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

Figure 1. Adults using pain relievers for non-medical reasons in the past year\(^1\): TN CYs 2006-2014

Figure 2. Adults using pain relievers for non-medical reasons in the past year\(^2\): TN CYs 2006-2014


50% decrease in high utilization patients. Between 2011 and 2015

Declines in prescription opioid seizures, crimes, and arrests since the Prescription Safety Act of 2012 passed

Figure 3: High utilization patients\(^4\) in the Controlled Substance Monitoring Database (CSMD)\(^5\): TN CYs 2011 to 2015

Figure 4. TBI\(^3\) prescription opioid indicators (per 10K): TN CYs 2009-2015

Sources and notes: (1) National Survey on Drug Use and Health (NSDUH), 2015; (2) Tennessee Department of Health, CSMD Annual Report to the Legislator, 2015; (3) Tennessee Bureau of Investigation Crime Online Statistics, 2016 (4) Patients filled prescriptions from 5 or more prescribers at 5 or more dispensers within 3 months; (5) Opioid seizures exclude buprenorphine, methadone, and heroin; (6) Crimes as reported to the Tennessee Bureau of Investigation. For opioid-related crimes, information collected in the following categories: oxycodone, and hydrocodone. Reporting on oxycodone plus hydrocodone provides the most focused information on opioids possible given how data is collected; (7) Arrests as reported to TBI. Opioid-related arrests include arrests for morphine, opium, and all narcotic-related arrests with the exception of cocaine and crack-cocaine arrests.
Goal 2: Decrease the number of Tennesseans who overdose on controlled substances

Figure 1. Tennessee resident prescription opioid$^{1,2}$ and heroin$^{1,3}$ poisonings resulting in hospitalization: 2009-2014

Map 1. Prescription opioid poisonings$^{1,2}$ (per 10K population): 2013 and 2014

Map 2. Heroin poisonings$^{1,3}$ (per 10K population): 2013 and 2014

Sources and notes: Tennessee Department of Health, Division of Policy, Planning and Assessment, Nashville, TN; (1) Hospital Discharge Data System, 2009-2014. For maps, two year averages reported and rates are only shown for counties where the combined count during the time period (2014/2015) was greater than 5. (2) Opioid poisonings include hospital discharges with ICD-9 codes of 965.09, E850.2, E935.2; (3) Heroin poisonings includes hospital discharges with ICD-9 codes of 965.01, E850.0, E935.0.
Goal 2: Decrease the number of Tennesseans who overdose on controlled substances

Figure 1. Tennessee resident drug overdose deaths\(^1,6-9\): 2009-2014

Map 1. Prescription opioid overdose deaths\(^1,8\) (per 10K population): 2013 and 2014

Map 2. Heroin overdose deaths\(^1,9\) (per 10K population): 2013 and 2014

Sources and notes: Tennessee Department of Health, Division of Policy, Planning and Assessment, Nashville, TN; (1) Death Statistical System, 2009-2014; For maps, two year averages reported and rates are only shown for counties where the combined count during the time period (2014/2015) was greater than 5. (2) Drug overdose deaths are based on the ICD-10 underlying cause of death codes: X40-X44, X60-X64, X85, Y10-Y14. (3) Prescription drug overdose deaths were summarized based on an underlying cause of death being a drug overdose and the multiple causes of death containing at least one of the following ICD-10 codes: 36-T39, T40.2-T40.4, T41-T43.5, and T43.7-T50.8. This category includes some over-the-counter medications. (4) Opioid overdose deaths were summarized based on an underlying cause of death being a drug overdose and the multiple causes of death containing at least one of the following ICD-10 codes: T40.2 - T40.4. (5) Heroin overdose deaths were summarized based on an underlying cause of death being a drug overdose and the multiple causes of death containing at least one of the following ICD-10 codes: T40.0 - T40.1.
Goal 3: Decrease the amount of controlled substances dispensed in Tennessee

Figure 1. Number of controlled substance prescriptions written to Tennessee patients (in millions) and reported to the Controlled Substance Monitoring Database¹: 2011-2015

395,000 fewer opioid prescriptions reported to the CSMD in 2015¹ compared to the peak in 2012

Figure 2. Amount of morphine milligram equivalents (MMEs)¹ dispensed to Tennessee patients (in millions) and reported to the Controlled Substance Monitoring Database¹: 2011-2015

14% decline in opioid MMEs dispensed for pain in 2015 compared to the peak in 2012.

231% increase in opioid MMEs dispensed for treatment of drug dependence in 2015 compared to 2011.

(1) Source: Tennessee Department of Health, CSMD Annual Report to the Legislator, February 1, 2016; (2) includes prescription opioids for pain and treatment; (3) MMEs are reported per million (unit = 1,000,000 MMEs); (4) excludes FDA approved buprenorphine products indicated for treatment of opioid dependence and prescriptions reported from VA pharmacies; (5) excludes prescriptions from methadone opioid treatment programs and prescriptions reported from VA pharmacies.
Goal 4: Increase access to drug disposal outlets in Tennessee

Figure 1. Number and location of permanent drug collection boxes

Note: Calendar year data reported.

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

As of August 15, 2016. This includes drug collection boxes located in 38 pharmacies.
Goal 5: Increase access and quality of early intervention, treatment and recovery services

Early Intervention

Figure 1: Number of TDMHSAS-funded Screening, Brief Intervention, and Referral to Treatment (SBIRT) screenings: 2011-2014

SBIRT screenings (cumulative)

- 37,744 Screenings between October 2011 and September 2016
- 26,893 Screenings Oct 2011 – Sep 2014
- 4,185 Screenings Oct 2011 – Sep 2012

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

Recovery Courts

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

Figure 2: Number of Misdemeanor and Felony Offenders Enrolled in Recovery Courts*

- **263% increase in recovery court enrollees from January 2013 to June 2016**

<table>
<thead>
<tr>
<th>Year</th>
<th>Felony Offenders</th>
<th>Misdemeanor Offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2013</td>
<td>952</td>
<td>1,405</td>
</tr>
<tr>
<td>Jan 2014</td>
<td>515</td>
<td>1,418</td>
</tr>
<tr>
<td>Jan 2015</td>
<td>1,671</td>
<td>1,042</td>
</tr>
<tr>
<td>Jan 2016</td>
<td>2,642</td>
<td>1,960</td>
</tr>
<tr>
<td>Jun 2016</td>
<td>2,837</td>
<td>2,260</td>
</tr>
</tbody>
</table>

*Source: Tennessee Department of Mental Health and Substance Abuse Services, point-in-time count from first day of quarter
### Treatment Services

Figure 3: Number of admissions to TDMHSAS-funded treatment services with opioids as a substance of abuse: January 2011 to June 2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Jan-Jun</th>
<th>Jul-Dec</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2,741</td>
<td>2,859</td>
<td>5,600</td>
</tr>
<tr>
<td>2012</td>
<td>2,762</td>
<td>3,109</td>
<td>5,871</td>
</tr>
<tr>
<td>2013</td>
<td>3,030</td>
<td>3,081</td>
<td>6,111</td>
</tr>
<tr>
<td>2014</td>
<td>3,015</td>
<td>3,165</td>
<td>6,180</td>
</tr>
<tr>
<td>2015</td>
<td>2,924</td>
<td>3,040</td>
<td>5,964</td>
</tr>
<tr>
<td>2016</td>
<td>2,857</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8% increase in the number of TDMHSAS admissions for prescription opioid abuse from 2011 to 2015

### Recovery Services

Figure 4: Capacity of Oxford Houses in Tennessee: December 2013 – June 2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Jan-Jun</th>
<th>Dec 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>89</td>
<td>2,741</td>
</tr>
<tr>
<td>2014</td>
<td>163</td>
<td>3,109</td>
</tr>
<tr>
<td>2015</td>
<td>248</td>
<td>3,081</td>
</tr>
<tr>
<td>2016</td>
<td>298</td>
<td>3,015</td>
</tr>
</tbody>
</table>

290 recovery group meetings established by Lifeline between September 2013-July 2016 (cumulative)

290 beds between Sept 2013 and June 2016

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

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

Source: Tennessee Department of Mental Health and Substance Abuse Services, 2016