

SECTION 1

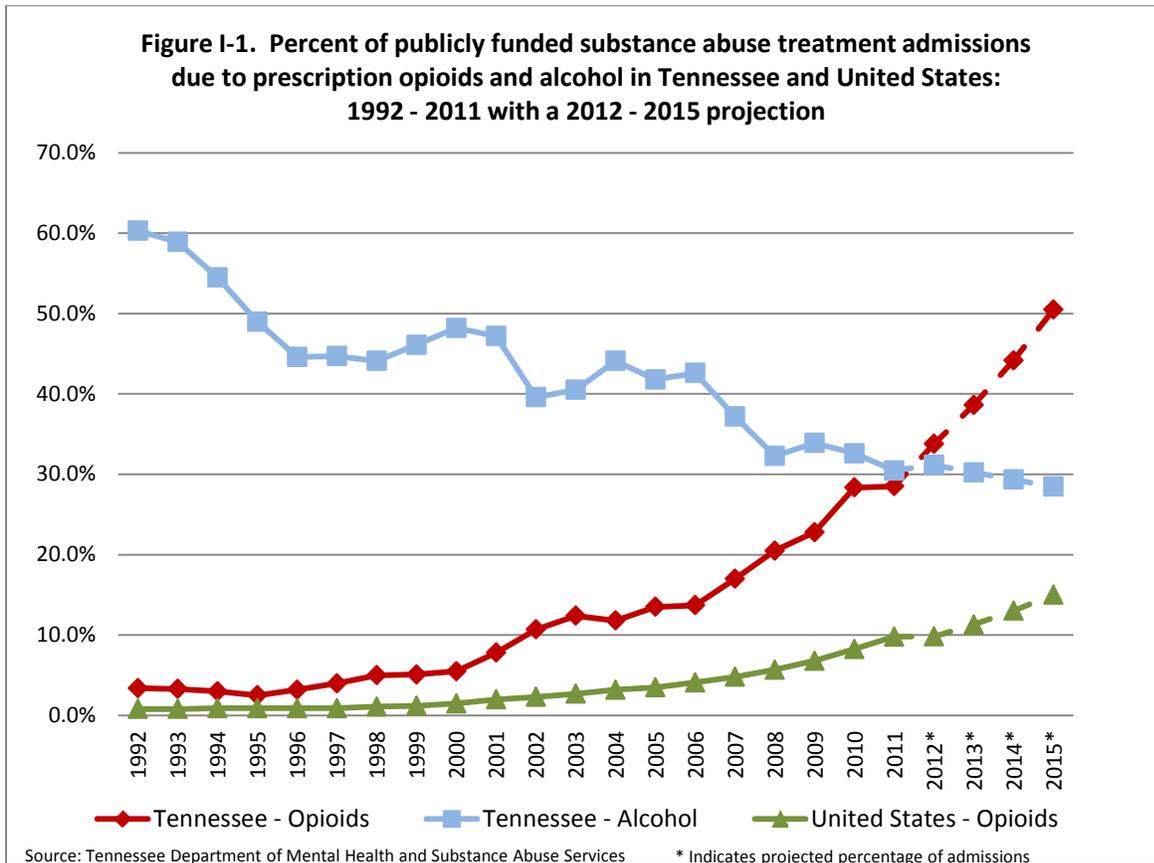
Overview of the Prescription Drug Epidemic in Tennessee

OVERVIEW OF THE PRESCRIPTION DRUG EPIDEMIC IN TENNESSEE

The abuse of prescription opioids has been identified as one of the most serious and costly issues facing Tennesseans and other Americans today. Prescription drug abuse pervades every segment of Tennessee families and communities. Tennessee currently has many efforts to combat prescription drug abuse. However, before identifying current efforts to prevent and treat prescription drug abuse, it is useful to understand the nature and extent of the prescription drug epidemic in Tennessee.

Who Abuses Prescription Drugs?

Over the past ten years, there has been a drastic shift in the primary substance of abuse for Tennesseans receiving publicly funded treatment services. For many years, alcohol was the primary substance of abuse and the state's prevention and treatment efforts focused on that population. However, in 2012, prescription opioids surpassed alcohol as the primary substance of abuse for people whose treatment was funded through the Tennessee Department of Mental Health and Substance Abuse Services.²



According to 2010 data comparing people in state-funded treatment programs across the United States, **Tennesseans were more than three times more likely to identify prescription opioids as their primary substance of abuse than the national average.**³ Additionally, the rise in

prescription opioid abuse was indicated through a survey of the 12 state-licensed methadone clinics, who served 9,221 individuals in 2012. These clinics were originally designed to treat people with heroin addiction. **However, a 2011 survey of individuals receiving services at the private, for-profit clinics found that 78% of people receiving methadone services were addicted to prescription drugs, another 17% were addicted to both prescription drugs and heroin, and only 4% reported using heroin alone⁴.**

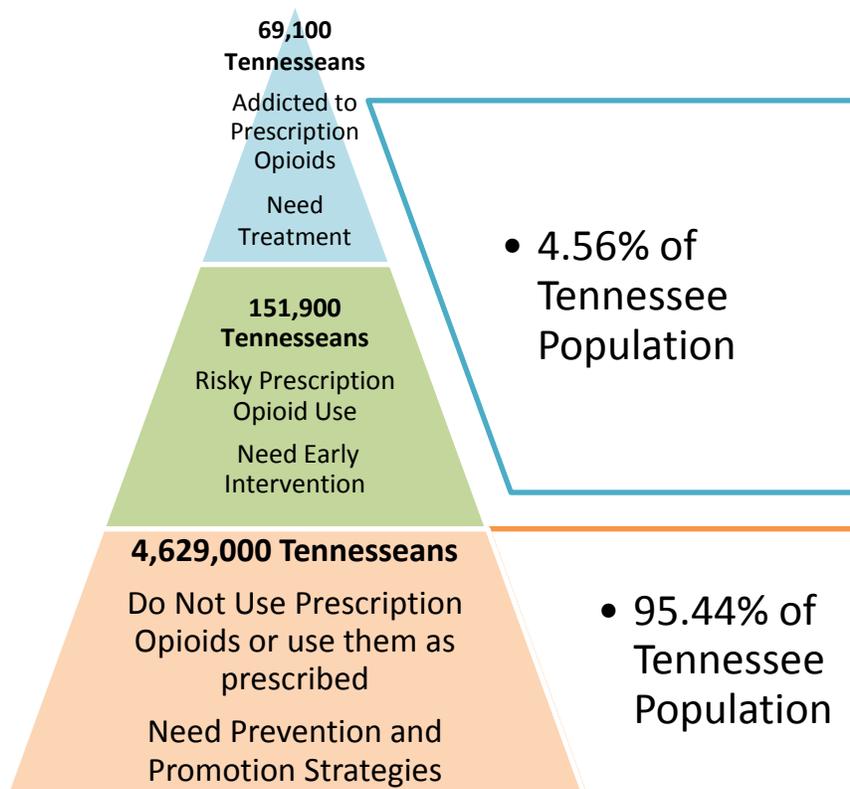
An additional area where the rise of prescription drug use is apparent is in the individuals who receive Tennessee Department of Mental Health and Substance Abuse Services-funded treatment as a result of being charged with driving under the influence. **Among this population, there has been an almost 40% increase in prescription opioids as the primary drug of choice in the past two years (from 9.3% to 12.5%)⁵.**

A survey of Tennesseans also reveals the increased use of prescription opioids in the state. Of the 4.85 million adults in Tennessee, it is estimated that 4.56% (221,000) have used pain relievers in the past year for non-medical purposes. Of those adults, it is estimated that 69,100 are addicted to prescription opioids and require treatment for prescription opioid abuse. The other 151,900 are using prescription opioids in ways that could be harmful and may benefit from early intervention strategies⁶.

Even more alarming is the use rate of prescription opioids among young adults

(18-25-year-olds) in Tennessee, which was 30% higher than the national average in 2011⁷. Also concerning, the survey also found that almost 7% of Tennessee's 12-17-year-old population have used prescription drugs for non-medical reasons⁸.

Demographic trends for individuals receiving Tennessee Department of Mental Health and Substance Abuse Services-funded opioid treatment (when compared to others using illicit drugs) show that **people addicted to opioids are more likely to be married, employed, and have greater than 12 years of education⁹**. Additionally, since 2001, there has been a steady rise in the number of women abusing prescription opioids in treatment services funded by the Tennessee Department of Mental Health and Substance Abuse Services and **a rise in the number of pregnant women receiving treatment services**. From 2001 to 2010, there was approximately a 1,000%



increase in the number of pregnant women receiving state-funded treatment services who reported prescription opioids as a substance of abuse, from 5% (5 pregnant women out of 96) to 54% (82 pregnant women out of 152).¹⁰

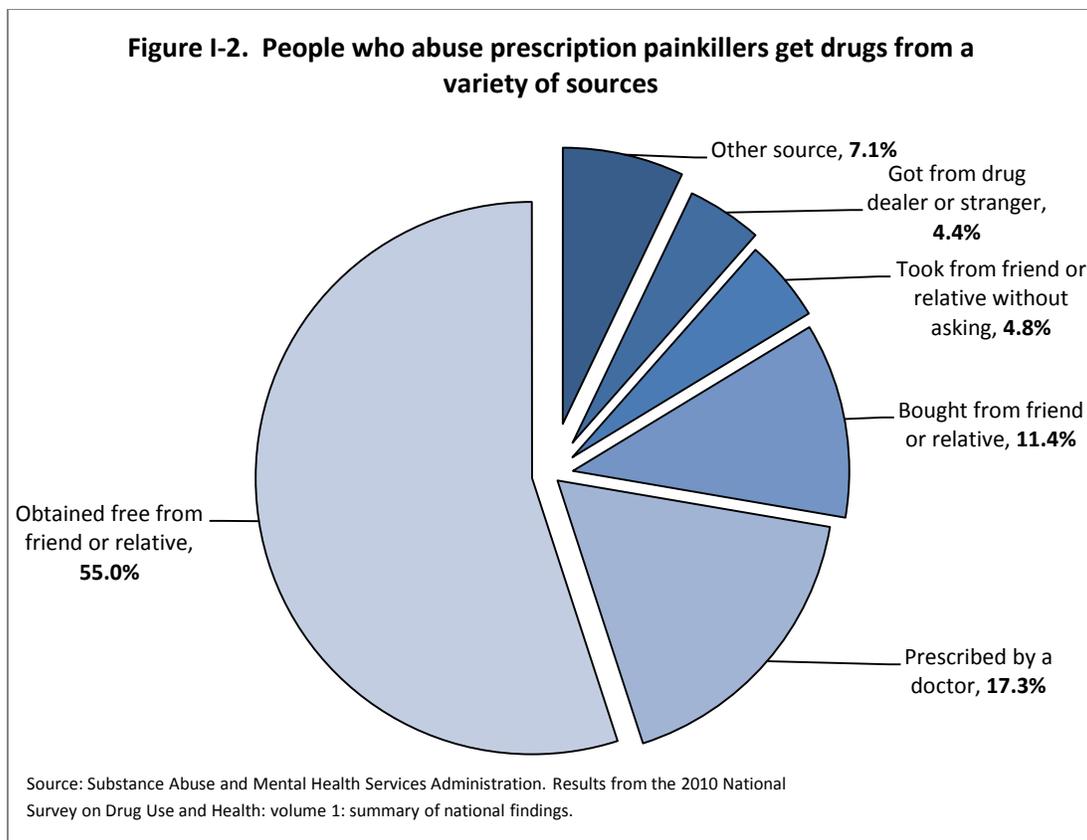
National data indicates that the following groups are at especially high risk for prescription drug abuse:

- Men ages 25 to 54 have the highest numbers of prescription drug overdoses and are about twice more likely to die from an overdose than women.¹¹
- In the United States, about 18 women die each day from prescription painkiller overdoses. For every one woman who dies, 30 more visit an emergency department for painkiller misuse or abuse.
- While rates are high in both urban and rural communities, people in rural counties are about twice as likely to overdose on prescription drugs as people in big cities.
- Nearly one in 12 high school seniors reported nonmedical use of Vicodin and one in 20 reported nonmedical use of OxyContin.
- One in eight active duty military personnel is a current user of illicit drugs or is misusing prescription drugs.

Access to Prescription Drugs

In Tennessee, prescription drugs with addictive qualities are easily accessible. One source of prescription drugs is a legitimate prescription from a doctor. While many of these prescriptions may be legitimate, there is evidence that some individuals are “doctor shopping” in order to obtain more prescription drugs. There is also evidence that doctors are overprescribing prescription opioids and benzodiazepines (a class of psychoactive drugs used to treat anxiety, insomnia, and a range of other conditions). The high number of prescription drugs available is contributing to the problem as many people are obtaining prescription drugs from their own medicine cabinet or from a friend or relative.

Research indicates the high availability of prescription drugs in Tennessee is contributing to the addiction problem across the state. According to the 2010 National Survey on Drug Use and Health, 70% of people who abused or misused prescription drugs got them from a friend or relative, either for free, by purchasing them, or by stealing them¹². As shown in Figure I-2, people who abuse prescription drugs also obtain them from other sources including “pill mills,” or illegitimate pain clinics; prescription fraud; pharmacy theft; illegal online pharmacies; and “doctor shopping”. Some individuals who use prescription drugs for non-medical reasons believe these substances are safer than illicit drugs because they are prescribed by a physician and dispensed by a pharmacist.



High Number of Prescriptions Dispensed

Most non-medical use of prescription drugs originates from a legitimate prescription. Tennessee is prescribing prescription opioids at an alarmingly high rate. Data from the Drug Enforcement Administration showed that in 2010, Tennessee tied for second, along with Nevada, for the amount of opioid pain relievers in morphine equivalents sold per 10,000 people (11.8 kilograms). Only Florida had a higher rate of opioid pain relievers sold than either Tennessee or Nevada¹³.

Tennessee has a Controlled Substance Monitoring Database, which reveals the extent of the prescription drug problem in Tennessee; in 2010, evidence showed there were enough prescriptions dispensed to represent:

- 51 pills of hydrocodone for EVERY Tennessean above the age of 12;
- 22 pills of Xanax for EVERY Tennessean above the age of 12;
- 21 pills of oxycodone for EVERY Tennessean above the age of 12¹⁴.

This demonstrates the high number of controlled substances readily available in Tennessee and the upward trend in prescribing and dispensing of these drugs. As shown in Figure I-3, in 2012, there were 18,258,566 prescriptions reported to the Controlled Substance Monitoring Database. This represents a 25% increase in the number of prescriptions dispensed from 2010 through 2012¹⁵. (Please note: this data was collected before changes in reporting took place as a result of the Prescription Safety Act of 2012.)

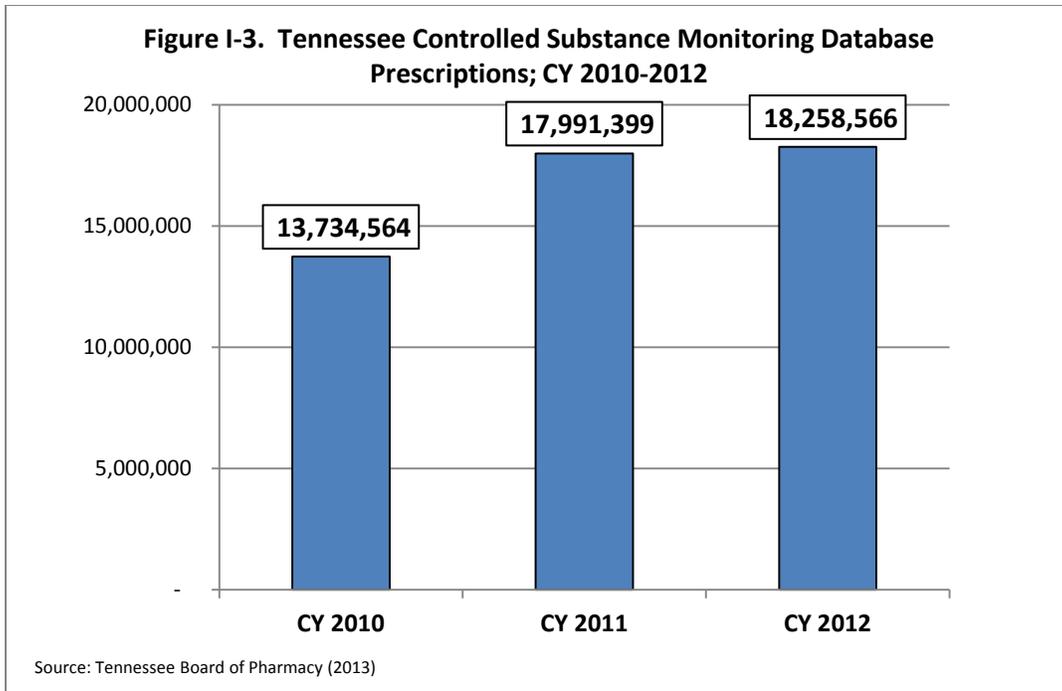
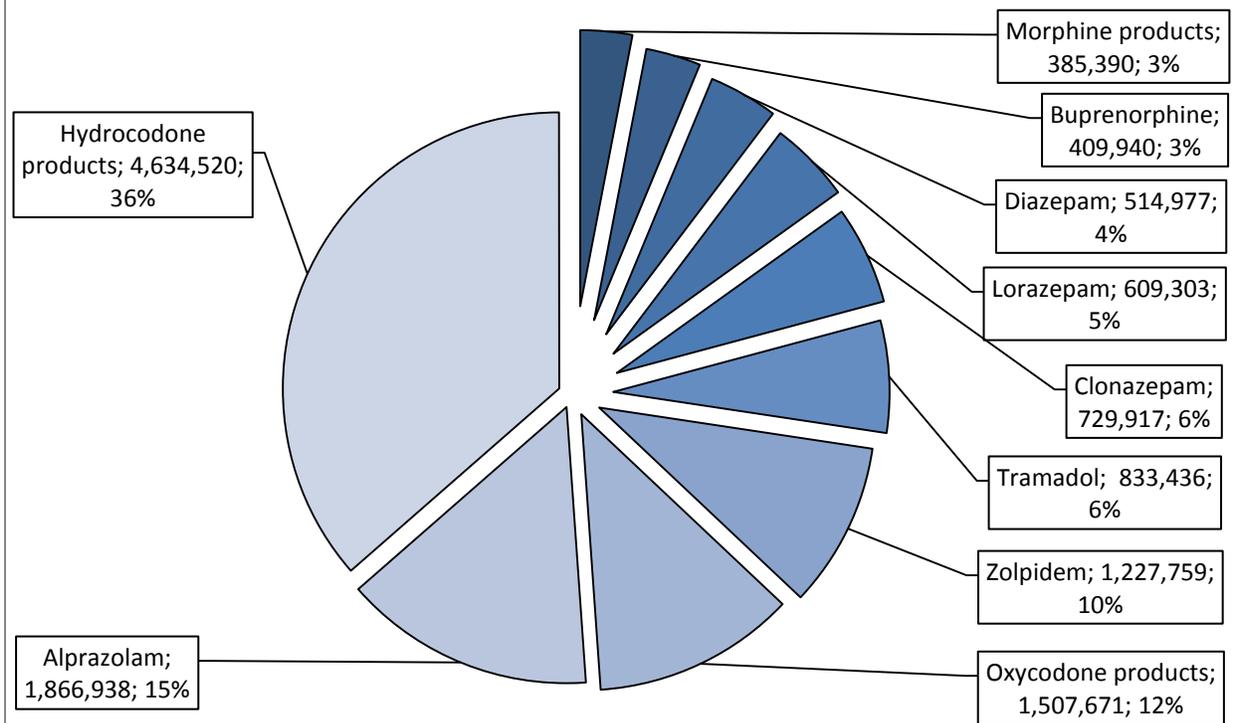


Figure I-4 lists the top 10 prescriptions reported to the Controlled Substance Monitoring Database in 2012. The top 10 controlled substance prescriptions filled in 2012 account for 69.5% of all controlled substance prescriptions filled, or approximately 12.7 million prescriptions. Of the top 10 prescriptions reported, five (hydrocodone, oxycodone, tramadol, buprenorphine, and morphine) are opioids and represent 42% of all the controlled substances reported to the Controlled Substance Monitoring Database in 2012¹⁶.

Figure I-4. Top 10 Drug Types Reported to CSMD in Tennessee; 2012

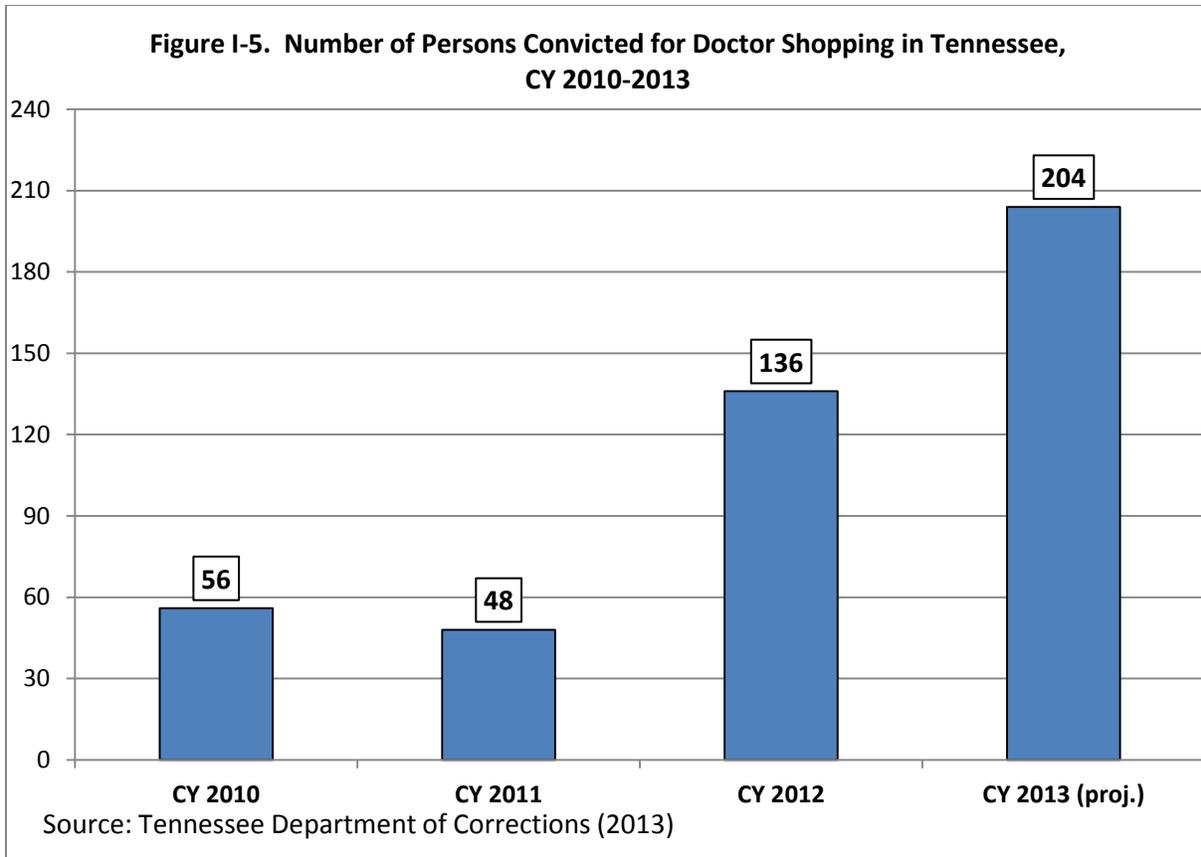


Source: Tennessee Department of Health, Controlled Substance Monitoring Database (2013)

“Doctor Shopping”

One specific area of concern is “doctor shopping,” or the practice of a patient requesting care from multiple physicians simultaneously. This usually stems from a patient's addiction to, or reliance on, certain prescription drugs or other medical treatment. Usually a patient will be treated by his or her regular physician and prescribed a drug that is necessary for the legitimate treatment of his or her current medical condition. Some patients will then actively seek out other physicians to obtain more of the same medication, often by faking or exaggerating the extent of their true condition, in order to feed their addiction to that drug.

Recent data demonstrates that doctor shopping is an area of concern in Tennessee. In March 2013, 2,010 people received prescriptions for opioids or benzodiazepines from four or more prescribers. Additionally, data from the Department of Correction indicates that people are being convicted for doctor shopping. From January to September of 2013, 153 individuals were convicted of doctor shopping, which surpasses the 2012 total of 136 individuals convicted. As utilization of the Controlled Substance Monitoring Database has increased, the number of people doctor shopping has decreased.

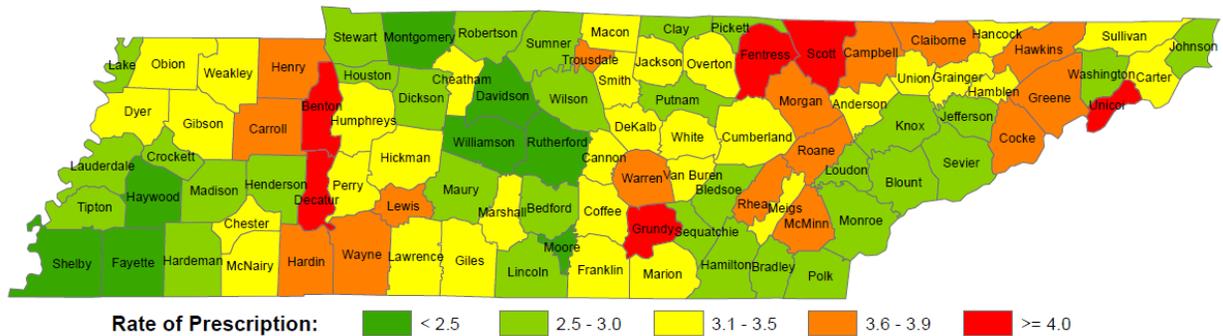


Prescribing Practices

There has been a longstanding belief that prescribing opioids is the best way to treat chronic pain. In fact, the Tennessee Intractable Pain Treatment Act enacted in 2001 gives patients with chronic pain a Bill of Rights, which guarantees access to long-term opioids as a first-line treatment for chronic pain. The perceived underprescribing or prescribing opioids less frequently than appropriate by Tennessee physicians in 2001 has now been replaced by overprescribing or prescribing opioids excessively or unnecessarily¹⁷. While opioids should no longer be considered first-line treatment of chronic pain, they do continue to be prescribed at very high rates in Tennessee¹⁸. As of August 1, 2013, 25 physicians had been prosecuted for overprescribing during 2013¹⁹.

Additionally, Map I-1 indicates the rate of controlled substances dispensed across Tennessee counties adjusted by population. As the map shows, Unicoi, Scott, Fentress, Grundy, Decatur, and Benton Counties all dispense more than four prescriptions for opioids or benzodiazepines per resident. Henry, Carroll, Harden, Wayne, Lewis, Trousdale, Warren, Rhea, McMinn, Roane, Morgan, Campbell, Claiborne, Hawkins, Greene, and Cocke counties had a rate of 3.6- 3.9 prescriptions dispensed per capita²⁰.

Map I-1. Rate of Prescriptions Dispensed (per capita) in Tennessee Among Tennessee Residents Reported to CSMD, 2012



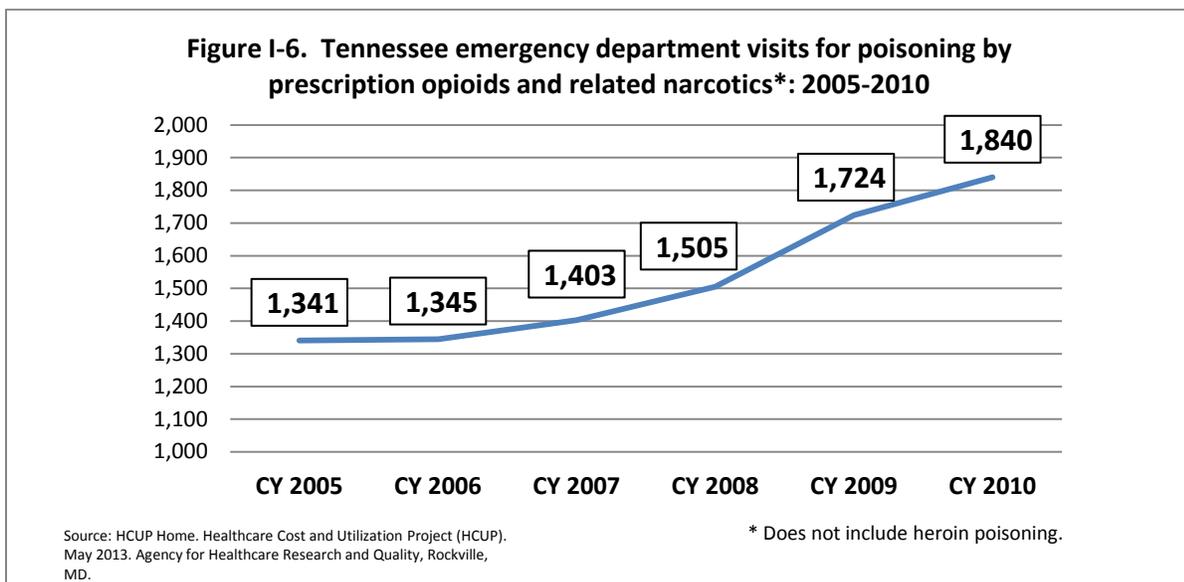
Source: Tennessee Department of Health

Consequences of Prescription Drug Abuse

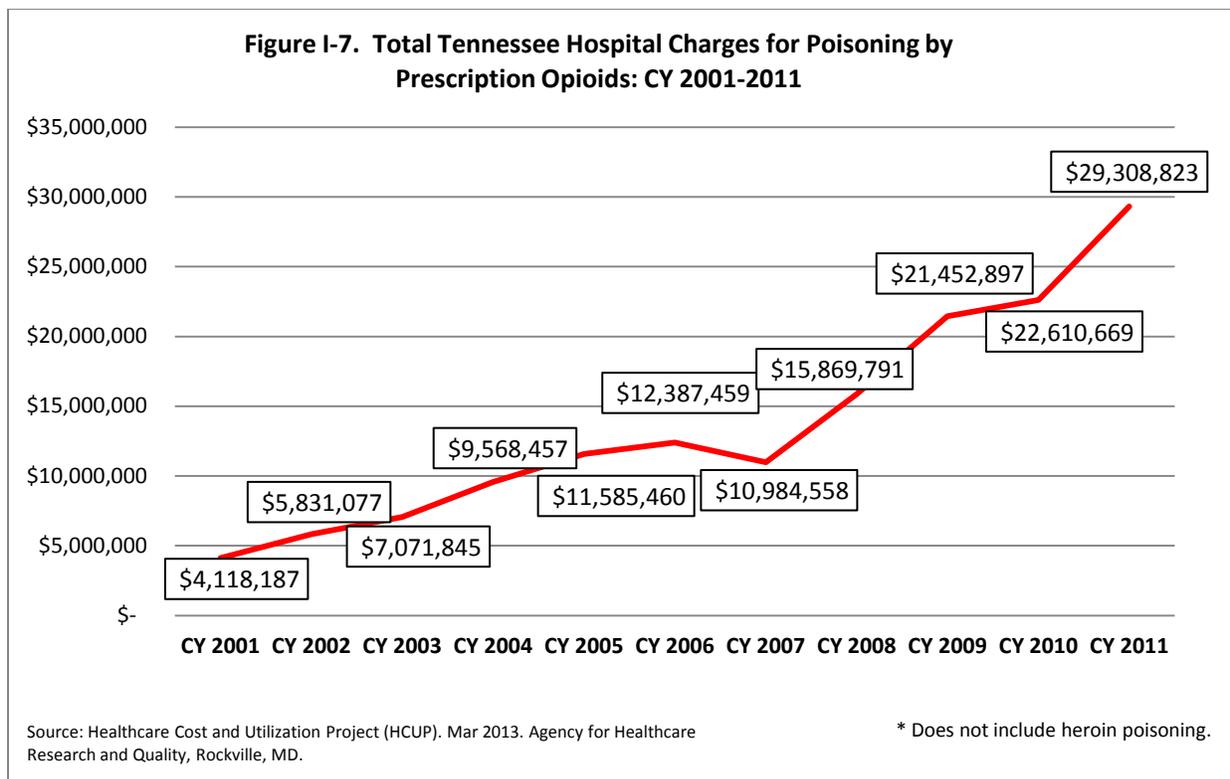
The misuse and abuse of prescription opioids is a major threat to the health and well-being of Tennesseans. The prescription opioid epidemic is damaging to the state and its residents in multiple ways. Tennesseans are losing their lives or having their lives severely disrupted as a result of their abuse. The state is also losing the economic benefits associated with a healthy workforce as productivity is lost and taxpayer dollars are expended to pay for expensive hospital visits, incarceration, and custody of children.

Healthcare Costs

As Figure I-6 indicates, the number of emergency department visits for prescription drug poisoning has increased by approximately 40% from 2005 to 2010²¹.



The Healthcare Cost and Utilization Project shows that the total Tennessee hospital charges for prescription opioid poisonings has risen exponentially over the past 10 years. As seen in Figure I-7, in 2001, the cost was \$4,118,187 and increased by 600% to \$29,308,823 in 2011²².

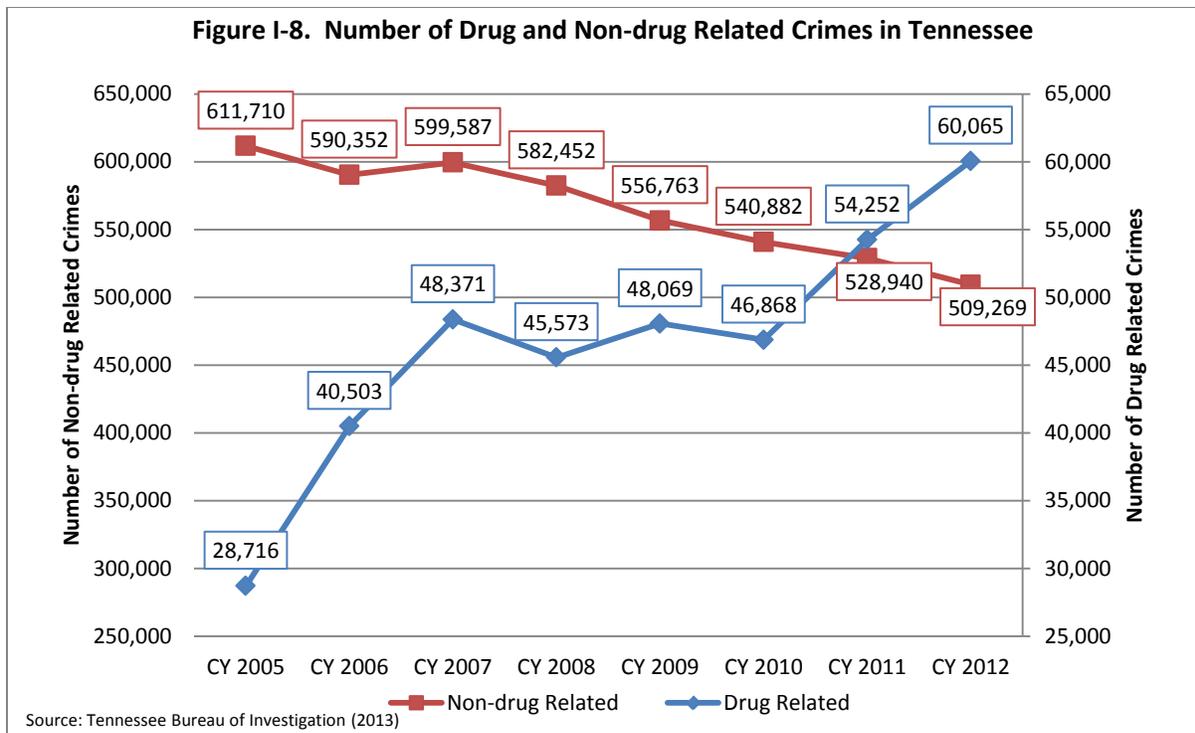


Overdose Deaths

Sadly, drug-related overdoses have also dramatically increased in Tennessee. From 1999 to 2010, the number of people dying from drug-related overdoses increased at a greater rate in Tennessee than in the United States. While there has been an increase of 127% nationwide, (16,849 deaths in 1999 to 38,329 in 2010), in Tennessee²³ there has been a 210% increase, (342 in 1999 to 1,059 in 2010), in the number of drug overdose deaths²⁴. In 2012, there were 1,094 drug related overdose deaths in Tennessee.

Criminal Justice System Involvement

Individuals that are using prescription opioids are also committing crimes. As Figure I-8 indicates, drug-related crimes against property, people and society have increased by 33% from 2005 to 2012²⁵. During the same period, non-drug-related crimes decreased. In 2008, the cost of apprehending, prosecuting, and incarcerating people involved with drug-related crimes in Tennessee was \$356.5 million; adjusted for inflation in 2013, this cost is \$387.3 million²⁶.



Lost Productivity

Even if individuals are not incarcerated as a result of their prescription drug abuse, their abuse still results in substantial costs related to absenteeism and lost productivity. In 2008, the cost of lost productivity due to drug abuse in Tennessee was \$142.9 million; this number adjusted for 2013 inflation is \$155.2 million²⁷.

Children in State Custody

Prescription opioid abuse is also resulting in children being removed from homes and entering state custody. About 50% of the youth taken into Department of Children’s Services custody resulted from parental drug use. It is projected that during 2013 there will be 1,534 substance abuse related custodies²⁸.

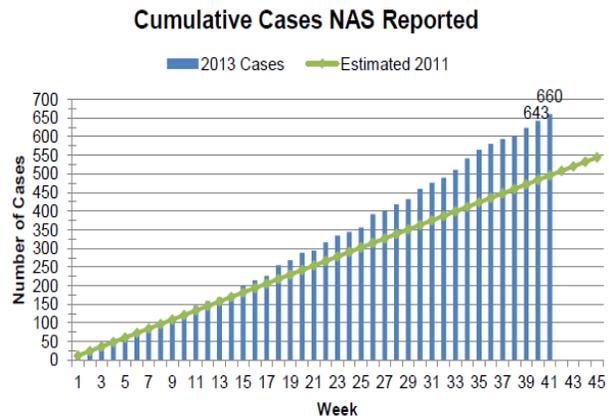
Additionally, incidents of child abuse resulting from drug exposure are one of the primary reasons that children were referred to the Department of Children’s Services over the last four years. Using data from the first six months of 2013, it is projected that 22,714 incidents of child abuse will be reported as a result of drug exposure²⁹.

Neonatal Abstinence Syndrome

Another consequence of the prescription drug epidemic that has been quite apparent in our state over the past several years is Neonatal Abstinence Syndrome. Neonatal Abstinence Syndrome is a condition in which a newborn has withdrawal symptoms after being exposed to certain substances in utero. Many times, the newborn is exposed when the mother uses substances such as medications or illicit drugs during pregnancy and after the baby is born, the baby goes through withdrawal. Figure I-9 represents a week by week report of the babies born in Tennessee who are reported as having Neonatal Abstinence Syndrome.

Over the past decade, we have seen a nearly ten-fold rise in the incidence of babies born with Neonatal Abstinence Syndrome in Tennessee³⁰. Infants with Neonatal Abstinence Syndrome stay in the hospital longer than other babies and they may have serious medical and social problems. The average cost to stabilize a newborn with Neonatal Abstinence Syndrome is \$62,973, while the cost of birthing newborns who are not suffering withdrawals is only \$7,258³¹. As identified in Figure I-9, Neonatal Abstinence Syndrome cases have risen exponentially since the beginning of 2013³². (This number may be inflated due to the fact that Neonatal Abstinence Syndrome was not a reportable

Figure I-9. Cumulative Cases NAS



Source: Tennessee Department of Health Neonatal Abstinence Syndrome Summary, Week 31

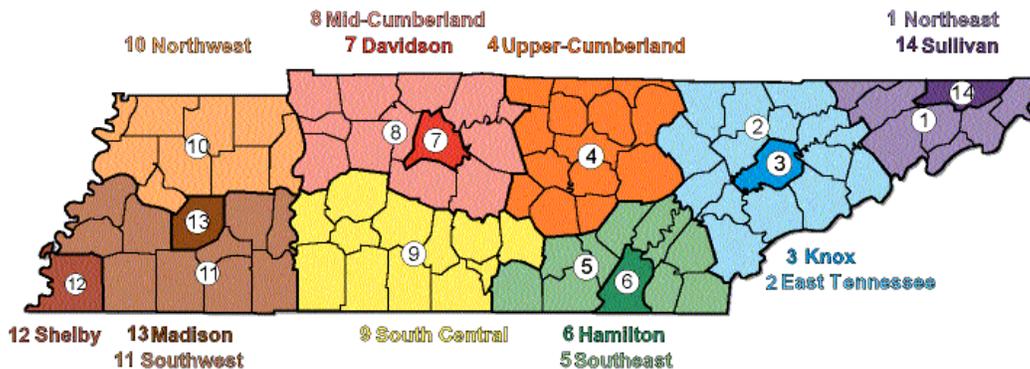
condition until January 1, 2013.) From January through October 13, 2013, 660 newborns were born with Neonatal Abstinence Syndrome in Tennessee, which has cost the state \$41,562,180. **The average cost for 660 newborns without Neonatal Abstinence Syndrome would be \$4,790,280 a difference of \$36,771,900.** Using TennCare eligibility records, it was determined that 179 of the 736 infants diagnosed with Neonatal Abstinence Syndrome in 2012 (24.3%) were placed in Department of Children’s Services custody within one year of their birth, a nine percent increase from 2011. Among all TennCare infants born in 2012, 1.6% were placed in Department of Children’s Services custody within one year of birth. Infants born with Neonatal Abstinence Syndrome are 14.8 times more likely to be in Department of Children’s Services custody during their first year of life as compared with other TennCare infants³³.

Table I-1. Drug Dependent Newborns (Neonatal Abstinence Syndrome) Surveillance Summary 2013

TDOH Planning Region #	TDOH Region of Maternal Residence	Number of Babies Born with NAS After 41 Weeks	Rate of Babies Born with NAS Per Week	52 Week Projection of Babies Born with NAS	Number of Live Births (2011)	Rate of Babies Born with NAS per 1,000 Live Births
1	North East	100	2.44	127	3,431	36.97
14	Sullivan	67	1.63	85	1,511	56.24
2	East	181	4.41	230	7,969	28.81
3	Knox	71	1.73	90	5,143	17.51
4	Upper Cumberland	85	2.07	108	3,868	27.87
5	South East	10	0.24	13	3,507	3.62
6	Hamilton	11	0.27	14	4,047	3.45
7	Davidson	33	0.80	42	9,888	4.23
8	Mid-Cumberland	46	1.12	58	14,412	4.05
9	South Central	22	0.54	28	4,311	6.47
10 and 11	West	19	0.46	24	6,111	3.94
12	Shelby	14	0.34	18	13,993	1.27
13	Jackson/Madison	1	0.02	1	1,271	1.00
	Total	660	16.10	837	79,462	10.53

Source: Tennessee Department of Health (2013)

Map I-2. Tennessee Department of Health Regions



As Table I-1 shows, Neonatal Abstinence Syndrome is most prevalent in East Tennessee. 76% of babies born with Neonatal Abstinence Syndrome come from Department of Health Regions 1, 14, 2, 3, and 4, which comprise only 28% of all live births in Tennessee. The Department of Health’s Eastern regions have the highest percentage of cases in 2013, totaling 64% of all cases in the state, with the East Region (Region 2) having the highest at 26.3%. A map of the Department of Health’s regions is depicted in Map I-2, and this map corresponds to the graph.

Treatment Costs

An additional consequence of the prescription drug epidemic in our state is the increased need for treatment. Tennessee is already spending a significant amount of funding to treat people with prescription opioid abuse. In Fiscal Year 2013, 5,854 people addicted to opioids were served by the Department of Mental Health and Substance Abuse Services at a cost of \$16,280,429³⁴.

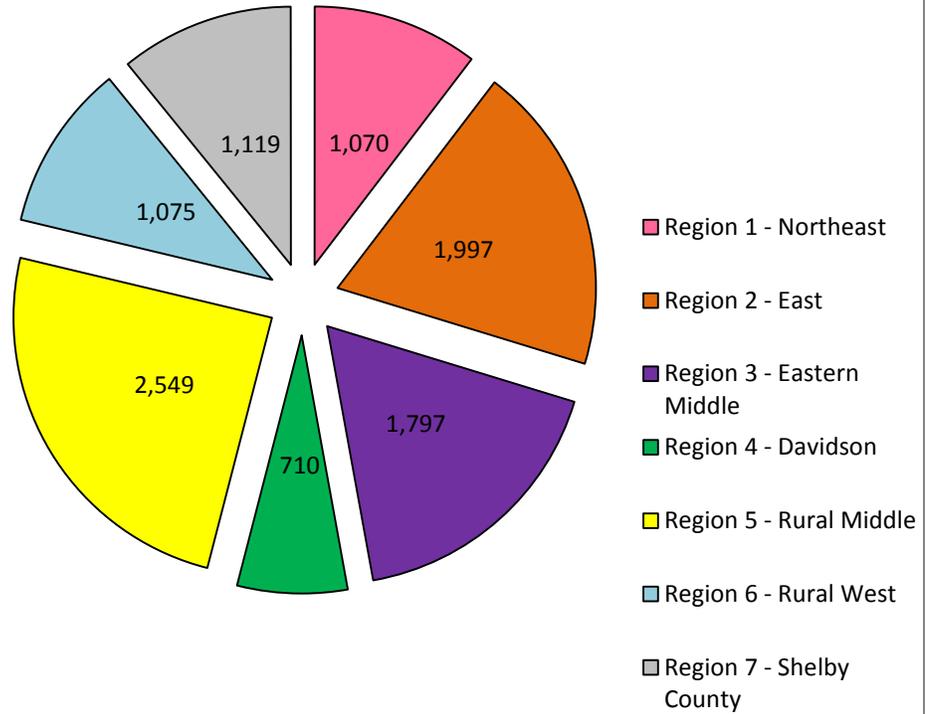
While some people are receiving treatment, there is significant unmet need in our state. It is estimated that 221,000 adults in Tennessee (or 4.56%) have used pain relievers in the past year for non-medical purposes. Of those adults, it is estimated that 69,100 are addicted to prescription opioids and require treatment for prescription opioid abuse³⁵. Of the **69,100 adults that require treatment services**, it is estimated 10,300 (or 14.6%) live at or below the poverty level and would be in need of and desire state-funded treatment services³⁶. The average cost of care in 2012 for an individual receiving treatment services from the Tennessee Department of Mental Health and Substance Abuse Services is \$2,848. Thus, it is estimated that the cost of providing treatment services to these individuals would total \$29,334,400.

There is significant unmet opioid treatment need in our state. It is estimated that 10,300 Tennesseans live at or below the poverty level and would like to access state-funded treatment services.

- Department of Mental Health and Substance Abuse Services Expenditures for treating people with prescription opioid abuse in Fiscal Year 2013: **\$16,280,429**
- Unmet Need Amount for individuals with prescription opioid abuse below poverty level: **\$29,334,400**
- Total Cost for Department of Mental Health and Substance Abuse Services to meet the needs of people with prescription opioid addiction in Tennessee: **\$45,614,829**

As Figure I-10 indicates, the highest need for treatment is in Northeast, East, Eastern Middle, and Rural Middle Tennessee. Although, as a percent of the total population, there are large numbers of people across the state that need treatment services.

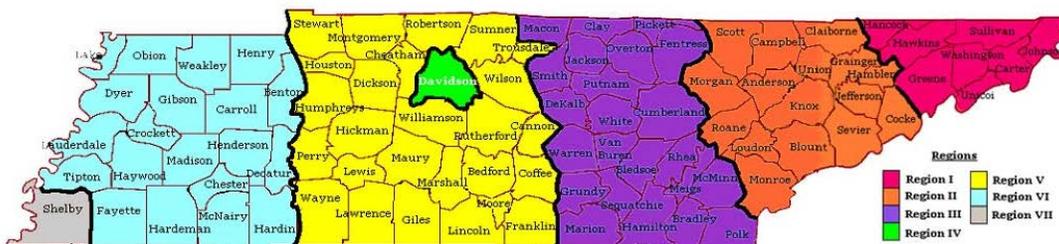
Figure I-10. Estimated Number of Tennesseans in Poverty with an Opioid Diagnosis in Need of Treatment



Source: Tennessee Department of Mental Health and Substance Abuse Services (2013)

The Department of Mental Health and Substance Abuse Services has divided the state into seven different regions for planning purposes. A map of the Department of Mental Health and Substance Abuse Services regions is depicted in Map I-3, and this map corresponds to Figure I-10.

Map I-3 Planning and Policy Regions



Source: Tennessee Department of Mental Health and Substance Abuse Services

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