

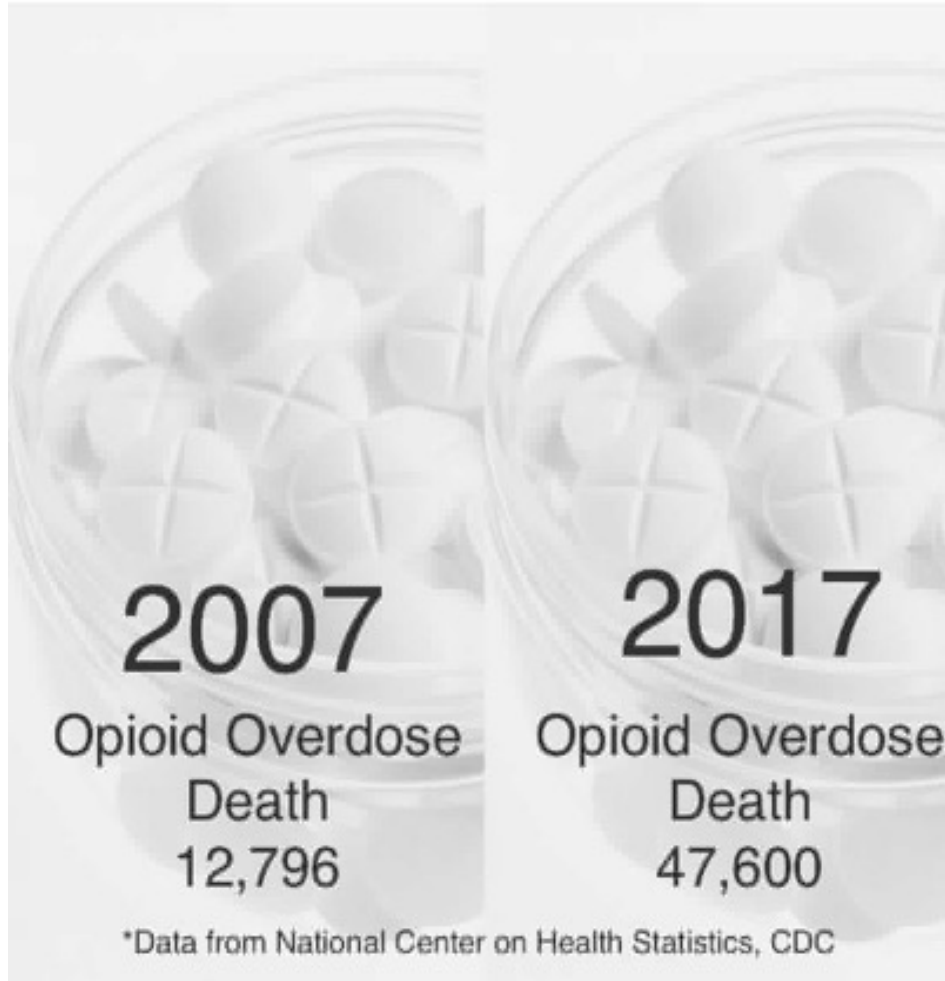
# University of Tennessee's Planning Summit for Opioid and Addiction Response (SOAR)

**Karen Pershing, MPH, CPS II**  
**Executive Director**



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# Facebook 10 Year Challenge

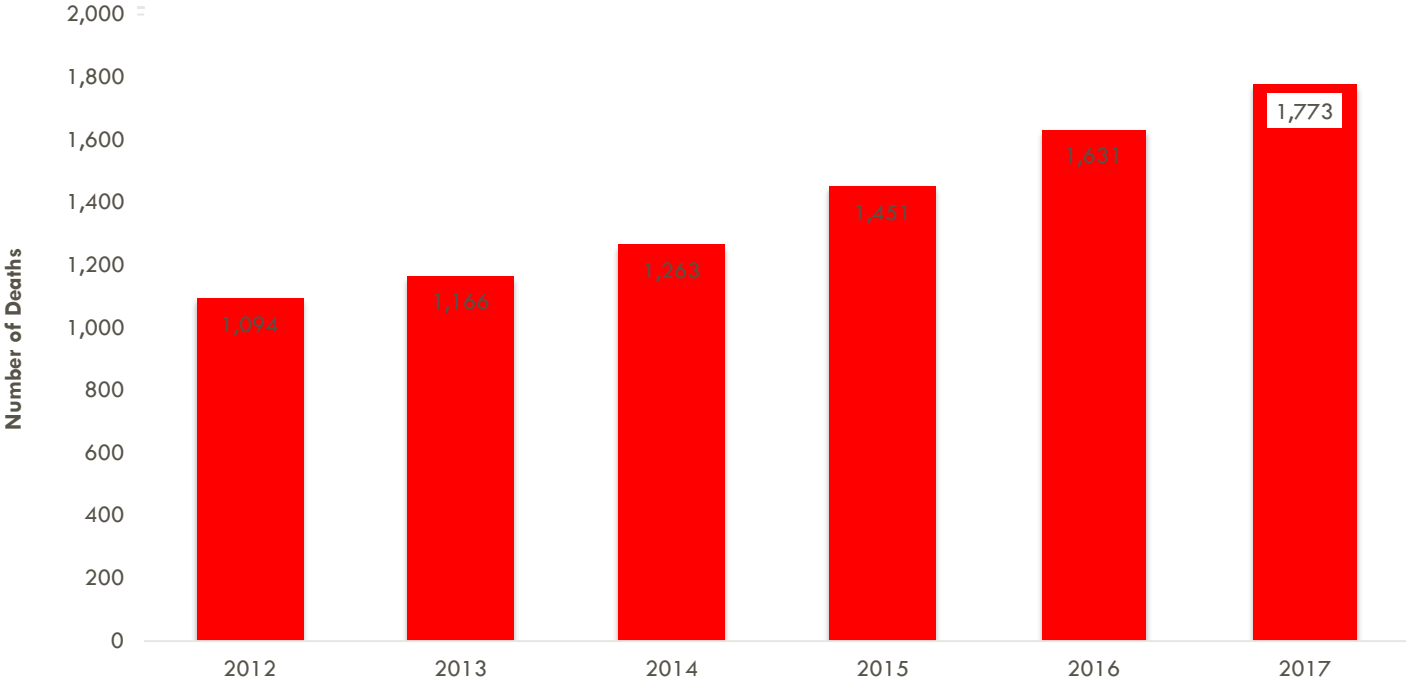


All drug  
overdose  
Deaths in  
2017  
**70,237**



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# Drug Overdose Deaths in Tennessee, 2012-17

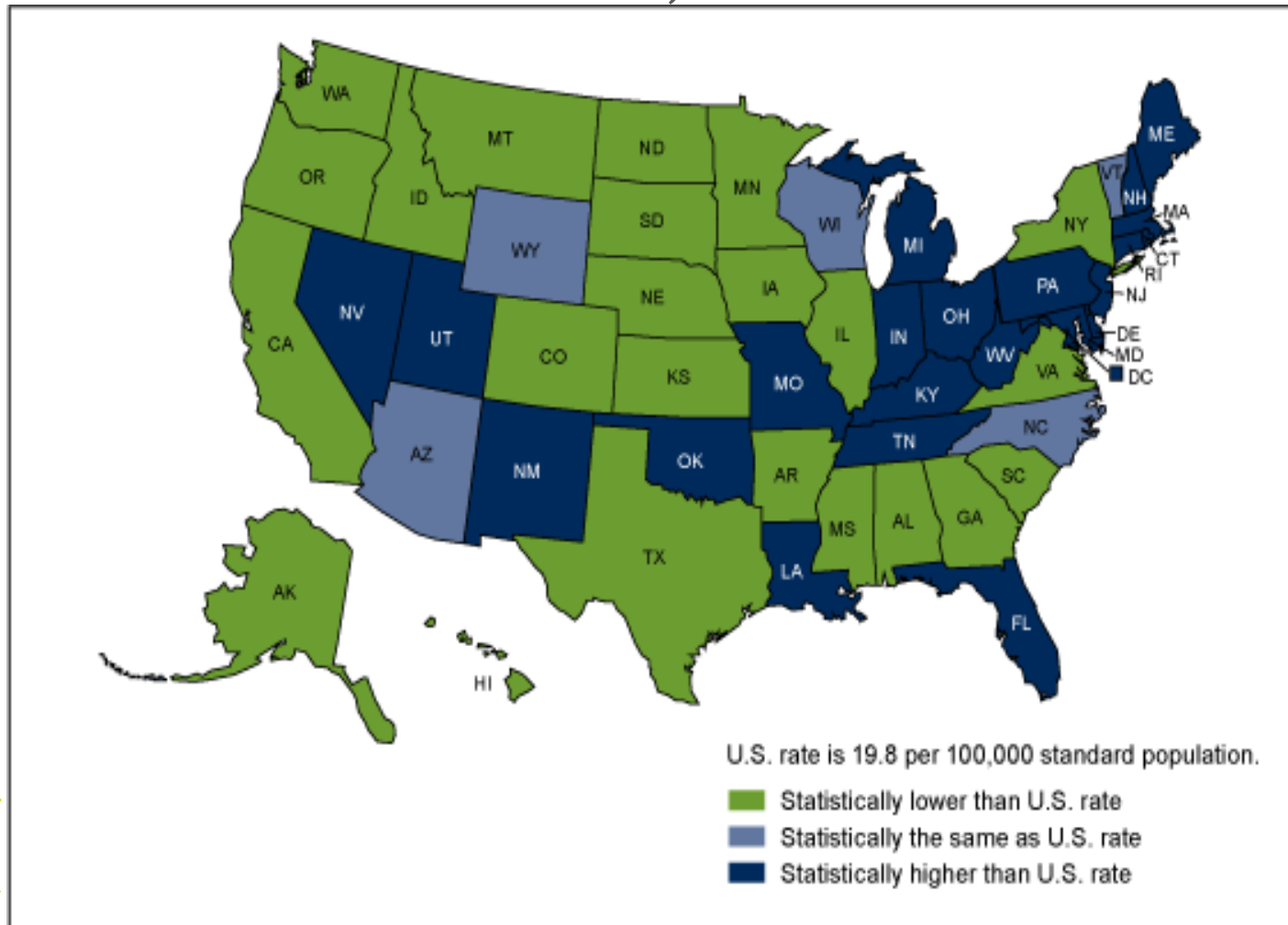


**Source:** Tennessee Department of Health, Division of Policy, Planning and Assessment.



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# Age-adjusted drug overdose death rates, by state, United States, 2016



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# Opioid Prescribing Rates by State (2017)

| <u>Rank</u> | <u>State</u>         | <u>Rates per 100</u> |
|-------------|----------------------|----------------------|
| 1           | Alabama              | 107.2                |
| 2           | Arkansas             | 105.4                |
| 3           | <u>Tennessee</u>     | 94.4                 |
| 4           | Mississippi          | 92.9                 |
| Lowest      | District of Columbia | 28.5                 |

U.S. Average: 62.31; U.S. Average: 81.3 2012 (peak)



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Source: Centers for Disease Control and Prevention, July 31, 2017

# Key Findings in 2017



- MME dispensed has decreased 32% (2012-2017)
- MME dispensed by top 50 prescribers has decreased 39% (2013-2017)
- Pain clinics have been reduced by 48% (2014-2017)
- Number of potential doctor shoppers have decreased 76% (2011-2017)
- Number of all opioid prescriptions have decreased by 14% (2015-2017)
- Patients receiving >120 MME/day decreased by 38% (2012-2015)



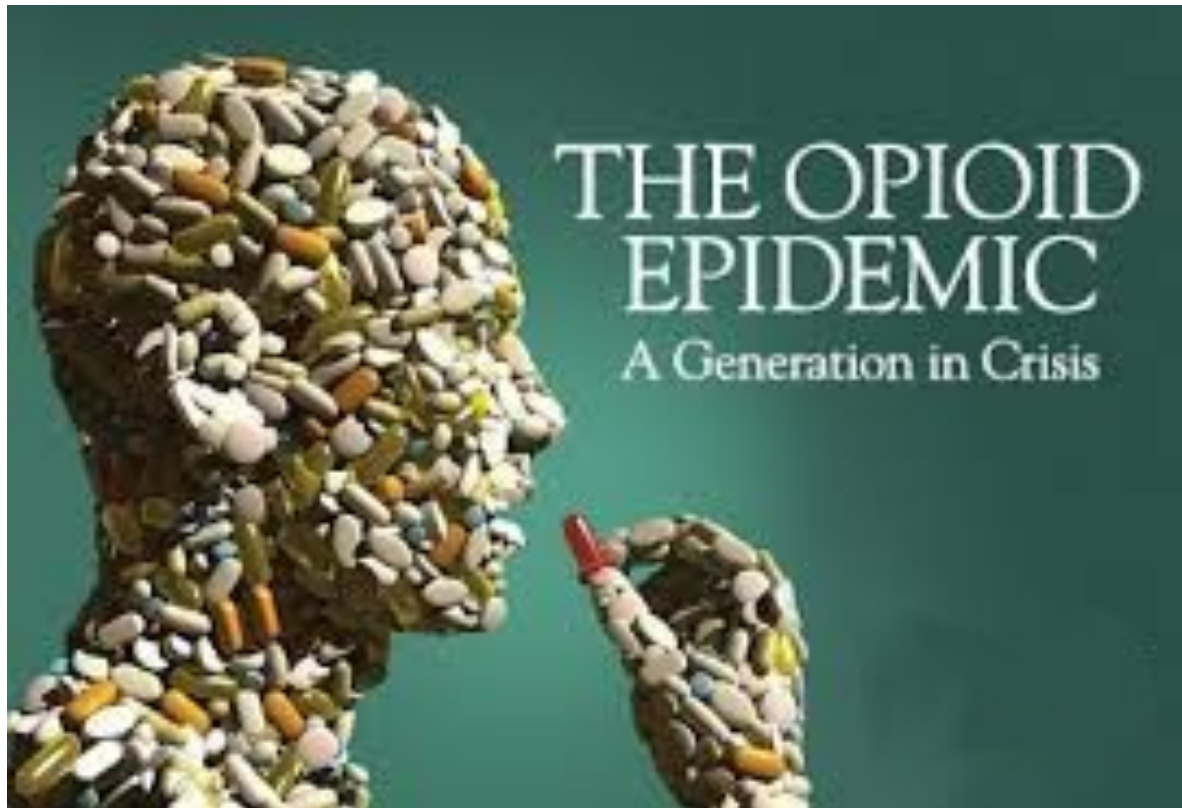
- Searches of CSMD have increased 363% and continue to increase (2012-2017)
- Strongest Board actions for prescribing or diversion increased 303% (2013-2017)
- Dispensers reporting within 24h went from 0% to 88% (2013-2017)
- The increase of Neonatal Abstinence Syndrome slowed to 2% (2016-2017)



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Source: Tennessee Department of Health, CSMD 2018 Legislative Report

# How Did We Get Here?



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# And so it begins....

- Dr. Russell Portenoy-New York City pain specialist
- 1980's and 1990's lectures-less than 1%
- Epidemic of untreated pain
- 1998-APS pushed pain as 5<sup>th</sup> vital sign-Portenoy was president
- Joint Commission published a guide sponsored by Purdue Pharma-makers of Oxycontin



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# The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy

- December 12, 1995-FDA approved ER OxyContin (1996 45 million in sales)
- By year 2000, 1.1 billion
- 2007 felony charge of misbranding-\$666 m
- By 2010, 3.1 billion (1/3<sup>rd</sup> of market)



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# Epic Error

In December, 2012, a Wall Street Journal article interviewed Dr. Portenoy.

Now Dr. Portenoy and other pain doctors who promoted the drugs say they erred by overstating the drugs' benefits and glossing over the risks.

***“Did I teach about pain management, specifically about opioid therapy, in a way that reflects misinformation? Well, against the standards of 2012, I guess I did. We didn't know then what we know now.”***

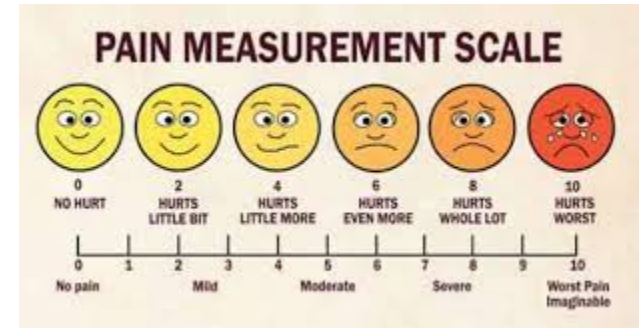


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# The Opioid Epidemic: National

1997 – The Joint Commission

- Pain becomes 5<sup>th</sup> vital sign
- Pain must be measured
- Pain must be managed
- Opioid sales ↑ 400% from 1999 to 2010
- OD deaths > MVC (leading cause of death) 2013
- Neonatal Abstinence Syndrome



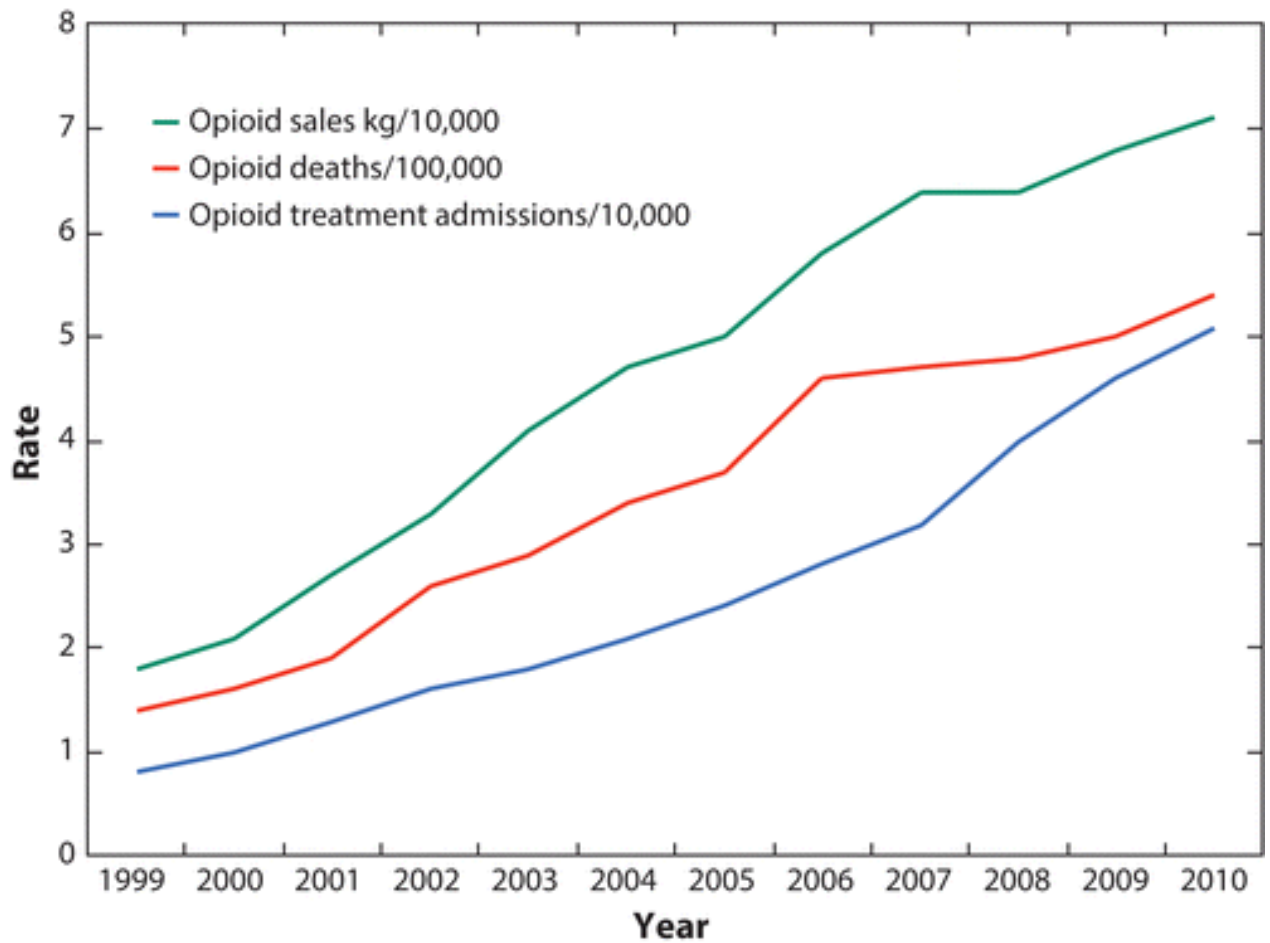
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# Did Patient Satisfaction Contribute?

- 26 question survey
- 3 questions directed at pain management
- Scores tied to CMS payment
- Pressure from administrators
- Patient expectations



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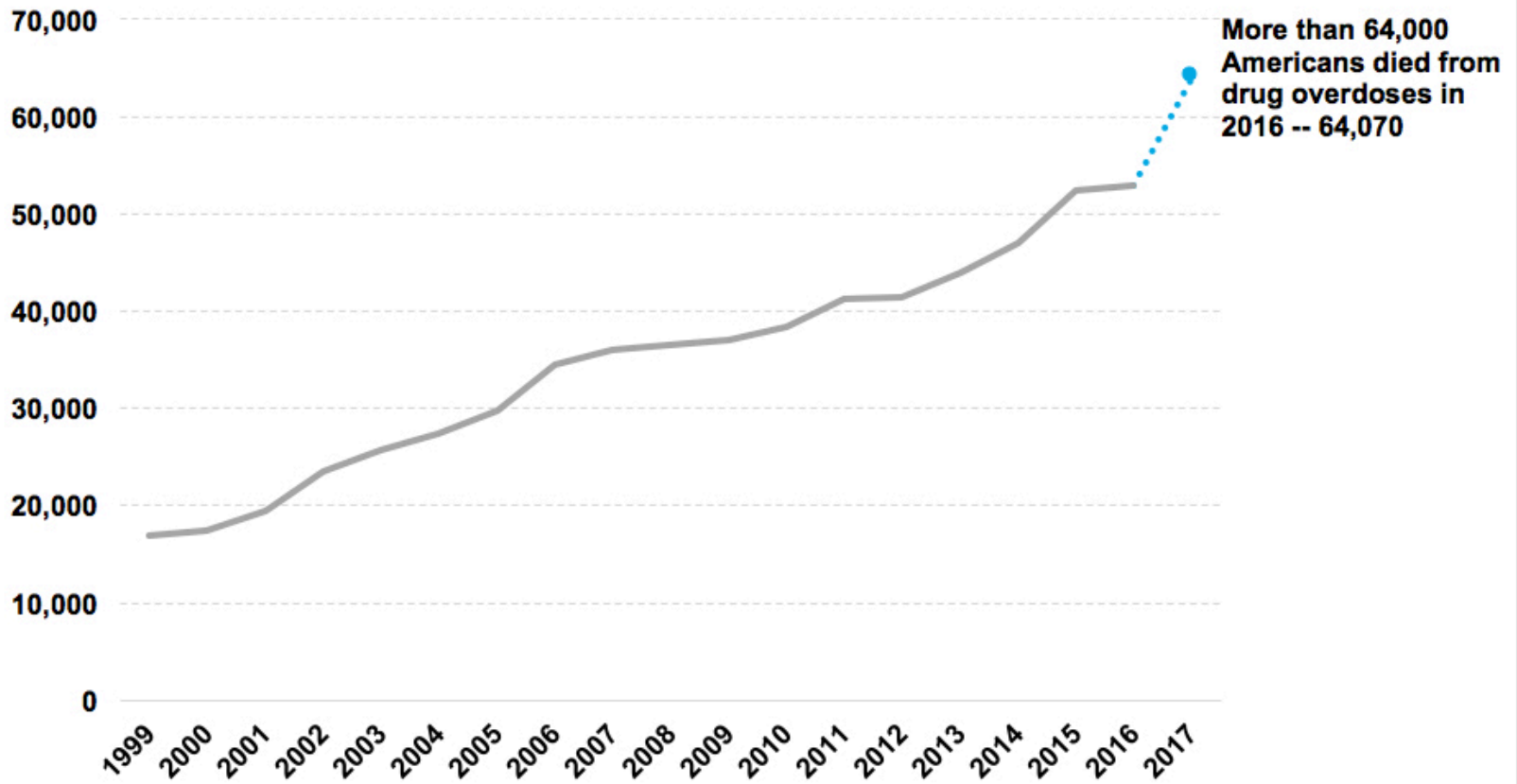


 Kolodny A, et al. 2015.  
Annu. Rev. Public Health. 36:559–74



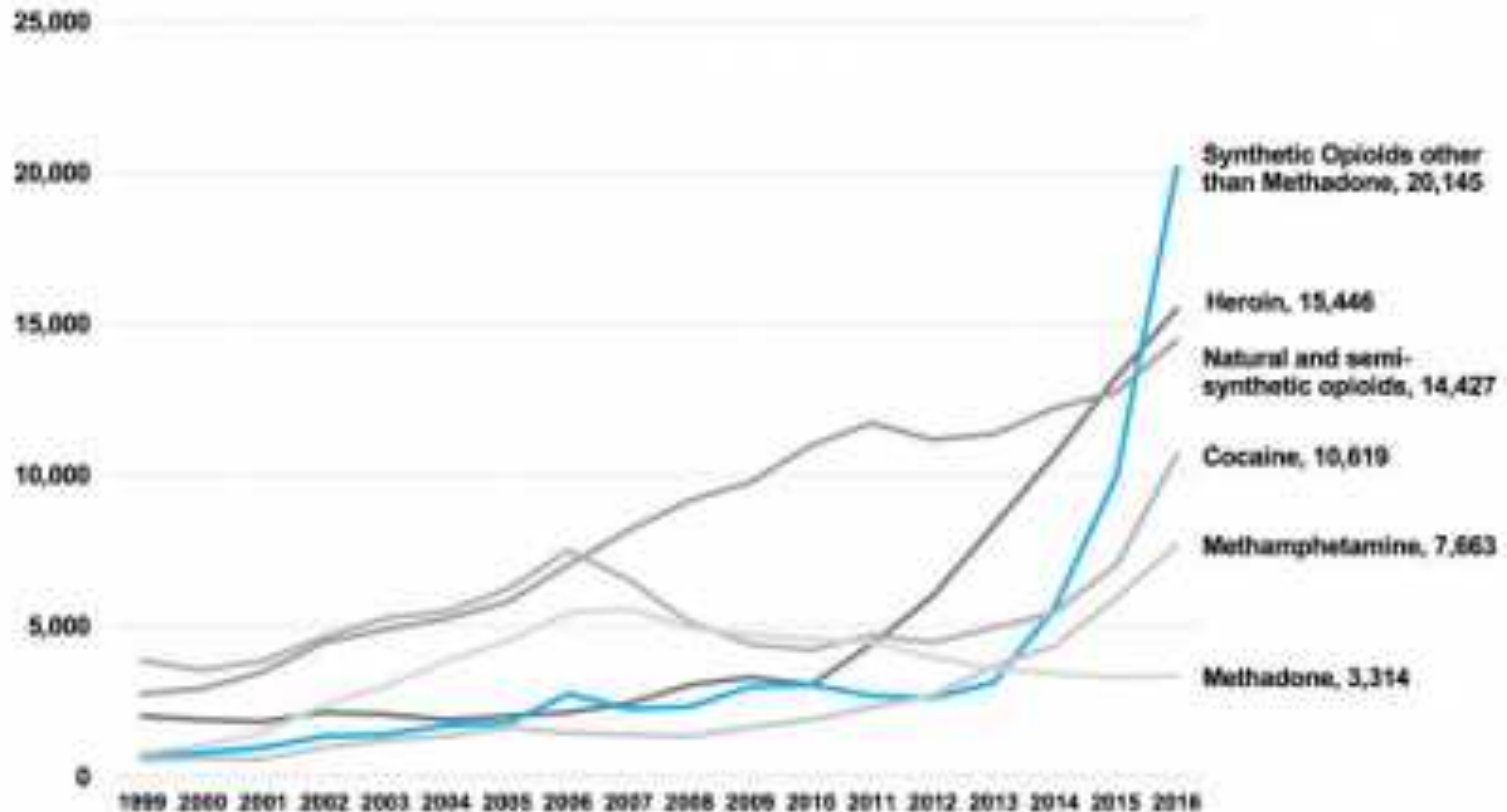
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# Total U.S. Drug Deaths



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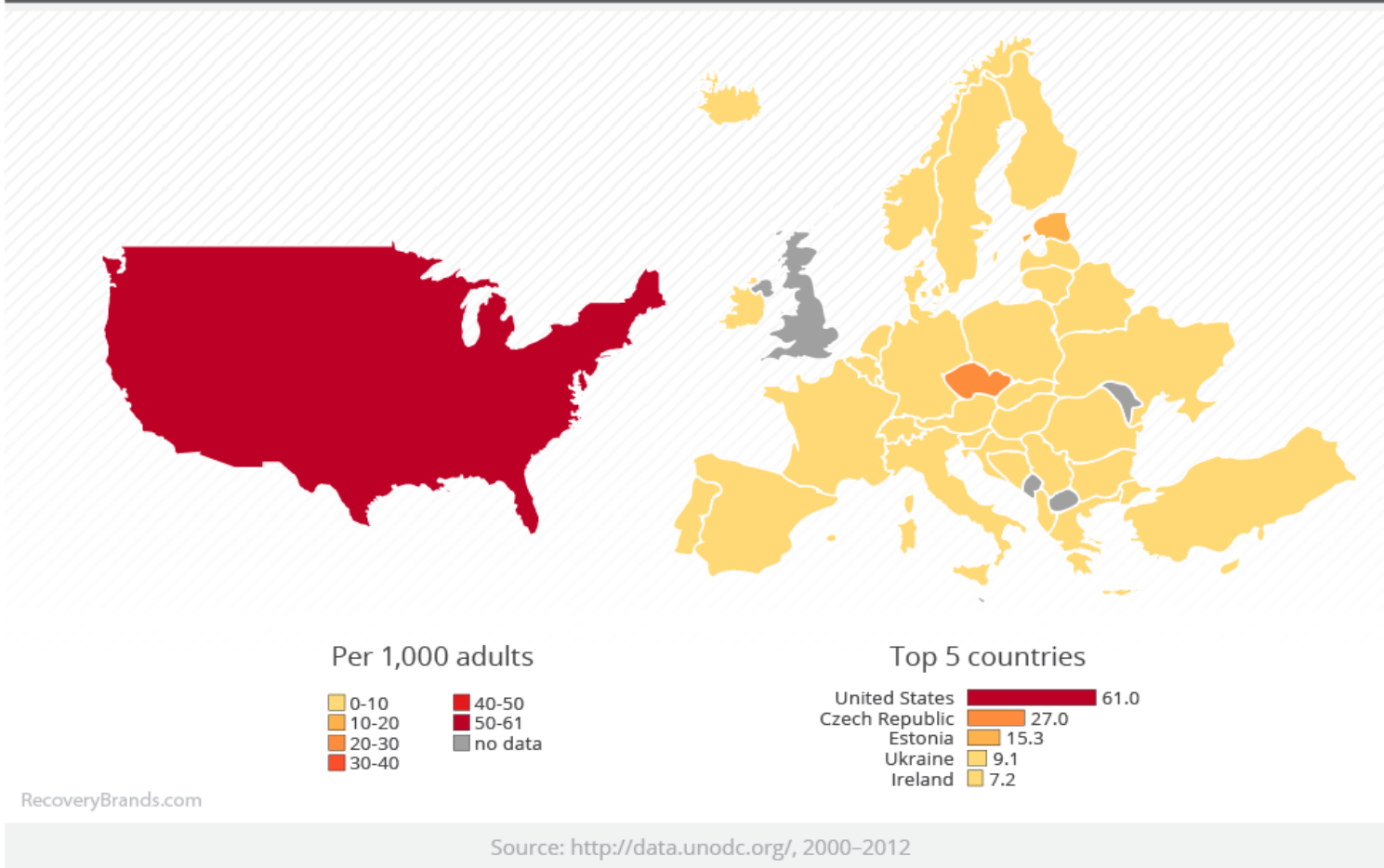
## Drugs Involved in U.S. Overdose Deaths, 2000 to 2016



Drugs Involved in US Overdose Deaths\*-Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids) with over 20,000 overdose deaths.

Source: CDC WONDER

# Prevalence of opioid use at least once during past year



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# \$ The Cost of Substance Misuse (U.S.A.) \$



=\$249 billion



=\$300 billion &



=\$271.5 billion



# \$820.5 Billion '



# Annually '



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# Estimated Annual Cost to Tennesseans

The \$2 billion cost to Tennessee includes:

- \$46 million for babies born in the state with neonatal abstinence syndrome
- \$422.5 million for hospitalizations associated with opioid abuse, and
- \$138 million for hospitalizations with alcohol listed as the first diagnosis.
- But, at \$1.29 billion, the lost income from having an estimated 31,000 people, or 1 percent of the workforce, out of jobs is the biggest component.

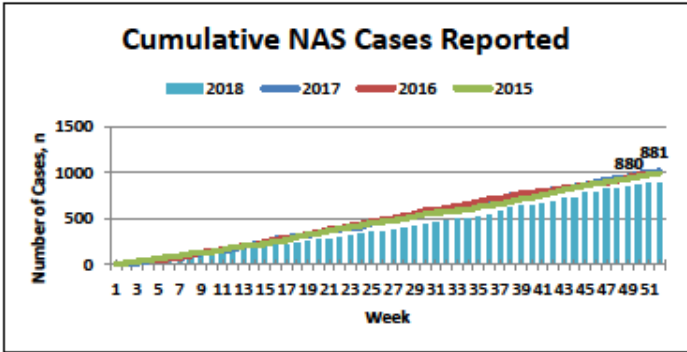


# Neonatal Abstinence Syndrome

## Neonatal Abstinence Syndrome Surveillance Summary Week 52: December 23 – December 29, 2018

| Year to Date Reporting Summary |                      |     |
|--------------------------------|----------------------|-----|
| Total Cases Reported:          |                      | 881 |
| Sex                            | Male                 | 485 |
|                                | Female               | 395 |
|                                | Unknown at this time | 1   |

| Maternal County of Residence | # Cases    | % Cases <sup>2</sup> |
|------------------------------|------------|----------------------|
| Davidson                     | 58         | 6.6                  |
| East                         | 209        | 23.7                 |
| Hamilton                     | 24         | 2.7                  |
| Jackson/Madison              | 4          | 0.5                  |
| Knox                         | 79         | 9.0                  |
| Mid-Cumberland               | 99         | 11.2                 |
| North East                   | 132        | 15.0                 |
| Shelby                       | 42         | 4.8                  |
| South Central                | 30         | 3.4                  |
| South East                   | 26         | 3.0                  |
| Sullivan                     | 65         | 7.4                  |
| Upper Cumberland             | 90         | 10.2                 |
| West                         | 23         | 2.6                  |
| <b>TOTAL</b>                 | <b>881</b> | <b>100.1</b>         |



| Source of Exposure  | # Cases <sup>3</sup> | % Cases |
|---|----------------------|---------|
| Medication assisted treatment                                     | 590                  | 67.0    |
| Legal prescription of an opioid pain reliever                     | 58                   | 6.6     |
| Legal prescription of a non-opioid                                | 72                   | 8.2     |
| Prescription opioid obtained without a prescription               | 272                  | 30.9    |
| Non-opioid prescription substance obtained without a prescription | 112                  | 12.7    |
| Heroin  | 55                   | 6.2     |
| Other non-prescription substance                                  | 198                  | 22.5    |
| No known exposure   | 8                    | 0.9     |
| Other <sup>4</sup>  | 17                   | 1.9     |

1. Summary reports are archived weekly at: <http://tn.gov/health/nas/nas-summary-archive.html>
2. Total percentage may not equal 100.0% due to rounding.
3. Multiple maternal substances may be reported; therefore the total number of cases in this table may not match the total number of cases reported.
4. Other exposure may include cases reported to the archived surveillance system with classifications not captured in the current system.



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# Today's Threats

- Heroin
- Clandestine Fentanyl
- Fake Pills
- Cocaine
- Methamphetamine



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# Tennessee Laws

- Good Samaritan
- Naloxone
- Prescription Safety Acts of 2012 and 2016
- Fetal Assault
- Pain Clinics
- Outpatient Treatment Clinics
- Intractable Pain Treatment Act Repeal
- Acute Pain Prescribing



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