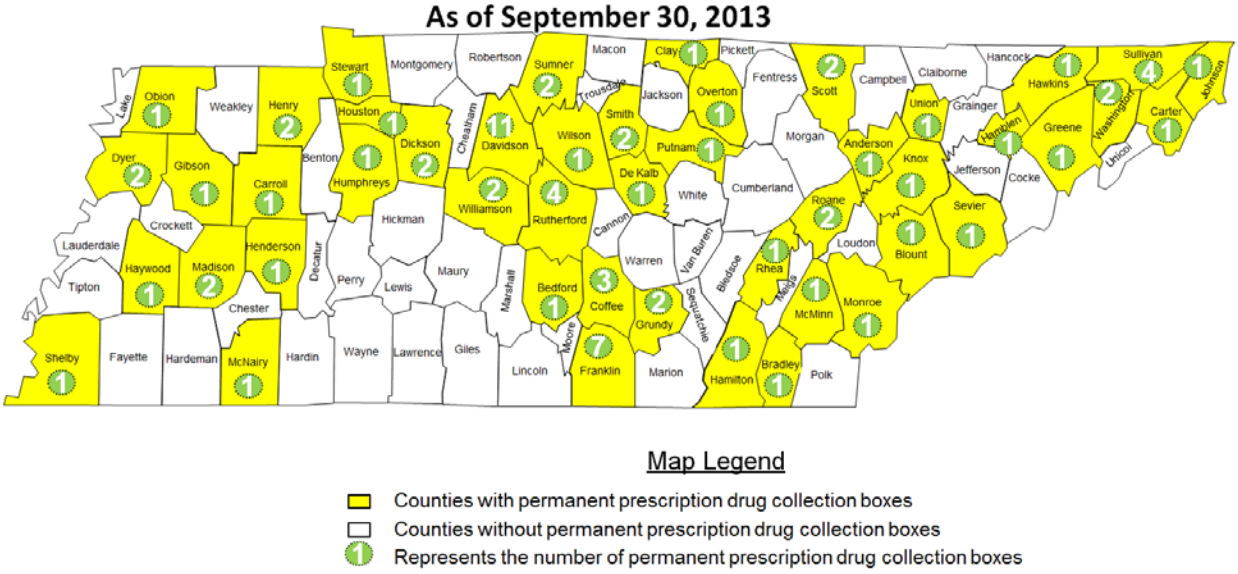
Permanent Prescription Drug Collection Boxes

Permanent Prescription Drug Collection Boxes are disposal sites located within law enforcement offices where prescription drugs can be dropped off by the general public at any time. Since the beginning of 2012, the number of permanent prescription drug collection boxes, shown in Figure II-2, has more than doubled from 36 boxes to 74 boxes. This achievement would not have been possible without the Department of Environment and Conservation, the Department of Health, and the Department of Mental Health and Substance Abuse Services working together to ensure the availability of safe places for prescription drug disposal.



Map II-2 below shows the locations of permanent prescription drug collection boxes across the state.

Map II-2 Locations and Number of Permanent Prescription Drug Collection Boxes; As of September 30, 2013



Map Legend

- Counties with permanent prescription drug collection boxes
- Counties without permanent prescription drug collection boxes
- Represents the number of permanent prescription drug collection boxes

Looking Toward the Future

- Establish additional permanent prescription drug collection boxes.
  - 50 of Tennessee's 95 counties do not have a permanent prescription drug collection box. The short-term goal is to establish at least one permanent prescription drug collection box in the top 20 opioid-prescribing counties by the end of 2014. A more long-range goal is to establish permanent prescription drug collection boxes in every county in Tennessee.

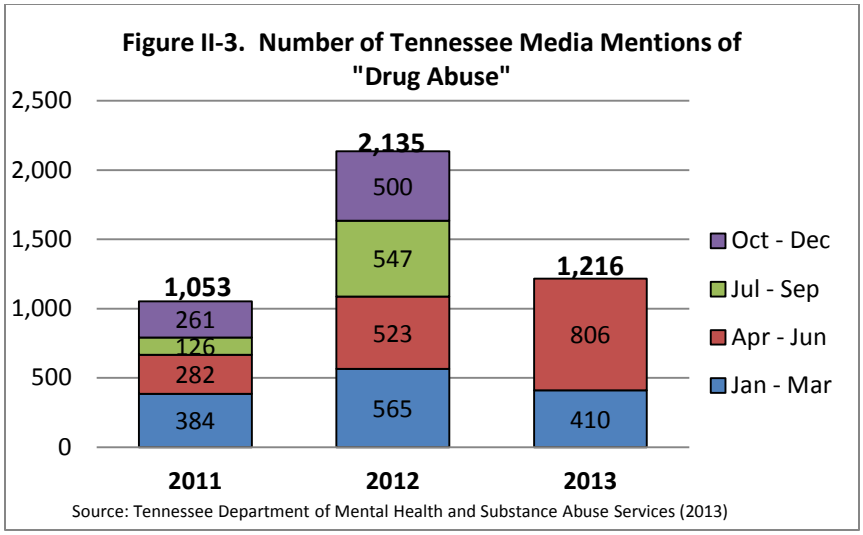
- Develop guidelines for the destruction of pharmaceuticals received from local Take-Back events and permanent prescription drug collection boxes.
  - Currently, the Drug Enforcement Agency, local community coalitions, and law enforcement work together to ensure proper disposal of prescription drugs. However, one barrier to widespread participation in Take-Back efforts is clarity regarding how prescription drugs, once collected, may be disposed. It is recommended that clear guidelines for the collection and disposal of prescription drugs be outlined and disseminated statewide. Additionally, the Department of Environment and Conservation's policy on destroying pharmaceuticals received from Take-Back events and permanent prescription drug collection boxes should be revised to allow drugs collected to be destroyed in the same manner as confiscated contraband.

- An additional goal for the future is to work with community coalitions to establish local incineration sites for the destruction of unused prescription medications.
  - One barrier to installing permanent prescription drug collection boxes has been the lack of a method for destroying prescription drugs once they are collected. The

establishment of conveniently located incineration sites should increase the likelihood of local law enforcement being willing to place a permanent prescription drop box in their precinct.

Information Dissemination

One important mechanism for the prevention of prescription drug misuse and abuse is sharing information and increasing the public's knowledge about the dangers associated with prescription drugs. A common misperception exists that prescription drugs are safer than illegal drugs, and less likely to lead to abuse, because they are prescribed by a health care provider. The Department of Mental Health and Substance Abuse Services has been working hard to change this misperception and increase public knowledge and awareness regarding the important issue of prescription drug abuse. As shown in Figure II-3, from January to June 2013, there have been 1,216 mentions of "drug abuse" by the media, which is on target to exceed the number from 2012. In 2012, there were 2,135 mentions of "drug abuse" which doubled the amount from 2011.



In order to further increase knowledge about the prescription drug epidemic, the Department of Mental Health and Substance Abuse Services is implementing a media campaign, "Take Only As Directed." The goals of the campaign are to educate and inform Tennessee's citizens about the prescription drug epidemic; the importance of taking prescription drugs as prescribed; and how to recognize the need for treatment. "Take Only As Directed" began in September 2013 and targets audiences in East and Middle Tennessee with radio and television advertisements. Additional messages will be delivered through decals and ceiling hangers displayed in pharmacies, as well as informational tags that will be attached to prescription bags with the message "This May Be Hard To Swallow." In addition, brochures will be available directing people to the "Take Only As Directed" website located at TakeOnlyAsDirected.com. **It is estimated that the "Take Only As Directed" message will reach 4 million people.**

Looking Toward the Future

- Continue and expand the "Take Only As Directed" statewide prescription drug media campaign.
    - The Department of Mental Health and Substance Abuse Services has limited funding

for the "Take Only As Directed" effort. This effort could have a greater impact if it was expanded. The initial media campaign was based in Middle and East Tennessee, but in recognition that the problem is spreading to West Tennessee, the campaign should also be expanded to West Tennessee.

- Support the Tennessee Congressional Delegation in promoting a policy that restricts direct-to-consumer marketing of prescription drugs on television, radio and other social media sites.
    - The U.S. Food and Drug Administration oversees the approval and marketing of prescription drugs including direct-to-consumer advertising of prescription drugs. The United States is one of the few places in the world that allows direct-to-consumer advertising. The only other developed nation that allows direct-to-consumer advertising is New Zealand[40]. No federal law has ever banned direct-to-consumer advertising. Until the mid-1980s, drug companies gave information about prescription drugs only to doctors and pharmacists. When these professionals thought it appropriate, they gave that information to their patients. However, during the 1980s, some drug companies started to give the general public more direct access to this information through direct-to-consumer advertisements. It is recommended that federal law be changed to restrict the direct-to-consumer marketing of prescription opioids.

Strategic Prevention Framework State Prevention Enhancement Grant

In 2011, Tennessee received the Strategic Prevention Framework State Prevention Enhancement Grant, which brought together high-level representatives from the Department of Mental Health and Substance Abuse Services; Tennessee Department Of Health; Tennessee Department of Children's Services; Department of Education; Governor's Highway Safety Office; Tennessee Primary Care Association; and Tennessee Alcoholic Beverage Commission. Representatives of these "Policy Consortium" members expressed a common vision for strengthening the infrastructure of prevention services in Tennessee including establishment of a coordinated and data-driven service delivery system, shared data, enhanced capacity to measure process and outcomes, and better use of limited resources.

The State Prevention Enhancement Grant culminated in a collaborative strategic five-year prevention plan that will be updated annually as the Consortium develops understanding of prevention needs and strategies to address those needs. One of Tennessee's five foremost goals is to prevent or reduce consequences of prescription drug misuse and abuse. Some of the strategies the Consortium is implementing include:

- Screening for prescription drug abuse at public health sites;
- Signing Memorandums of Understanding with Consortium partner agencies to provide funding and coordinate implementation of the plan; and
- Developing a website (www.tnprevent.org) and distributing the statewide "Take Only As Directed" media campaign.

Looking Toward the Future

- Continue the Strategic Prevention Enhancement Policy Consortium.
    - The Strategic Prevention Enhancement Policy Consortium has successfully

developed a five-year plan and has made great strides in interdepartmental efforts. It is recommended that this work be continued and expanded in order to best reach all Tennesseans.

Screening, Brief Intervention and Referral to Treatment

An important component of stopping the prescription drug epidemic is early recognition and early intervention when problems associated with misuse of prescription drugs arise. One significant effort the Department of Mental Health and Substance Abuse Services has been engaged in since 2011 that has the potential to greatly impact the prescription drug epidemic is the five-year Screening, Brief Intervention and Referral to Treatment (SBIRT) grant, which provides SBIRT services and disseminates information about SBIRT as a best practice. SBIRT is an early intervention approach that targets those with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment. The goal of SBIRT is to have sites of care, such as physicians' offices and outpatient hospitals, trauma centers, hospital emergency departments, ambulatory medical practices, and school clinics, screen patients who are at-risk for substance use, and if appropriate, provide them with brief intervention services or referral to appropriate treatment. By screening people in these settings it is possible to identify people who have had substance use related illness or injury that could provide a motivation for behavior change.

The following entities are currently part of the SBIRT grant project:

- East Tennessee State University Family Medicine Associates of Johnson City
- East Tennessee State University Family Medicine Clinic of Bristol
- East Tennessee State University Family Medicine Clinic of Kingsport
- The Clinic at Nashville General
- United Neighborhood Health Services, Madison Family Clinic
- The Tennessee National Guard

Looking Toward the Future

- Expand SBIRT into Department of Health primary care sites state-wide.
  - SBIRT is a proven prevention and early intervention model. The Department of Health reaches a large percentage of Tennessee's population through the primary care clinics it operates throughout Tennessee. It is recommended that SBIRT be adopted as the standard of care in each of these clinics.

- Expand the use of SBIRT in Tennessee.
  - The SBIRT model allows individuals to be identified in their health homes and receive an appropriate level of intervention targeted to their specific needs. The SBIRT service is billable through insurance. It is recommended that additional primary care sites begin using SBIRT as the standard of care.

Treatment Services

The Department of Mental Health and Substance Abuse Services contracts with a variety of non-profit and faith-based organizations to provide a continuum of treatment services to indigent people that are unable to pay for services on their own. **Services include: outpatient, intensive**

outpatient, partial hospitalization, residential treatment, halfway house, social detoxification, medically monitored detoxification, medically monitored crisis detoxification, and medically managed detoxification to individuals who meet the criteria for indigence and are in need of substance abuse services. Special priority is given to the following populations who meet the criteria outlined in the Substance Abuse Prevention and Treatment Block Grant administered by the Substance Abuse and Mental Health Services Administration: pregnant women with intravenous drug use, pregnant women abusing other drugs, and individuals with intravenous drug use. Additionally, those enrolled into the Medically Monitored Crisis Detoxification services are also included as a priority population.

In Fiscal Year 2012-2013, 5,854 people received opioid treatment through substance abuse providers funded by the Department of Mental Health and Substance Abuse Services. The Department of Mental Health and Substance Abuse Services uses the American Society of Addiction Medicine Patient Placement Criteria, an evidence-based assessment tool, to determine exactly which level of services an individual requires, at the beginning of their services and periodically throughout so that they will be given the most appropriate levels of care. Generally, as an individual progresses in their treatment experience, lesser levels of care are required and this assists the individual in moving effectively back into the community to live a life of recovery. On occasion, an individual needs a greater level of care and can be moved to that level based on the American Society of Addiction Medicine Patient Placement Criteria assessment.

The Department recognizes that many of the individuals served may have co-occurring mental health and substance use disorders as well as trauma issues. The Department contractually requires agencies to provide high quality services for individuals with co-occurring substance use and mental health disorders. The Department also contractually requires that trauma be assessed and treated if need is indicated. Training and technical assistance specific to co-occurring disorders and trauma are provided to all substance abuse agencies.

Looking Toward the Future

- Provide additional state funding for evidence-based treatment services for people with prescription opioid dependency who are indigent and unable to pay for services on their own.
    - The Substance Abuse Prevention and Treatment Block Grant funds treatment services for indigent people. The funding is not sufficient to address Tennessee's prescription drug epidemic. It is recommended that additional funding be allocated to fund treatment services for indigent people.

- Provide specialized training to treatment providers on best practices for serving people with opioid addiction.
    - People with opioid addiction have unique needs. It is recommended that the treatment workforce be trained on how to best serve this population.

- Increase the availability of and refine training for time-limited substance abuse case management services.
    - Substance abuse case management is a unique time-limited service that helps individuals gain access to resources that will help them overcome obstacles around

employment, housing, and education, become productive citizens, and live in recovery from their addiction. A training curriculum should be developed that focuses on the unique aspects of providing substance abuse case management. All agencies that are contracted to provide substance abuse treatment services should receive training on the curriculum.

Medication Assisted Therapies

Medication Assisted Therapy is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Medication assisted treatment is clinically driven with a focus on individualized patient care.[41] Effective April 1, 2008, the Division of Substance Abuse Services assumed responsibility for oversight of Tennessee's Opioid Treatment Programs (also known as "medication assisted treatment programs"). The State Opioid Treatment Authority within the Department of Mental Health and Substance Abuse Services is responsible for program oversight and clinical assistance. Specifically, the State Opioid Treatment Authority is responsible for providing administrative, medical, and pharmaceutical oversight to certified opioid treatment programs, including, but not limited to planning, developing, educating, and implementing policies and procedures to ensure that opioid addiction treatment is provided at an optimal level. Tennessee has twelve for-profit methadone clinics.

The Department of Mental Health and Substance Abuse Services recognizes that there is a place for buprenorphrine (i.e. suboxone, subutex, etc.), an additional medication used in the treatment of prescription drug disorders, in the continuum of treatment modalities. However, the Department is concerned about the oversight and/or regulations governing buprenorphrine. The Department has noted problems with the efficacy in outcomes for buprenorphrine treatment and the lack of a person-centered treatment plan that includes other essential treatment strategies including clinical therapy.

Neonatal Abstinence Syndrome Funded Treatment

The Department is promoting an innovative approach to treating women whose infants are born with Neonatal Abstinence Syndrome. A pilot project has been developed with the Department of Mental Health and Substance Abuse Services, Helen Ross McNabb Center, and East Tennessee Children's Hospital that will result in detoxification and intensive outpatient treatment services being delivered at the East Tennessee Children's Hospital. It is expected that 25 mothers and their infants will be treated as a result of this innovative new program during Fiscal Year 2013.

Looking Toward the Future

- Provide additional specialized treatment options for mothers with opioid addiction whose babies have been born with Neonatal Abstinence Syndrome or who are at risk of losing their children.
    - Women with children need specialized treatment services tailored to meeting their needs as well as the needs of their children. These services include a full continuum of treatment services as well as other wraparound services to assist mothers in caring for their children. These services include safe drug-free housing and aftercare services to ensure recovery is maintained and support is offered when required. While some services are being offered to meet the needs of this specialized

population, there is still considerable unmet need.

- Develop best practices for opioid detoxification of pregnant women.
    - Current guidelines from the American Congress of Obstetricians and Gynecologists do not recommend detoxification during pregnancy. However, many women in Tennessee have been safely detoxified during pregnancy without harm to them or their baby. A workgroup should be formed to explore the efficacy of opioid detoxification of pregnant women. The workgroup should be composed of (at minimum) individuals from the following entities: the Department of Mental Health and Substance Abuse Services, the Department of Health, the Tennessee Medical Association, the Tennessee Nurses Association, the Tennessee Chapter of the American Academy of Pediatrics, the Tennessee Chapter of the American Congress of Obstetricians and Gynecologists, the Board of Medical Examiners, and the Board of Osteopathic Examination.

Recovery (Drug) Courts

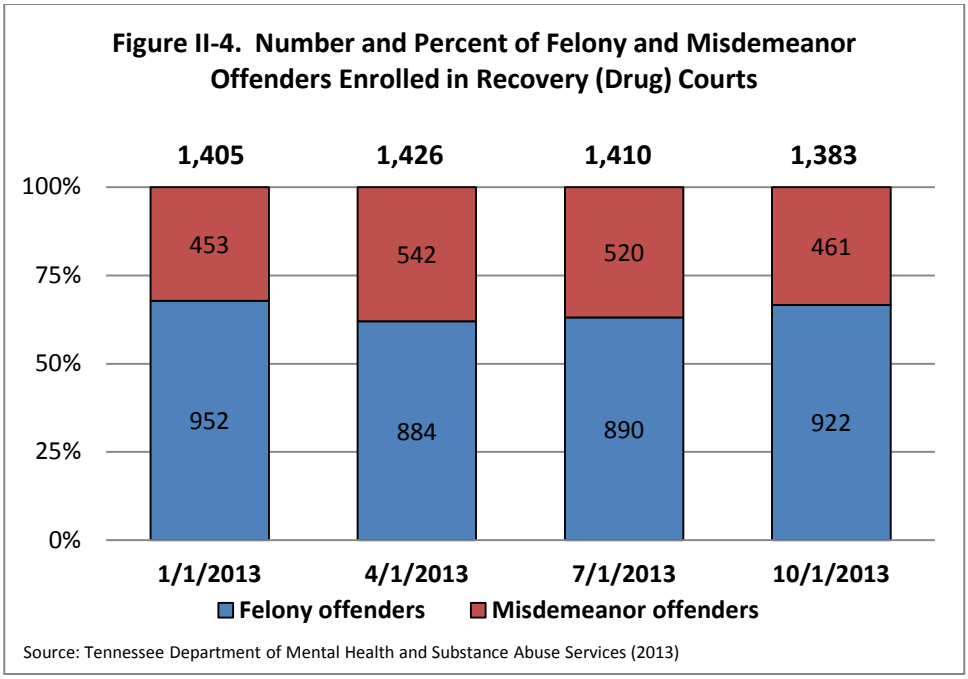
Many people are incarcerated as a result of their addiction to drugs. Thus, it is important to provide mechanisms for non-violent individuals that have been charged with drug-related crimes to receive treatment. Recovery (Drug) Courts are a mechanism for providing treatment as well as accountability for crimes that were committed. In Tennessee, eligible drug-addicted people may be sent to Recovery Court in lieu of traditional justice system case processing. Recovery Courts keep individuals in treatment long enough for it to work, while supervising them closely. For a minimum term of one year, participants are:

- Assisted in finding intensive treatment and other services they require to get and stay clean and sober;
- Held accountable by the Recovery Court judge for meeting their obligations to the court, society, themselves and their families;
- Regularly and randomly tested for drug use;
- Required to appear in court frequently so that the judge may review their progress; and
- Rewarded for doing well or sanctioned when they do not live up to their obligations.

Tennessee has 44 existing Recovery Courts that work with people engaged in the criminal justice system. Beginning July 1, 2013, the Recovery Courts have broadened their mission to include other high-need populations including consumers of mental health services and veterans. The courts are now known as Recovery Courts. This move eliminates duplication of efforts and allow for better coordination of care, as many individuals with a substance use disorder also have co-occurring mental health needs and are veterans. The Department of Mental Health and Substance Abuse Services will assist each of the existing drug courts as they move toward a Recovery Court model.

As depicted in Figure II-4, on July 1, 2013 there were 890 felony offenders enrolled in Recovery (Drug) Courts and 520 misdemeanor offenders, for a total of 1,410. In 2013, there have been a consistent number of offenders enrolled in Recovery Courts, with substantially more felony offenders than misdemeanor offenders. The General Assembly placed funding in its 2013-2014 budget to develop 10 new Recovery Courts. Tennessee is fortunate to have many judges already involved in Recovery Courts and is looking forward to working with many more in the future, as they

are essential to the success of Recovery Courts.



Looking Toward the Future

- Develop additional Recovery Courts throughout the state.
    - In Tennessee, 44 Recovery Courts are currently funded. These courts should be further expanded to ensure that they are available to those that most need them. It is recommended that funding for additional courts be allocated.

Community Treatment Collaborative Program

The Community Treatment Collaborative Program is funded through an interagency agreement between the Department of Correction and the Department of Mental Health and Substance Abuse Services. The Community Treatment Collaborative is a coordinated effort to divert at-risk probation and parole technical violators with substance abuse and co-occurring disorders from returning to state prison. This program requires a collaborative treatment approach which engages service recipients, providers, Department of Correction staff, and other community supports. The Community Treatment Collaborative program provides a full continuum of care including detoxification, residential rehabilitation, halfway house, and outpatient services.

Recovery Support Services

It is generally understood by science and experience that the longer an individual is engaged in substance abuse services, the more likely it is that a better outcome will be achieved and the individual will live a life of recovery that is free from alcohol and/or drugs. Recovery Support Services are key to continued engagement and thus improve an individual's chance of positive continued outcomes. Recovery Support Services build on successful 12-step program models as well as the concept of peers helping peers.

Current Recovery Support Services include the following: recovery support services assessment, case management, drug testing, recovery skills, relapse prevention, spiritual/ pastoral support, transitional housing, and transportation. These services may take place concurrently with clinical treatment, but generally occur following the treatment episode.

Looking Toward the Future

- Study efficacy and feasibility of Recovery Schools and Collegiate Recovery Communities.
    - Recovery Schools and Collegiate Recovery Communities support adolescents and young adults in pursuing their education while in a safe, supportive, and recovery-oriented environment. Data shows that the 12-17-year-old and 18-25-year-old population are most at risk for abusing prescription opioids in Tennessee. It is important that these populations have increased access to recovery support as they pursue their education in either high school or post- secondary school. Recovery Schools and Collegiate Recovery Communities are designed specifically for students recovering from substance abuse or dependency where students can surround themselves with other individuals that are also on the recovery journey.

Low Cost/High Impact Alternatives

State agencies must always balance the competing needs of high quality and cost effectiveness. The three programs, Oxford House, Community Housing with Intensive Outpatient Services, and Lifeline, strike the perfect balance of low cost and high impact. These programs often utilize volunteers and other natural supports in the community to maximize impact and minimize cost.

Oxford House Program

The Oxford House Program is a conglomeration of democratically run, self-supporting, drug- free homes. Oxford House, Inc., is a publicly supported, non-profit 501(c)(3) corporation and is the umbrella organization which provides the network connecting all Oxford Houses and allocates resources to duplicate the Oxford House concept. It has operated for 37 years and is the only recovery home organization that is national in scope, provides an ongoing evaluation and has a track record of proven and effective results. Beginning July 1, 2013, the Department of Mental Health and Substance Abuse Services contracted with Oxford House, Inc., to provide two outreach workers to begin six to 10 new Oxford Houses annually in Tennessee. As of October 15, 2013, there were 12 established Oxford Houses in Tennessee.

Community Housing with Intensive Outpatient Services

Appropriate community housing that is recovery-based as well as Intensive Outpatient Treatment is a good alternative to more expensive residential treatment services for many people. Recovery housing locations are not licensed treatment facilities, but offer a safe, sober, supportive environment for individuals in early recovery to bridge the gap between treatment services and full community integration. The average cost per day of recovery housing with Intensive Outpatient Treatment is $80/day compared to $140/day for residential treatment[42].

Lifeline

The Lifeline Project has three key goals:

1) Reduce stigma;
2) Increase community understanding and support of policies that provide access to treatment and recovery services; and
3) Encourage the establishment of additional 12-step meetings, such as Narcotics Anonymous and other recovery support services, across the state.

Project approaches include encouraging the establishment of evidence-based addiction and recovery programs (including 12-step programs) as well as educational presentations for civic groups, faith-based organizations, and community leaders to increase understanding of the disease of addiction and support for recovery strategies.

Looking Toward the Future

- Provide additional low cost/high impact services such as Oxford Houses, Community Housing with Intensive Outpatient Services, Lifeline, 12-step meetings, and faith-based initiatives.
    - Recovery services are essential to individuals who have completed treatment and are living a substance-free lifestyle. Recovery services offer opportunities to interact with others who are on a similar recovery journey and experiencing the same struggles as they navigate a life free of substances. Many recovery services can be provided for little to no cost. However, some initiatives do require funding for startup or staff time to recruit additional sites in high-need locations. The Tennessee General Assembly allocated one-time funding in the amount of $550,000 in 2013 for the Lifeline program, an initiative to increase the number of recovery support services in Tennessee. It is recommended that this funding become recurring.

CURRENT STRATEGIES: TENNESSEE DEPARTMENT OF HEALTH

The Tennessee Department of Health plays a key role in combatting the prescription drug epidemic in Tennessee through oversight of the Controlled Substance Monitoring Database and Pain Clinics, as well as working through the Health Related Licensing Boards to promote a uniform protocol for prescribing guidelines for opioids and benzodiazepines.

Controlled Substance Monitoring Database

The Controlled Substance Monitoring Database was legislatively mandated in 2002 and administratively attached to the Board of Pharmacy. The purpose of the database is to collect data about the controlled substances being dispensed in Tennessee in order to identify unusual prescribing and/or dispensing practices, taking into account the particular specialty, circumstances, and patient-type or location of the prescriber or dispenser[43]. It was also created to inform prescribers and dispensers of the controlled substance prescriptions their patients were receiving from other prescribers.

The Tennessee Prescription Safety Act of 2012 contained key provisions that will increase the timeliness and accuracy of information reported into the Controlled Substance Monitoring Database by decreasing the amount of time that dispensers have to report into the Database. Currently, the Department of Health is working to inform people in the medical profession who will be affected by the new law about its provisions and how it will affect their work. The Department of Health has conducted seven regional continuing education conferences across the state. Additionally, the Board of Medical Examiners now requires all 22,000 licensed physicians to complete a one-hour continuing education program on controlled substances and the new law now requires prescribers to attain two hours. Continuing medical education checks have found a 90% compliance with the current requirement. The Department of Health is currently studying recommendations for adoption of similar standards by other professional boards.

Another important mechanism for sharing information with medical professionals is by educating people pursing undergraduate and graduate degrees in the health professions. The Department of Health, in cooperation with related professional societies and associations, is developing a teaching tool to be used in higher education settings. The teaching tool will include the following information:

- A description of the Prescription Drug Safety Act of 2012;
- How the Prescription Drug Safety Act of 2012 is applicable to their profession; and
- The nature of the prescription drug problem in Tennessee.

The Department of Health is working to ensure that the information in the Controlled Substance Monitoring Database can be used to make informed decisions when prescribing prescription opioids. One important new development is a notification system that sends clinicians an alert when their patients have met certain risk thresholds. These thresholds have been developed through analysis of prescription data in the Controlled Substance Monitoring Database and can be utilized to identify patients at potential risk for adverse events. The three areas of risk are: number of prescribers, number of dispensers, and morphine milligram equivalent (MME) dose. In 2014, these notifications will be present upon login to the Controlled Substance Monitoring Database and are presented to the Controlled Substance Monitoring Database user from high to low priority.

High Pharmacy Utilization

- Red – 4 pharmacies in 60 days
- Yellow – 3 pharmacies in 60 days

High Prescriber Utilization

- Red – 4 prescribers in 60 days
- Yellow – 3 prescribers in 60 days

High Morphine Equivalent Dose

- Red – 120 MME per day
- Yellow – 90 MME per day

When selecting a notification, the patient's Controlled Substance Monitoring Database report will be generated and sent to the clinician for evaluation. A reminder email will be sent if the clinician does not view the patient report. Studies have shown that this type of notification is an effective tool in identifying potential doctor shoppers and providing an opportunity for an intervention.

An additional way that the Department of Health has begun to use the Controlled Substance Monitoring Database to inform prescribers about their prescribing habits is by sending letters to the top 50 prescribers of controlled substances and requesting an explanation justifying the amounts.

The Department of Health is also working to improve information sharing across state lines. Tennessee borders eight states and crossing over state lines to obtain controlled substances is fairly easy. Without information from other states' prescription drug monitoring programs it will be impossible to get a full picture of the types of drugs that individuals are being prescribed. The Department of Health is working with other states' prescription drug monitoring programs and has met with the states that are in close proximity to Tennessee (Kentucky, West Virginia, Ohio, Alabama, Virginia, North Carolina, South Carolina, Indiana, and Florida) to create a prescription drug alliance to share prescriber and dispenser information from each state's Prescription Drug Monitoring Program. Exchanges have been established with South Carolina, Virginia, and Michigan. Pilot testing is under way with Kentucky.

Looking Toward the Future

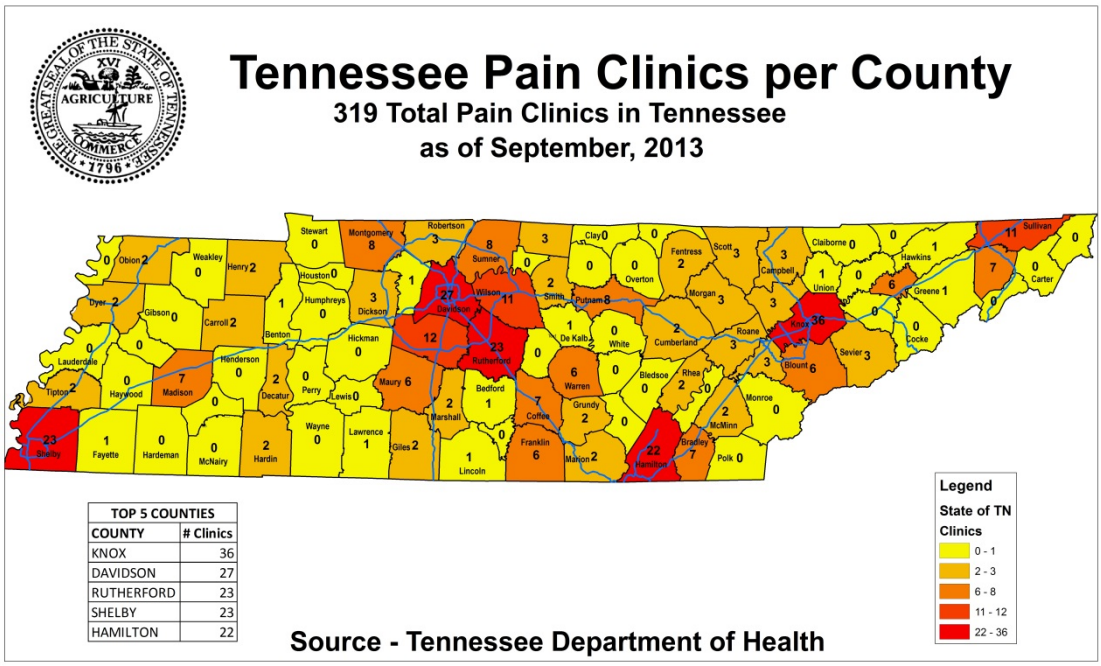
- There are still some desired changes that would further improve the utility of the Controlled Substance Monitoring Database and assist in curtailing the prescription drug problem including:
    - Continue to make technological improvements to enhance the ability to report data in more real-time and with easier user access.
    - Provide de-identified aggregate data obtained from the database for purposes of education and outreach both to healthcare practitioners and the public.
- Develop memorandums of understanding between other states that guide information sharing practices for information gained through prescription drug monitoring programs.

Pain Clinic Oversight

The Department of Health is responsible for oversight of pain clinics and is working to take a more

proactive oversight role by querying data from the Controlled Substance Monitoring Database to determine unusual activity and by regularly conducting inspections. The Database information is being used to identify prescribing patterns for individual prescribers and dispensers as well as pain clinics. In addition, the Department of Health is enhancing the enforcement activities in the Office of Investigations and legal office to conduct inspections of pain clinics, bring violations to conclusion, and turn matters over for possible prosecution where warranted.

Map II-3. Tennessee Pain Clinics per County



Looking Toward the Future

- Revise Pain Clinic Rules to better address the prescription drug problem in Tennessee.
    - Pain clinic rules can be further enhanced to ensure they have language that discourages illegal practices and increased standards for medical directors with the goal of improving quality. When designing, the new rules, the National Alliance for Model State Drug Laws' overview on "State Regulations of Pain Clinics" should be referenced.

Drug Overdose Reporting

Another important tactic in understanding and combatting the prescription drug problem in Tennessee is to have more information about people who have died from drug overdoses. One way that this can be accomplished is by obtaining consistent information from medical examiners across the state about the drug overdose deaths that occur in their area. National guidelines recommend that autopsy, investigation, and toxicology should be completed to accurately diagnose drug overdose deaths. Baseline data of the total number of autopsy-confirmed drug overdose deaths for each county was obtained**. The 2011 data shows that only 62% of overdose deaths were autopsied[44].** Reports of Investigation submitted to the Office of the Chief Medical Examiner indicate some counties certify deaths as drug overdose based on circumstantial information without

doing the needed autopsy and appropriate laboratory studies. Thus, it is important that additional work be done to ensure that overdose deaths are being autopsied. The Department of Health drafted rules in December 2012 to address the Public Chapter requirement to improve uniform investigation of deaths. As of July 2013, 16 counties submit reports of investigation to the Office of the Chief Medical Examiner.

Looking Toward the Future

- Improve the uniformity and reliability of drug overdose reporting by all county medical examiners.
    - The Department of Health is planning to improve the uniformity and reliability of drug overdose reporting by all county medical examiners by reviewing the current state laws for needed modifications for the 2015 General Assembly.

- Implement a new case management system for medical examiners.
    - The Department of Health has identified a potential statewide medical examiner's case management system and is working to estimate costs and details of a licensing agreement.

Development of Guidelines for Prescribing Narcotics

The Department of Health has a workgroup whose purpose is to identify chronic pain management guidelines. Workgroup participants represent private providers as well as the departments of Health, Mental Health and Substance Abuse Services, and Commerce and Insurance, and the Bureau of TennCare. Guidelines are intended to assist prescribers on appropriate prescribing patterns for individuals needing opioid pain relievers, including management of acute pain, having a long-term plan, understanding opioid's morphine equivalent, and what is the best and highest use. The guidelines should also improve the dialogue between the medical community and law enforcement.

A Frequently Asked Questions document was prepared and distributed in December 2012 to 30,000 prescribers and dispensers regarding the new requirements for the Controlled Substance Monitoring Database. The document included statements of intent to develop statewide protocols. In the spring of 2013, the Department of Health held a series of five regional provider symposia with prescribers, dispensers, regulators, and communities to consensually develop and encourage adoption of standards and assure integration of prevention strategies. A rough draft of the guidelines should be completed by December 1, 2013. The final step will be preparation of a strategic plan for the whole effort that will include cost projections.

Looking Toward the Future

- Design a smartphone application that will provide prescribers automatic updates on milligram/morphine equivalents and other technological enhancements.
    - It is important that prescribers have the most up-to-date information about medications they are prescribing. Using the latest technology including smart phone applications will ensure that prescribers are using the latest information when making medication decisions.

- Review and revise the Tennessee Intractable Pain Treatment Act and the Tennessee Code related to pain management clinics in order to address current opioid prescribing practices.[45]

- The Tennessee Intractable Pain Treatment Act was enacted in 2001 to give patients with chronic pain a Bill of Rights which guarantee access to long-term opioids as a first-line treatment for chronic pain. The subsequent illegal misuse, abuse or diversion of opioids formulated for chronic pain was not anticipated when this act was codified.
- The perceived under-prescribing of opioids by Tennessee physicians in 2001 has now been replaced by overprescribing. Unless the patient has a serious illness, opioids are no longer conventionally considered first-line treatment of chronic pain as guaranteed by the Tennessee Pain Patient's Bill of Rights (Tenn. Code Ann. § 63-6-1104).
- With this in mind, it is recommended that the Tennessee Intractable Pain Treatment Act (Tenn. Code Ann. § 63-6-1101) and the Tennessee Code related to Pain management clinics (Tenn. Code Ann. § 63-1-301) be reviewed and legislative revision or repeal be considered as necessary to reduce the pressure on health care providers to prescribe opioids over other options for chronic pain management. Legislation should not discourage the use of opioids as first choice when indicated for treatment of acute severe pain or persistent pain due to active cancer or other advanced illnesses.

- Complete the development of guidelines for prescribing opioids and encourage adoption.

- Licensing bodies should continue to review their own policies and procedures around unsafe opioid prescribing practices and enact new rules that allow better self- regulation of licensees including tougher and more timely consequences for physicians who over-prescribe.

- Develop additional specific guidelines for prescribing narcotics for Acute Care Facilities (Urgent Care and Emergency Departments).
  - Acute Care Facilities are unique environments where the treatment of pain is frequently indicated without the benefit of an established patient/doctor relationship. It is also often conducted in an environment of limited resources including prescriber time and diagnostic information. Therefore, it is important to establish general guidelines that can help urgent care and emergency departments reduce inappropriate prescribing of opioid pain medication while preserving their vital role of treating patients with emergent medical conditions.

Impaired Healthcare Professionals Program

The Tennessee Professional Assistance Program is a program administered by the Tennessee Nurses Foundation and funded by the Department of Health, Division of Health Related Boards. It assists in the rehabilitation of impaired healthcare professionals by providing consultation, referral, and monitoring services to facilitate a safe return to practice. It is a voluntary program that aids healthcare professionals who are struggling with physical, psychological or chemical impairment impacting their professional practice by providing an avenue for early identification, treatment, monitoring and advocacy. A healthcare provider, who cooperates fully with recommended evaluation/treatment and complies with requirements of the program, may be allowed to continue practicing if they engage in sound recovery techniques.

CURRENT STRATEGIES: TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY

The Tennessee Department of Safety and Homeland Security is also an active partner in stopping the prescription drug epidemic in Tennessee. This Department has taken an active role by leading the Governor's Public Safety Subcabinet and working to educate state troopers about intercepting and confiscating illicit drugs.

Doctor Shopping

During the first six months of 2013, the Department of Safety and Homeland Security saw an increase in people being convicted of doctor shopping, with 67 individuals being found guilty. If the rate of people being convicted for doctor shopping continues for the remainder of 2013, it is expected that 204 people will be convicted, a significant increase from the 2012 number of 96 individuals convicted[46]. As utilization of the Controlled Substance Monitoring Database has increased, the number of people doctor shopping has decreased.

Law Enforcement Access to Controlled Substance Monitoring Database

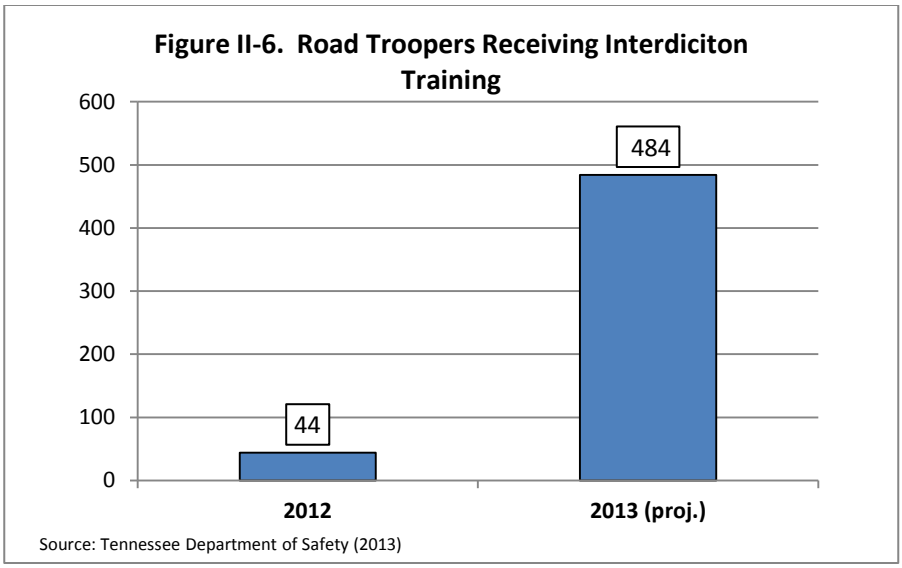
The passage of the Prescription Safety Act of 2012 expanded law enforcement access and utilization of the Controlled Substance Monitoring Database when specific criteria are met (i.e., it is part of an ongoing investigation). The Department of Health is in the process of developing rules to clearly describe the procedures by which law enforcement may access the Controlled Substance Monitoring Database. There were 2,565 queries submitted by law enforcement for Controlled Substance Monitoring Database data in 2012, and the projection for 2013 is 2,180[47].

Enhanced Database

The Department of Safety and Homeland Security is utilizing the Tennessee Fusion Center's "pharmaceutical diversion suspicious activity reporting database" to check for prior suspicious stops involving suspects and to enter new information into the database as a result of stops involving suspicious levels of prescription drugs. The Fusion Center is an ideal location for the "pharmaceutical diversion suspicious activity reporting database" as it was developed to enhance information sharing between federal, state and local law enforcement agencies. The collaborative effort of the partnered agencies provide resources, expertise, and information to the center with the goal of maximizing the ability to detect, prevent, apprehend and respond to criminal activity. There were 11 entries made into the "pharmaceutical diversion suspicious activity reporting database" by troopers in 2012, and 23 entries through June 30, 2013[48].

State Trooper Training

The Department of Safety and Homeland Security plans to conduct a 40-hour drug interdiction training course two times this year for approximately 50 state troopers. Interdiction refers to the interception and confiscation of illegal drugs. During the first half of 2013, 186 troopers and 56 Tennessee Highway Patrol Cadets received 24 hours of interdiction training.



The Department of Safety and Homeland Security is working to meet its goal that all road troopers will receive 24 hours of interdiction training during 2013. An additional 16 hours of interdiction training is still planned for in-services scheduled for 2014 giving troopers a total of 40 hours of drug interdiction training. For the first six months of 2013, 242 road troopers have received interdiction training compared to 44 in 2012.

CURRENT STRATEGIES: TENNESSEE BUREAU OF INVESTIGATION

The Tennessee Bureau of Investigation is responsible for providing specialized law enforcement services to state and local law enforcement agencies. The Tennessee Bureau of Investigation provides drug diversion investigators, who pursue those who fraudulently overprescribe and doctor shop.

Drug Investigation Division

The Drug Investigation Division is responsible for investigating and assisting in the prosecution of crimes involving controlled substances, narcotics, and illegal drugs. These investigations can, and often do, involve the illegal diversion of prescription drugs. Agents assigned to the Drug Investigation Division are stationed throughout the state.

Medicaid Fraud Control Unit

The responsibilities of the Medicaid Fraud Control Unit are "to investigate and refer for prosecution violations of all applicable laws pertaining to provider or vendor fraud and abuse in the administration of the Medicaid program, the provision of goods or services or the activities of providers of goods or services under the state Medicaid plan; Medicaid fraud; and abuse or neglect in health care facilities receiving payments under the state Medicaid plan such as board and care facilities as allowed by federal law" (Tenn. Code Ann. § 71-5-2508). These provider fraud investigations include cases on over-prescribers, as well as abuse occurring in health care facilities, which sometimes involve theft or diversion of patient medications. The Medicaid Fraud Control Unit is a 75% federally funded law enforcement entity located within the Criminal Investigation Division of the Tennessee Bureau of Investigation. It is one of 50 federally certified units across the country.

Forensic Services Division

The Tennessee Bureau of Investigation Forensic Services Division is comprised of a central laboratory in Nashville and two regional laboratories in Memphis and Knoxville. Within each laboratory is a Toxicology and Forensic Chemistry Unit that each provides testing of submitted samples for the presence of alcohol and/or drugs. The statewide increase in synthetic drug demand and distribution has created the need for the Forensic Chemistry Unit to expand testing, provide training and guidance for submitting agencies and prosecutors, and consult with legislators concerning trends in synthetic drug case work. Alcohol is by far the most prevalent sample encountered in toxicology cases, followed by marijuana. Prescription drugs are the next most common group of drugs found, and these are found in many disturbing combinations. Frequently encountered prescription drugs are alprazolam, hydrocodone, diazepam, carisoprodol, clonazepam, and many others.

Tennessee Methamphetamine and Pharmaceutical Task Force

The mission of the Tennessee Methamphetamine and Pharmaceutical Task Force is to enforce the controlled substance laws of Tennessee and the United States and to bring to the criminal justice system those individuals and organizations involved in the clandestine manufacture and trafficking of methamphetamine and the abuse and diversion of other controlled substances, particularly opioids and benzodiazepines. The Task Force has broadened its mission to focus on prescription drugs using the framework established through work around methamphetamines. The Task Force is made up of a diverse range of community and statewide stakeholders, including the Department of Mental Health and Substance Abuse Services and the Department of Health. The Task Force focuses on areas of the state where there is increased activity related to opioids and benzodiazepines.

CURRENT STRATEGIES: U.S. DRUG ENFORCEMENT ADMINISTRATION

The U.S. Department of Justice Drug Enforcement Administration is a key partner in solving the prescription drug epidemic that exists in Tennessee. All prescribers and dispensers must register with the Drug Enforcement Administration. Additionally, the Drug Enforcement Administration pursues criminal activity as it relates to prescribing and dispensing pharmaceuticals. The Drug Enforcement Administration has also been very involved with Drug Take-Back Days.

Drug Enforcement Administration Registration

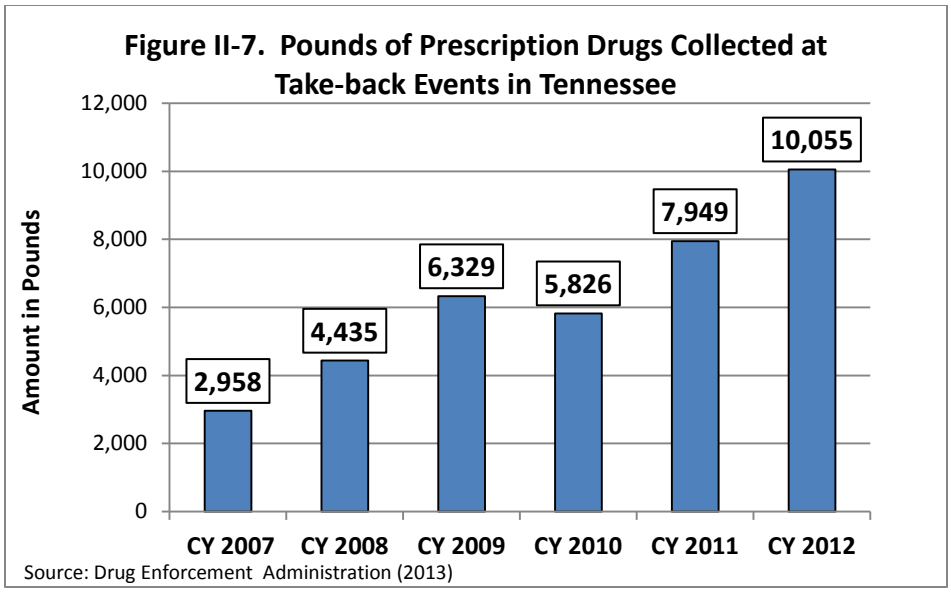
Under federal law, all businesses that import, export, manufacture, or distribute controlled substances; all health professionals licensed to dispense, administer, or prescribe them; and all pharmacies authorized to fill prescriptions must register with the Drug Enforcement Administration. Registrants must comply with regulatory requirements relating to drug security and record keeping. There are currently 31,700 Type A registrants in Tennessee (individuals who can prescribe) and 313 Type B registrants (manufacturers, distributers, and narcotic treatment programs)[49].

Diversion Investigations

One of the main responsibilities of the Drug Enforcement Administration is to conduct diversion investigations. These investigations involve, but are not limited to, physicians who sell prescriptions to drug dealers or abusers; pharmacists who falsify records and subsequently sell the drugs; employees who steal from inventory and falsify orders to cover illicit sales; prescription forgers; and individuals who commit armed robbery of pharmacies and drug distributors. Diversion investigations almost always are conducted in collaboration with state and local partners.

National Prescription Drug Take-Back Day

The Drug Enforcement Administration coordinates the National Prescription Drug Take-Back Day, which aims to provide a safe, convenient, and responsible means of disposing of prescription drugs while also educating the general public about the potential for abuse of medications. Figure II-7 shows that over the last few years, the amount of pills collected at Take-Back Days in Tennessee has increased. **In 2012, 10,055 pounds of pills were collected.** The Drug Enforcement Administration also processes requests for local law enforcement to house permanent drop-boxes and will take custody of drugs received from local take-back events and permanent prescription drop-boxes if requested.



Looking Toward the Future

- Provide training on the new Drug Enforcement Administration's regulations.
    - The Drug Enforcement Administration is expected to release new regulations on prescription drug disposal. When these regulations are released, it will be important to train local law enforcement and pharmacies on the new rules.

CURRENT STRATEGIES: TENNESSEE DEPARTMENT OF CORRECTION

High numbers of individuals are being incarcerated as a result of drug use. The Tennessee Department of Correction ensures that incarcerated individuals who are in need of treatment services receive those services while incarcerated.

Treatment Services

The Department of Correction uses a highly structured program model as the primary treatment format, including a robust risk/needs assessment, and a blend of both cognitive restructuring and behavior modification treatment approaches. This structured program model has proven to be a cost-effective treatment option for offenders housed within a correctional setting. This structured program model is based on the "criminogenic need principle" that enables program participants to acquire a wide range of specific and individual skills to achieve long-term sobriety and promote pro-social behavior changes. Offenders typically participate in substance abuse treatment programs near the end of the term because the Department of Correction wants to provide this service as close to the offender's release date as possible so that the skills will easily be transferred to the home environments[50].

Currently, the Department of Correction offers the following substance abuse and behavioral treatment options[51]:

Substance Abuse Therapeutic Community

Available at 13 Department of Correction facilities, this is a high-intensity, modified therapeutic community program with over 1,400 beds available. The duration is 9-12 months based both on the completion of standardized tasks as well as observable behavioral change.

Substance Abuse Group Therapy

Available at seven Department of Correction facilities, this is a medium-intensity program. Run in a full-time setting, the duration is 3-4 months; run in a part-time setting, the duration is 4-6 months.

Technical Violators Diversion Program

Located at the Turney Center Industrial Complex Annex and available only through a Parole Board recommendation, this is an intensive six-month program for offenders who violated the terms of their parole. It is run in a therapeutic community setting in conjunction with the substance abuse therapeutic community at the same location and there are 75 beds available.

Co-Occurring Treatment

The 48-bed treatment unit is located at Bledsoe County Correctional Complex. This intensive 12-month program offers inmates the opportunity to recover from addiction while learning how to manage their mental health disorder.

Volunteer Involvement

The Department of Correction also provides opportunities for volunteer groups to come into their facilities to provide recovery support services. Volunteer groups provide 12-step meetings, sponsorship, and faith-based recovery groups including Celebrate Recovery. The Department of

Correction also provides individuals who are paroled with relapse prevention groups as well as supporting ongoing participation in local 12-step meetings, Celebrate Recovery and other faith-based recovery groups.

The average cost for a day in prison is $67 throughout the Department of Correction system. For an offender to receive substance abuse treatment services, it costs approximately $2.40 per offender per day in addition to the cost to provide food, shelter, and clothing. The average length of the substance abuse treatment programs is nine months. For an offender to participate in a substance abuse treatment program within a Department of Correction prison, it costs approximately $648 per person[52].

Looking Toward the Future

- Create up to three additional Residential Recovery Courts.
    - The Department of Mental Health and Substance Abuse Services is currently in discussions with the Department of Correction about expanding Residential Recovery Courts to additional people. The next Statewide Residential Recovery Court is under consideration for Middle Tennessee. Currently the Davidson County Residential Drug Court houses 40 females and 60 males. Current planning provides for an additional 60 female beds and 90 male beds for a total of 250 beds that will be open to people from across the state. Additional Residential Recovery Courts are being considered in West Tennessee and Shelby County, subject to availability of funding.

CURRENT STRATEGIES: TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

The Tennessee Department of Children's Services seeks to preserve and re-unify families whenever possible when confronted with addiction. The Department of Children's Services addresses the prescription drug epidemic by providing treatment services to people in custody, coordinating treatment for babies born addicted to substance, and supporting and referring parents for treatment services.

Treatment Services for Youth and Young Adults in Custodial Care

All children in state custody regardless of age are assessed for medical and mental health needs, including drug use and addiction through regular and periodic screenings which include Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and the Child and Adolescent Needs Assessment (CANS). Appropriate in-patient, residential and/or outpatient services are provided through TennCare-funded service providers.

Treatment Coordination for Babies Born Addicted to Substances

When a baby is born addicted or has been exposed to drugs prior to birth and is brought into Department of Children's Services custody, services are coordinated with the local medical provider/hospital. In most cases, the child will be assessed and treatment provided through one of the five Centers of Excellence hospitals in Tennessee. Centers of Excellence hospitals provide consultation for children who are in Department of Children's Services custody who have complex medical, behavioral, psychological, and psychiatric problems.

Supports and Referrals for Parents in Custodial and Non-Custodial Cases and Children in Non-Custodial Cases

Department of Children's Services has a Crisis Management Team that assists parents of non-custodial children who have significant alcohol and drug problems with locating appropriate services to prevent the child from coming into custody due to the alcohol and/or drug addiction. In addition, when a child enters custody due to the parent/caregiver's drug addiction, case managers offer support and referral services to the parents/caregivers to assist them with finding appropriate inpatient or outpatient services. Case managers will work with parents/caregivers on issues such as child care and transportation to facilitate the parent's/caregiver's participation in treatment.

Looking Toward the Future

- Develop strategies and resources to assist Department of Children's Services caseworkers in making referrals for treatment for parents at risk of substance abuse in non-custodial and custodial cases and train Department of Children's Services caseworkers on effective practices to support recovery.

CURRENT STRATEGIES: TENNCARE

The Bureau of TennCare provides for the health and wellness needs of many Tennesseans, including substance abuse treatment services, when it is medically necessary. In addition to treatment services, TennCare addresses the prescription drug epidemic through formulary regulations as well as pharmacy lock-in programs.

Covered Treatment Services

TennCare contracts with three Managed Care Organizations to provide a comprehensive continuum of substance abuse services, including medication-assisted treatment. Covered services for TennCare beneficiaries include outpatient treatment and detoxification (including intensive outpatient), inpatient treatment and detoxification, and residential treatment and detoxification. Buprenorphine containing products may be approved for the treatment of prescription opioid addiction. Currently, two of the three Managed Care Organizations utilize the American Society of Addiction Medicine Patient Placement Criteria, while the other Managed Care Organization uses the Milliman Criteria to determine the necessary level of treatment services.

Formulary Regulations

The TennCare Formulary specifies particular medications that are approved to be prescribed for TennCare enrollees and has regulations in place to prevent doctor shopping and abusing prescriptions. The regulations include:

- ~ 5 prescription limit per month on prescription drugs and refills;
- ~ Policy for tamper-resistant prescriptions;
- ~ Coverage of buprenorphine containing products are subject to strict limitations regarding prior authorization and maximum daily dosages.

Pharmacy "Lock-In" Program

TennCare maintains a pharmacy "lock-in" program designed to address member abuse, overutilization, and quality-of-care concerns for TennCare enrollees. TennCare possess the authority to restrict or lock-in TennCare enrollees to a specified and limited number of pharmacy providers if it's determined that the enrollee has abused the TennCare Pharmacy Program. If a patient gets "locked-in" and attempts to fill a prescription from an unauthorized pharmacy, the patient will receive a reject notice. Specific patients may also be subject to prior authorization requirements for all controlled substances. There were 511 beneficiaries locked-in in 2012, and 185 were locked-in from January to May 2013.

TennCare's Pharmacy "Lock-In Program" is designed to address member abuse, over-utilization and quality of care concerns for TennCare enrollees. There were 511 beneficiaries locked-in in 2012.

Prescriber Identification

TennCare has developed a unique and innovative algorithm to help identify providers who are potentially prescribing opioids in a way that is very

inconsistent with their peers. Instead of simple volume-based analytics, the algorithm scores prescribers based on a composite index of many factors including short- versus long-acting opioids, pure opioids versus combination products, more likely to be abused versus less likely to be abused (i.e. C-II vs. C-III), and a number of targeted medications that are widely used by prescription drug abusers. Providers at the top of this list are manually evaluated by the pharmacy staff for appropriate prescribing habits. There are a number of interventions that may be employed depending on the result of the manual investigation ranging from targeted education to the complete blocking of prescriptions by the TennCare Drug Utilization Review Board and referral to the appropriate health-related board.

CURRENT STRATEGIES: LEGISLATION

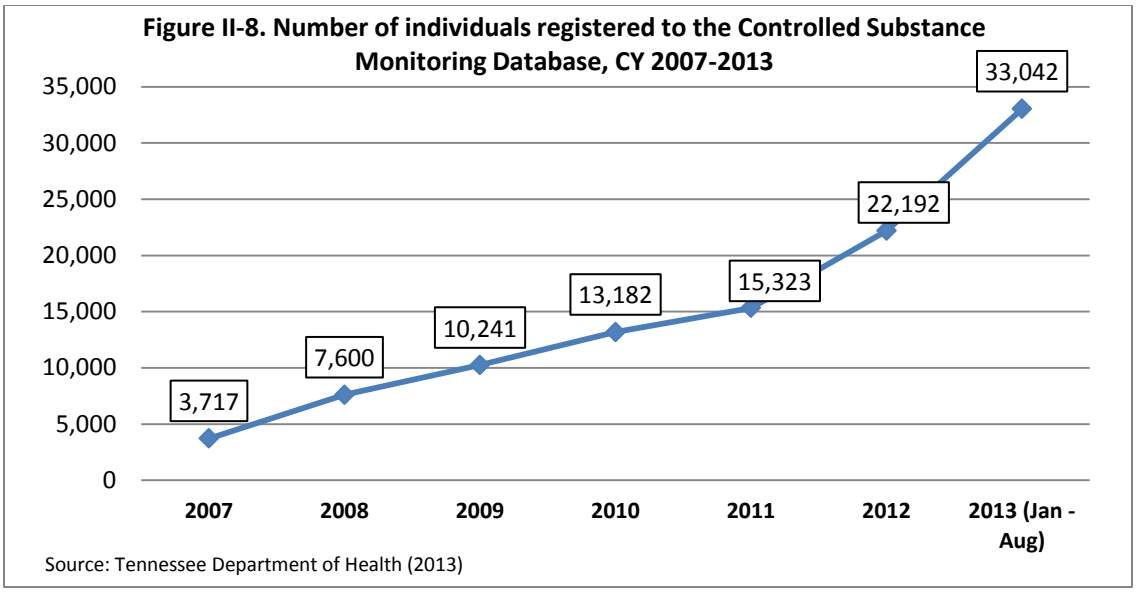
While state departments have made significant strides in addressing the prescription drug abuse problem, there have also been important legislative efforts that have been essential to proactively addressing the prescription drug epidemic.

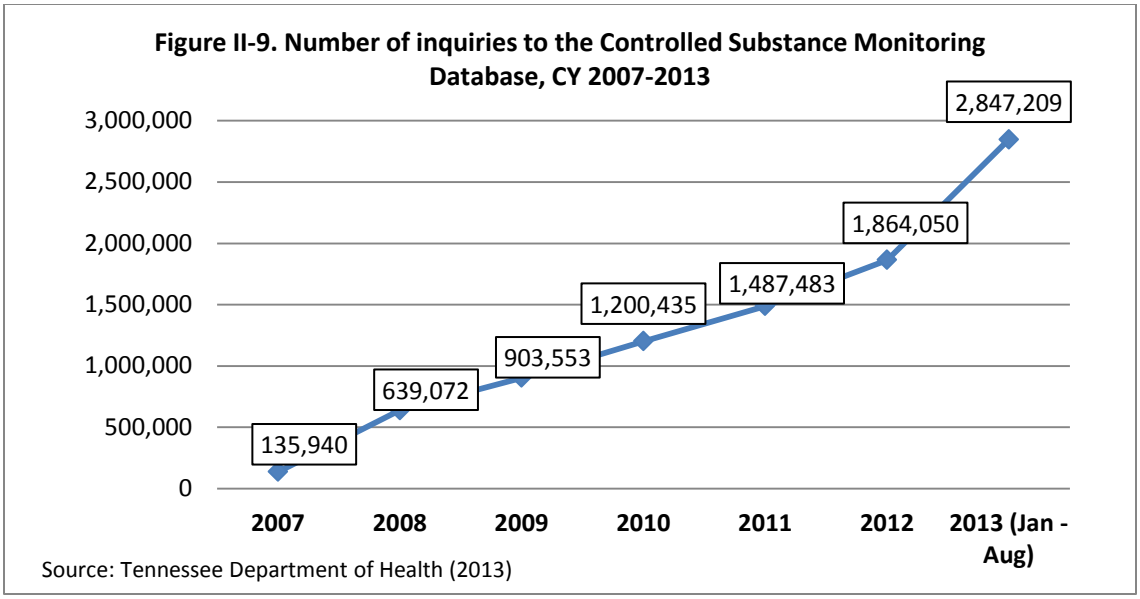
Tennessee Prescription Safety Act of 2012

In May 2012, Public Chapter 880 also known as the "Tennessee Prescription Safety Act of 2012" amended several requirements of the original legislation governing the Controlled Substance Monitoring Database[53]. The Tennessee Prescription Safety Act of 2012 had several key provisions that will assist in the effort to control Tennessee's prescription opioid epidemic.

- All prescribers and dispensers of controlled substances must register in the Controlled Substance Monitoring Database. Newly licensed prescribers and dispensers of controlled substances must register within 30 days of licensure. Any licensee working in Tennessee for 15 days per year must meet the registration requirement.
- All prescribers must check the Controlled Substance Monitoring Database prior to prescribing opioids or benzodiazepines for a patient at the beginning of a new episode of treatment and at least every 12 months during that episode of treatment.
- A practitioner may designate agents or healthcare practitioner extenders to access the database on their behalf. Healthcare practitioner extenders register for separate password access after designation and approval from their supervising practitioner.
- Also of importance is the ability to connect with other states and share patient records with other providers who are also treating the patient.
- As of January 1, 2013, dispensers are required to report to the Controlled Substance Monitoring Database every seven days all controlled substance prescriptions dispensed as well as the source of payment.
- The database capacity was increased in anticipation of more activity from practitioners.

The Prescription Safety Act of 2012 was a huge step forward in controlling access to prescription opioids. Figures II-8 and II-9 demonstrate that the provisions of the new law have resulted in a marked increase in the number of prescribers and dispensers registered in the database, as well as the number of times the database has been queried. Preliminary information shows that the requirements to regularly check the database have increased information about patients' use of controlled substances and is in turn changing prescriber behavior.





The ADDISON Sharp Act

The ADDISON (Abolish Drug Distribution Igniting Support Of New Beginnings) Sharp Act was passed in 2013. The Act is named after Addison Sharp, a resident of Knoxville, whose young life was tragically cut short in 2012 by an overdose of prescription medication[54]. After his death, his family worked with legislators, law enforcement, and medical professionals to attempt to decrease the number of lives being taken by this growing epidemic. The Act enhances and tightens the regulations on prescribers and pain management clinics already being addressed through the Action Steps of the Governor's Public Safety Forum. Provisions of the bill include:

- Direct the Commissioner of Health to develop guidelines for prescribing the most commonly abused prescription medications and provide this information to the various licensing boards who oversee prescribers;

- Require two hours of training for medical professionals every two years on these guidelines and other pertinent requirements such as medicine addiction and risk management;
- Limit the dispensing of opioids and benzodiazepines to 30 days (the prescription may still be issued for 90 days, but this will limit it to a 30-day supply at a time);
- Require reporting to the Controlled Substance Monitoring Database by all prescribers who dispense at their offices;
- Clarify the definition of manufacturer and wholesaler of drugs and require the reporting of the drug distribution;
- Strengthen the definition of pain management clinics by closing a loophole in the law that has allowed some operators to avoid registration;
- Require a patient of pain management clinics to have a current and valid government-issued identification or health insurance card for monitoring purposes;
- Limit the medical director at pain management clinics to four clinics total;
- Limit money order payments as a method to reimburse pain management clinics for services to put an end to cash business; and
- Enhance the fine for violations on unregistered clinics to (between $1,000 and $5,000 per day) to substantially impact those who choose to operate illegally.

Safe Harbor Act

Senate Bill 459/House Bill 277, also known as the Safe Harbor Act of 2013, is a significant piece of legislation that affects children and families. The Safe Harbor Act of 2013 establishes pregnant women as priority users of available treatment from publicly-funded drug addiction treatment providers. The bill also requires the Department of Mental Health and Substance Abuse Services to ensure that family-oriented drug abuse and drug dependence treatment is available, as appropriations allow. Additionally, the bill prohibits certain treatment centers from refusing treatment solely because a woman is pregnant. Furthermore, the bill requires attending obstetrical providers to encourage pregnant women, who are using prescription drugs in a way that may place the fetus in jeopardy, to seek drug addiction or drug dependence treatment and prohibits the Department of Children's Services from petitioning for the newborn's protection solely because of the mother's use of prescription drugs for non-medical purposes during the term of her pregnancy, if the mother initiates drug abuse or drug dependence treatment prior to her next regularly scheduled prenatal visit after her obstetrical provider has encouraged her to seek treatment (approximately the twentieth week of pregnancy) and the mother maintains compliance with both drug abuse or drug dependence treatment as well as prenatal care throughout the remaining term of her pregnancy. This legislation addresses the need for treatment services in this specific situation and should lead to Tennesseans regaining control of their lives, forging healthy relationships within their families, and securing addiction free futures.

Looking Toward the Future

- Improve the utility of the Controlled Substance Monitoring Database.
    - Significant progress has been made in enhancing the regulations for timely reporting in the Controlled Substance Monitoring Database. However, the functionality of the database can be greatly improved if the law is changed to require reporting occur at the time prescriptions are dispensed instead of waiting up to seven days as the

current law allows. Additionally, changes should be made to give hospital quality improvement committees limited access to the Controlled Substance Monitoring Database. However, access to the Controlled Substance Monitoring Database must be balanced with the Health Insurance Portability and Accountability Act and privacy concerns.

- Enact a Good Samaritan Law.
    - Good Samaritan Laws provide a degree of immunity from criminal charges or mitigation of sentencing for an individual seeking help for themselves or others experiencing an overdose. Good Samaritan Laws are designed to encourage people to help those in danger of an overdose. 17 other states have enacted a Good Samaritan Law and it is recommended that the legislature consider enacting this type law.